MEGHALAYA RURAL BANK

BRANCH .....

KYC UPDATION FOR INDIVIDUAL

A. CUSTOMER PERSONAL DETAILS

*CIF No.: *Account No. :

*CKYC No.

1. Name*: (Same as ID Proof)

Maiden Name

2. Mother Name

3. Date of Birth*: 4. Gender* Male Female Third Gender 5. Marital Status Married Unmarried Others

6. Name of* (Please tick one) Father Spouse

7. Name of Guardian

(In Case of Minor*) Relationship with Guardian

8. Nationality: Indian Others Country Name 9.Citizenship

*10. Occupation Type State Govt. Central Govt. Public Sector Undertaking Defence Pvt. Sector Employee ID ..... (other than Defence & Paramilitary personnel)

Place of posting

Business Industrialist Trade Sect. Serv Sect Migrant Labour Contractor Jeweller / Button Trader

Pawn Shop Import / Export Customer Other Self Employed

Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech.Consultant Retired

Journalist Housewife Student Share and Stock Broker Oth. Professional

Agriculture Political/Social Worker Not categoriesd - please specify

11. Organization's Name: Designation/Profession:

Nature of Business:

12. Annual Income* Rs. 13. Net Worth (approx value) Rs.

14. Source of Funds Salary Business Income Agriculture Investment income Pension Others_____

15.Religion: Hindu Muslim Christian Sikh Others

16.Category: General OBC ST SC

17. Person with Disability Yes No If yes, i. Visually impaired ii. Differently abled

18.Educational Qualification: up to 9th Class Passed 10th Class Passed Graduate (Gen.) Post Graduate (Gen.)

Med. Graduate/ Post Graduate Eng. Graduate/ Post Graduate Law Graduate/ Post Graduate CA/ICWA/MBA/CFA

Computer Degree/ Diploma/ MCA Other Professional Degree/Diploma Illiterate If Yes: Identification Marks: .....

19.Please Tick the Applicable box* Politically Exposed Person Related to Politically Exposed Person None

(Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of State/ Governments, Senior Politicians/ Senior Governments I Judicials / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc.)

20. Country of Tax Residence in India only and not in any other country or territory outside India* Yes No (If no, please fill the FATCA details form)

21. PAN* (If PAN is not submitted, submit Form 97)

B. CONTACT DETAILS (ALL COMMUNICATIONS WILL BE SENT ON PROVIDED MOBILE NO./EMAIL-ID)

Mobile No. Email ID

STD Tel.(Off): Tel.(Res):

C. PROOF OF IDENTITY/ ADDRESS (OFFICIALLY VALID DOCUMENTS) [PLEASE TICK THE APPROPRIATE BOX (ANY ONE ID TYPE) AND GIVE DETAILS]*

A-Passport B-Voter's Identity Card C-Driving Licence D-Proof of Possession of Aadhaar Number (Verification) E-KYC offline

E-NREGA Job Card F-Letter Issued by National Population Register Containing Details of Name & Address

Whether submitted document is equivalent e-document: Yes No

Document No./ Identification No.*

Issued By: Issued Date:* Expired date:*

D. ADDRESS DETAILS **CURRENT**

Address type* Residential/Business Residential Business Registered Office Unspecified

Address*

City/Village• District

State:• Pin:* Country Name*

E. ADDRESS DETAILS **CORRESPONDENCE** **SAME AS CURRENT**

Address type* Residential/Business Residential Business Registered Office Unspecified

Address*

City/Village• District

State:• Pin:* Country Name*

F. IF THE OFFICIALLY VALID DOCUMENT DOES NOT CONTAIN CURRENT ADDRESS-PLEASE PROVIDE ANY OF THE DOCUMENTS BELOW. (NOT MORE THAN 2 MONTHS OLD)

Utility Bill PPO / FPPO Property or Municipal tax receipt

Letter of allotment of accomodation issued by employer/ Issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and licence agreements with such employers allotting official accomodation.

Self-Declaration (If Aadhar is voluntarily provided for identification purpose and current address is different from address available in Central Identities Data Repository Authentication of Aadhaar number using e-KYC authentication facility provided by the UIDAI is mandatory)

Document No. Date

G. DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION

1. I/we hereby consent to the collection and verification of my/our identity and address details for KYC purpose as per Rbi guidelines.
2. I/we voluntarily consent to Aadhaar- base E-KYC authentication. I/we understand that submission of Aadhaar is not mandatory.
3. I/we consent to sharing my/our KYC details with the central KYC registry (CKYCR).
4. I/we consent to the institution obtaining my credit information from credit bureaus (if applicable).
5. I/we agree that my personal information may be used for risk assessment, fraud prevention and Anti-money Laundering (AML) compliance.
6. I/we understand that my data will be stored and processed in accordance with applicable laws and RBI regulations.
7. I/we Consent to receive communication via SMS, Email, phone calls or other modes for service- related updates.
8. I/We declare that the information provided above is true to the best of my/our knowledge and belief.
9. I undertake to inform you of any changes therein immediately
10. In case any of the information is found to be false or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

PLEASE AFFIX PHOTOGRAPH

Signature / Thumb Impressions of the applicant

YES NO (E-KYC authentication and Aadhaar seeding is mandatory for availing DBT benefit)

Place Date

Signature of 1st witness	Signature of 2nd witness
Name :	Name :
Address :	Address :

*Thumb impression(s) shall be attested by two persons

ATTESTATION / FOR OFFICE USE ONLY

*KYC Verified& Updated in the CBS:[ ]Yes [ ]No ***Threshold limit:** .....

*Documents Received: Self-Certified[ ] True Copies [ ] Notary [ ] Equivalent e-documents [ ] *Account Type: Saving [ ] Current [ ] Small [ ] * Risk Category:Low [ ] Medium [ ] High [ ]

*Customer signature match bank record Yes [ ] No [ ] *In Person Verification carried out (Identity Verification): Done[ ]

MAKER		CHECKER		
SIGNATURE:		SIGNATURE:		
NAME :	DATE	NAME :	DATE	
DESIGNATION :	EMPLOYEE ID/SS.NO:	DESIGNATION :	EMPLOYEE ID/SS.NO:	BRANCH SEAL

.....

ACKNOWLEDGEMENT

We acknowledge receipt of KYC updation request from in the name of ..... in respect of your Account no .....

Date. .....

Signature of Bank Official with Seal & date