



The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

ANNEXURE-2 RE-KYC FORM (INDIVIDUALS)

To,
The Branch Manager,
The Gujarat State Co-op. Bank Ltd.
Branch _____

Please Affix
Recent
Photograph

CIF No.	
Account No.	
Name of the account holder	
Account Maintained with Branch	
PAN Number	
Mothers Maiden Name	

Mandatory Details

My Contact Details

Mobile No:	+	9	1												
Email Address:															

Current Mailing Address

Flat / Door No.:	Building Name:		
Society Name / Area:			
Landmark (Nearby):			
City:	State:	Pincode:	INDIA
Multiple Tax Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Please fill separate FATCA/CRS form along with this form)			

☐ Tick if permanent address is same as current address

Permanent Address

Flat / Door No.:	Building Name:		
Society Name / Area:			
Landmark (Nearby):			
City:	State:	Pincode:	INDIA
Multiple Tax Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Please fill separate FATCA/CRS form along with this form)			

Declaration: I declare that information provided above with respect to my account is upto date and correct. I submit a self-attested photocopy of the following as valid OVD (Officially Valid Documents) **as mentioned overleaf.**

Address Proof Doc / No.:	
Identity Proof Doc / No.:	

Place: _____

Date: _____
KYC

Signature of Account Holder

ACKNOWLEDGEMENT

Customer Profile – Re-KYC (Individual) for CIF No. _____ received.

Branch Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Branch Official's Sign & Stamp

Acceptable KYC Documents

A. Valid OVDs (Any one to be submitted for Re-KYC) Self attested photocopy

Document Acceptable	Identity Proof	Current Address Proof
Aadhar / E-Aadhar	Yes	Yes
Passport (Valid)	Yes	Yes
Driving Licence (Valid)	Yes	Yes
Election ID / VoterID	Yes	Yes
NREGA Job Card	Yes	Yes
Letter issued by the National Population Register containing details of the name & address.	Yes	Yes

B. Other Documents: PAN Card (Self Attested Photocopy) or Form-60

Customer Profile (Individuals)

Occupation (Pls. tick):

<input type="checkbox"/> Student	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Business
<input type="checkbox"/> Politician	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired
<input type="checkbox"/> Other - Please specify: _____			

Educational Qualification (Pls. tick):

<input type="checkbox"/> Below SSC	<input type="checkbox"/> SSC	<input type="checkbox"/> HSC	<input type="checkbox"/> Graduate
<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional	<input type="checkbox"/> Other - Please specify: _____	

Resident Status (Pls. tick):

<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident
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If in service – Name of the Organization: _____

If self-employed / Business - Nature of business (Pls. specify): _____

Annual Income (Rs.): _____ Incase of Business Annual Turnover (Rs.): _____

Source of Income (Pls. tick):

<input type="checkbox"/> Salary	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business
<input type="checkbox"/> Other - Please specify: _____		

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Account Holder

FOR BRANCH OFFICE USE ONLY

Annexure has been personally submitted by the customer. I have satisfied my self about the identity of the customer by verifying his/her KYC documents and signature as per our Bank's record. I have done proper due diligence for updating the records of the customer.

Request Date:

D	D	M	M	Y	Y	Y	Y
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Employee Name : _____

Employee Code : _____

Branch Official's Sign & Stamp