NAM GO-ONE	DEMAT ACCOUNT MODIFICATION FORM (KYC/ KRA/ CKYC) - INDIVIDUAL							
MEGG NO 2005	NEW ✓ UPDATE CKYC NUMBER Please fill the form in English and in BLOCK Letters, Fields marked with '*' are mandatory.							
MEHSANA	Normal Minor eKYC Tran.ID Ref. No CLIENT ID							
1 050	SONAL DETAILS Customer ID :							
\vdash	(Same as ID Proof)							
Maiden Nam								
Father Name								
Spouse Name								
Mother Name								
Date of Birth								
Marital Statu								
Citizenship*	Indian Others (ISO 3168 Country Code)							
Residential S								
Occupation '								
o coupanon	O-Others (Professional Self-Employed Retired Housewife Student)							
	X-Not categorised (Politician Farmer/ Agriculturist Other)							
	B-Business (Specify)							
Education*	Non Metric SSC/ HSC Graduate Post Graduate Other)							
Gross Annua	al Income Detail Below ₹ 1 Lac - ₹ 5 Lac - ₹ 5 Lac - ₹ 10 Lac - ₹ 25 Lac More than ₹ 25 Lac							
Permanent A	Account Number (PAN)*							
2.PRC	OOF OF INDENTITY (POI)* AND ADDRESS							
H	ssport Number Passport Expiry Date							
☐ B – Vo	eter ID Card							
C-Dr	iving Licence Driving Licence Expiry Date							
F-UII	D (Aadhaar)							
D – NF	REGA Job Card							
E – Na	tional Population Register (NPR) Letter							
Proof of Ad	dress Passport Driving Licence UID (Aadhaar) Voter Identy Card NREGA Job Card NPR Letter							
Address Line1*								
Line2								
Landmark	City							
District*	PIN Code State / U.T.Code* ISO 3166 Country Code I N							
3. CUI	RRENT ADDRESS DETAILS*							
Same as	above mentioned address							
	Passport Driving Licence UID (Aadhaar) Voter Identy Card NREGA Job Card NPR Letter							
	Deemed PoA) Utility Bill Property or Municipal tax receipt Pension payment orders Letter of allotment of accommodation from Employer							
Line1*								
Landmark								
District*	PIN Code State / U.T.Code* ISO 3166 Country Code I N							

4. FATCA &	CRS Information (Tick If Applicable) RES	SIDENCE FOI	R TAX PURPOS	SES IN JURIDICTIONS(S) (OUTSIDE INDIA			
	Part-A	YES NO			Part-E	3			
Are you Citizen of any country [Including Green Card])	other than India (Duel / Multiple		Addres	Address For the Tax Residence					
b. Is your Country of birth is any	country other than India		1						
			"Count Of Birt	*Country Place within Of Birththe country of Birth					
c. Are you Tax Resident of ANY	country / ies other than India		-		nationality		 nt residency/citizenship and ALL Tax		
	te holder who has an address outside		1 -	Country of Tax	Tax Identification Number		tification Document (TIN)		
e. Is your Address or Telephone	number outcide India		, I	Residency					
	of the above questions is a "YES"		"It is ma	andatory to supply as T rs,if no TIN/functional eq	N or functional equivalent (In case TIN uivalent is yet available or has not yet been	available) if the country issued,please provide a	in whitch yor are tax resident issues such in explanation below"		
I being the beneficial owner of the accou	nt opened / to be opened with The Mehsana Url	oan Co. Op. Bank Ltd. and the	ne income credited the	herein, declare that the	above information and information in th	e submitted documents	s to be true, correct and updated, and the		
certifications and documentation from th may be obliged to share information on also be required to provide information to	July executed. I acknowledge that towards con account holder. Such information may be sou ny account with relevant tax authorities. Should any institutions such as withholding agents for inhold and pay out any sums from my account or the sum of the sum of the sum of the sum of the the sum of the sum of the sum of the sum of the the sum of sum of the sum of sum o	ght either at the time of accou there be any change in any i the purpose of ensuring app close or suspend my accoun	unt opening or any t information provided propriate withholding nt(s).I also understar	time subsequently. In c d by me I ensure that I g from the account or a nd that the account will	ertain circumstances (including if the Ba will intimate the Bank promptly, i.e., with ny proceeds in relation thereto. As may be reported if any one of the aforesaid	ank does not receive a nin 30 days. Towards c be required by domest FATCA / CRS criteria f	valid self-certification from me) the Bank compliance with such laws, the Bank may ic or overseas regulators/ tax authorities, for any of the account holders i.e. primary		
5. CONTACT DETAIL	.S {All communications will be s	sent on provide Mobil	ile No./ Email-	ID (maximum 5	own family demat a/c can be	e linked with san	ne Mobile No/ Email ID)}		
Tel.(Off)					Self Spo		-t Obild		
Mobile 9 1 Email ID					Self Spo	use Dependar			
		<u></u> .					топпа		
6. MODE OF RECEIV	'		sical Form	Electroni					
For Receiving Statement of Acc (iii) Client may opt to terminate	count in electronic form: (i) Client this facility by giving 10 days prior n	must ensure the confic otice, similarly, Particin	,	•	` '		Participant, if any changed		
7. Bank Details	Saving		•						
Bank Account Number			•						
Bank Name	The Mehsana Urban Co Opera	tive Bank Ltd.							
Branch Address	City	PIN	N CODE		STATE		COUNTRY INDIA		
MICR Code		<u> </u>		ndian Financial	System Code (IFSC)				
8. Standing Instruction	s (SI)								
1 I/ We would like to Receive Ar	nnual Reports, AGM notices and other cor	mmunications from Issuer	rs & RTAs in phys	sical form			Yes No		
2 I/ We request MUCB to enable	e standing Instruction for Auto Pledge Cor	firmation					Yes No		
3 I/ We request to receive Deliv	ery Instruction Slip (DIS)						Yes No		
10. REMARKS									
11. APPLICANT'S DEC	LARATION								
2 nd Holder Name					PAN				
3 rd Holder Name * I hereby declare the the de any changes therein,immedi be held liable for it	tails furnished above are ture and ately. In case of the above inform	I correct to the best of ation is found to be f	of my knowled false or mislea	dge and belief a ading or misrepr	PAN nd I undertake to inform you esenting,I am aware that I n	of Date:			
	nay be shared with central KYC re	ajetny				riace			
* I hereby consent to receivin * I Have understood the info	ng information from Central KYC I rmation requirements (read along	Registry through SMS with FATCA & CRS	instructions)	and hereby con	irm that the information prov	vided by me is tr	rue, correct and complete		
and updated. I also confirme	d that I have read and understoo	d the FATCA/CRS/C	CBDT Terms a	and Conductions	and hereby accept the sam	ie.			
	ereby give my consent to The Mel with UIDAI. The Mehsana Urban								
	will not be stored/ shared and will						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ø1									
Signature of Sole/ 1 st Holder Signature of 2 nd Holder Signature of 3 rd Holder									
12. ATTESTATION AN	O IN PERSON VERIFICATION (II	PV) DETAIL / FOR C	OFFICE USE	ONLY					
Documents Received	✓ Certified Copies (Self)	√ Verified with Orio	iginal		Risk Category Lo	ow N	Medium High		
IPV AN	ID KYC VERIFICATION CARRIE	D OUT BY			INSTITUT	TION DETAIL			
Date of IPV / KYC Attestatio	n	√	IPV Done	Name	THE MEHSANA URBAN CO	D. OPERATIVE	BANK LTD.		
Emp. Name				Code	IN 1 0 5 8	(MI ID - A126	.1)		
						,0	,		
Emp Code									
Emp. Code				TUE ME	UCANA LIDDAN CO OR D	ANKITO			
Emp. Designation				THE ME	HSANA URBAN CO.OP. B	ANK LTD.			
				THE ME	HSANA URBAN CO.OP. B	ANK LTD.	, , ,		
Emp. Designation				THE ME	HSANA URBAN CO.OP. B	ANK LTD.			