



# देवगिरी नागरी सहकारी बँक लि., औरंगाबाद.

मुख्य कार्यालय : अर्थ कॉम्प्लेक्स, केसरसिंगपुरा, औरंगाबाद.

दूरध्वनी : ०२४०-२३३४१२१, २२४०२००, फॅक्स : २३४७०००

## वैयक्तिक ग्राहक माहिती पत्रक

Branch :

शाखा : .....

Date :

तारीख :

For Office use only Application Type\*  New  Update

KYC Number

Account Type\*  Normal  Simplified (For Low Risk Customers)  Small

Customer No.

### 1. PERSONAL DETAILS वैयक्तिक माहिती

Name* (Same as ID Proof) नाव ओळखपत्राप्रमाणे	Prefix	Last Name आडनाव	First Name पहिले नाव	Middle Name मधले नाव
Maiden Name (If any*) माहेरचे संपूर्ण नाव	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name* वडील / पती यांचे नाव	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name* आईचे नाव	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth* जन्म तारीख	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender* लिंग	<input type="checkbox"/> M-Male (पुरुष)	<input type="checkbox"/> F-Female (स्त्री)	<input type="checkbox"/> T-Transgender (किन्नर)	
Marital Status* वैवाहिक माहिती	<input type="checkbox"/> Married (विवाहित)	<input type="checkbox"/> Unmarried (अविवाहित)	<input type="checkbox"/> Others (इतर)	
Citizenship* नागरिकत्व	<input type="checkbox"/> IN - Indian (भारतीय)	<input type="checkbox"/> Others (ISO 3166 Country Code) <input type="text"/>		
Residential Status* रहिवासी स्थिती	<input type="checkbox"/> Resident Indian (निवासी भारतीय)	<input type="checkbox"/> Non Resident Indian (अनिवासी भारतीय)		
Education (शिक्षण)	<input type="checkbox"/> illiterate (अशिक्षित)	<input type="checkbox"/> School Education (शालेय शिक्षण)	<input type="checkbox"/> 10 <sup>th</sup> (१० वी)	<input type="checkbox"/> 12 <sup>th</sup> (१२ वी)
	<input type="checkbox"/> Graduate (पदवीधर)		<input type="checkbox"/> Post-Graduate (पदव्युत्तर)	
Religion : (धर्म)	Caste : (जात)	Category <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> NT <input type="checkbox"/> OBC <input type="checkbox"/> Other		
Occupation Type* व्यवसाय	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> O-Others <input type="checkbox"/> X- Not Categorised		
Customer Type : ग्राहक प्रकार	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Blind/Handicap <input type="checkbox"/> Widow <input type="checkbox"/> Staff <input type="checkbox"/> Retired Staff <input type="checkbox"/> Other			
Annual Income स्वतःचे वार्षिक उत्पन्न	Rs. <input type="text"/>	Other Bank Account Details : Bank Name _____	Account Type _____	

छायाचित्र

Signature / Thumb

Impression

### 2. PROOF OF IDENTITY (PoI)\* ओळखपत्राचा पुरावा

(Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted)

<input type="checkbox"/> A - Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C-PAN Card	<input type="text"/>		
<input type="checkbox"/> D - Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E - UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F - NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z - Others (Any document notified by the Central Government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S - Simplified Measures Account - Document Type Code	<input type="text"/>	Identification Number	<input type="text"/>

### 3. Proof OF ADDRESS (PoA)\* रहिवासी पुरावा

(Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)

Address Type* <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
Proof of Address* <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar)	
<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others	<input type="text"/>
<input type="checkbox"/> Simplified Measures Account Document Type code	

### 3.1. PERMANENT ADDRESS DETAILS कायमचा रहिवासी पत्ता

#### Address

Line 1*							
Line 2							
Line 3			City / Town / Village*				
District*		Pin / Post Code*		State / U.T. Code*	M H	ISO 3166 Country Code*	I N

### 3.2. CORRESPONDENCE LOCAL ADDRESS DETAILS\* पत्रव्यवहारासाठी स्थानिक पत्ता

#### Address

Line 1*							
Line 2							
Line 3			City / Town / Village*				
District*		Pin / Post Code*		State / U.T. Code*	M H	ISO 3166 Country Code*	I N

### 3.3. OFFICE ADDRESS DETAILS\* कार्यालयाचे नाव व पत्ता

#### Address

Office Name							
Line 1							
Line 2			City / Town / Village*				
District*		Pin / Post Code*		State / U.T. Code*	M H	ISO 3166 Country Code*	I N

### 4. CONTACT DETAILS संपर्क तपशील (All communications will be sent on provided Mobile No. / Email ID)

Mobile		—		Mobile		—		Tel. (off)		—	
FAX		—		Email ID							

### 5. DETAILS OF RELATED PERSON संबंधित व्यक्तीचा तपशील (In case of related Person Please Fill Individual Customer profile Form)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)					
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative				
Name*	Prefix	Last Name	First Name	Middle Name			
(If KYC number and name are provided, related person KYC are optional)							

### 6. REMARKS (if any) शेर

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### 7. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address.
- मी / आम्ही खात्री देतो की, माझ्या / आमच्या उत्तम समजुतीप्रमाणे वर दिलेली माहिती सत्य आणि बरोबर आहे. सदर माहितीमध्ये काहीही बदल झाल्यास आपणास ताबडतोब कळविण्याची सर्वस्वी जबाबदारी माझी / आमची असेल. मला / आम्हाला याची जाणीव आहे की जर, उपरोक्त माहिती खोटी, चुकीची किंवा दिशाभूल करणारी आढळल्यास मला / आम्हाला जबाबदार धरले जाऊ शकते.
- माझ्या / आमच्या उपरोक्त नोंदणी क्रमांकावर / ईमेल किंवा एसएमएसद्वारे मध्यवर्ती केवायसी विभागाकडून मिळणारी माहिती प्राप्त करण्यास मान्यता देत आहोत.

Date 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

खातेदाराची सही / अंगठा

### 8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies Risk Category  Low Risk  Medium Risk  High Risk

#### KYC VERIFICATION CARRIED OUT BY

Date 

D	D	M	M	Y	Y	Y	Y
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Clerk \_\_\_\_\_ Officer \_\_\_\_\_  
Emp. Code \_\_\_\_\_ Emp. Code \_\_\_\_\_  
Emp. Name \_\_\_\_\_ Emp. Name \_\_\_\_\_  
[Employee Signature]

#### INSTITUTION DETAILS

Name DEOGIRI NAGARI SAHAKARI BANK LTD., AURANGABAD

Code 

I	N	1	5	3	7
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[Institution Stamp]