CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity

☐ NEW ☐ UPDATE KYC NUMBER

(Mandatory for KYC update request)

Customer ID

Please fill the form in English and in BLOCK Letters,Fields marked with '*' are mandatory

☐ 1. ENTITY DETAILS*

Ref. Account No. :

☐ Name*

Entity Cnstitution Type* ☐

- ☐ A- Sole Proprietorship
- ☐ B- Parthnership Firm
- ☐ C- HUF
- ☐ D- Private Limited Company
- ☐ E- Public Limited Company
- ☐ F- Society
- ☐ G- Association of Persons / Body of Individuals(BOI)
- ☐ H- Trust
- ☐ I- Liquidator
- ☐ J- Limited Liability Partnership
- ☐ K- Artificial Liability Partnership
- ☐ L- Public Sector Banks
- ☐ M- Central/State Govt.Department or Agency
- ☐ O- Artificial Jurisdical Person
- ☐ P- Others

Date of Incorporation / Formation* D D - M M - Y Y Y Y

Date of Commencement of Business D D - M M - Y Y Y Y

Place of Incorporation / Formation*

Country of Incorporation I N

TIN or Equivalent Issuing Country I N

PAN*

Form 60 furnished ☐

TAN

TIN/GST Registration Number

Trust /Society Registration No.

CIN

VAT

☐ 2. PROOF OF IDENTITY (PoI)*

- ☐ Certificate of Incorporation / Formation
- ☐ Registration Certificate
- ☐ Officially valid document(s) in respect of person authorised to transact
- ☐ Memorandum and Articles of Association
- ☐ Resolution of Board / Managing Committee
- ☐ Partnership Deed
- ☐ Trust Deed
- ☐ Power of Attorney granted to its manager,officers or employees to transact
- ☐ Activity Proof-1 (For Sole Proprietorship Only)
- ☐ Activity Proof-2 (For Sole Proprietorship Only)
- ☐ Utility Bill (Electricity Bill, Telephone Bill etc...)
- ☐ Activity Verification Certificate by RE (Bank Officials)
- ☐ Others-1
- ☐ Others-2

☐ 3. ADDRESS*

3.1 Registered Office Address / Place of Business*

Proof of Address ☐ Certificate of Incorporation / Formation √ Registration Certificate ☐ Other Documents

Address

Line1*

Line2

Landmark City

District* PIN Code State / U.T.Code* ISO 3166 Country Code I N

☐ 3.2 Local / Current Address (If different from above)*

Line1*

Line2

Landmark City

District* PIN Code State / U.T.Code* ISO 3166 Country Code

☐ 4. CONTACT DETAILS

(All communications wiil be sent on provide Mobile no./ Email-ID)

Tel.(Off) - FAX -

Mobile 9 1 Email ID

Mobile Email ID

☐ 5. DETAILS OF RELATED PERSON

6. REMARKS (If Any)

7.APPLICANT'S DECLARATION

- I hereby declare the the details furnished above are ture and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein,immediately.In case of the above information is found to be false 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 registeres No./email address
- I Have understood the information requirements (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me is true, correct and complete and updated. I also confirmed that I have read and understood the FATCA/CRS/CBDT Terms and Conductions and hereby accept the same.

Declaration of All Authorised Person (Partners/Officials) Of Legal Entity :

(1) I do not have any objection in authentication myself with Aadhaar based Authentication system and give my free consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for linking my Aadhaar Number to my Bank records and to provide my identity information (Aadhaar Number, Biometric information and Demographic information) for Aadhaar based Auhtentication. મારા આધારને મારા બેંક રેકોર્ડ્સ સાથે જોડવા માટે અને મારી ઓળખની માહિતી (આધાર નંબર, બાયમેટ્રિક) આધાર આધારિત ઓથેન્ટિકેશન સિસ્ટમથી મારી જાતને ઓથેન્ટિકેશન કરવામાં કોઈ વાંધો નથી અને આધાર એક્ટ 2016 હેઠળ જરૂરી મુજબ મારી મુક્ત સંમતિ આપું છું.

(2) I hereby give my consent in updating my Aadhaar Number to all my exitsting/new/future accounts with The Mehsana Urban Co-Op. bank (MUCB) and any other relationships maintained with MUCB for the purpose of availing any type of services. હું આ સાથે ધી મહેસાણા અર્બન કો-ઓપ. બેંક લી. (MUCB) તથા MUCB સાથે કોઈપણ પ્રકારની સેવાઓ જાળવી રાખવા તથા કોઈપણ પ્રકારની સેવાઓ મેળવવાના હેતુથીમારા બધા હયાત/નવા/ભાવિ એકાઉન્ટ્સમાં મારો આધાર નંબર અપડેટ કરવામાં સંમતિ આપું છું.

(3) I understand and agree that in case of authentication failure with UIDAI records, my Aadhaar number will not be updated in the Bank records. હું સમજું છું અને સંમત છું કે UIDAI સાથેના રેકોર્ડ્સ પ્રમાણીકરણ નિષ્ફળતાના કિસ્સામાં, મારો આધાર નંબર બેંક રેકોર્ડ્સમાં અપડેટ કરવામાં આવશે નહીં.

(4) I hereby consent The Mehsana Urban Co-Op. Bank Ltd (MUCB) to store my Demographic data. હું ધી મહેસાણા અર્બન કો-ઓપ. બેંક લી. (MUCB) ને મારી વ્યક્તીગત માહીતી સ્ટોર કરવાની સંમતિ આપું છુ.

(5) I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall be used for KYC purpose and will shared with relevant authorities (e.g. CERSAI, KRA etc.) or as per requirements of law. મને સમજાવામાં આવ્યું છે કે મારી બેંકમાં સબમિટ કરવામાં આવેલી માહિતીનો ઉપયોગ KYC હેતુ માટે કરવામાં આવશે અને સંબંધિત અધિકારીઓ (દા.ત. CKYCR, KRA વગેરે) સાથે અથવા કાયદાની આવશ્યકતાઓ અનુસાર શેર કરવામાં આવશે.

Date : D D - M M - Y Y Y Y Place :

Signature / Thumb Impression of all the Authorised Person(s) with Rubber Stamp

8. KYC ATTESTATION, IPV AND INDENTITY VERIFICATION DETAIL / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies (Self) ☐ Verified with Original **Risk Category** ☐ Low ☐ Medium ☐ High

IPV/ KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ KYC Attestation D D - M M - Y Y Y Y

Emp.Name

Emp.Code

Emp.Designation

Emp.Branch

Sign. of Person who has done Verification

INSTITUTION DETAIL

Name **THE MEHSANA URBAN CO.OPERATIVE BANK LTD.**

Code **I N 1 0 5 8**

THE MEHSANA URBAN CO.OP.BANK LTD.

UMIYA COMPLEX
NALIN GANDHI ROAD
HIMATNAGAR, DIST. SABARKANTHA

Institution Stamp

ACCOUNT OPENING FORM (FOR NON INDIVIDUALS)

Form : 11

The Mehsana Urban Co-Operative Bank Limited (MUCB)
(Multi State - Scheduled Bank) Website : www.mucbank.com
Head Office, Urban Bank Road, Mahesana, Gujarat, India - 384002
Phone: (02762) 240551/ 251908 | Email ID: demat@mucbank.com

DEPOSITORY PARTICIPANT (DP) ID : IN304166

CLIENT ID : (To be filled by Participant)

We request you to open a depository account in our name as per the following details (please fill all the details in CAPITAL LETTERS only) | **Date :**

1 Details of Account Holder (s) :

A/C Holder(s)	Sole/ First Holder	Second Holder	Third Holder
Name			
PAN			

2 Type of Account

☐ Body Corporate ☐ Bank ☐ HUF ☐ FII ☐ Qualified Foreign Investor
☐ Mutual Fund ☐ Trust ☐ CM ☐ FI ☐ Other (please specify) ....

3 For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

a) Name | **b) PAN**

4 Income Details (Income Range per Annum) (Please specify)

☐ Below ₹ 20 Lac ☐ ₹ 20 Lac - ₹ 50 Lac ☐ ₹ 50 Lac - ₹ 1 Crore ☐ Above ₹ 1 Crore

and

Networth (Networth should not be older than 1 year) **Amount** ₹ **As on (Date)** D D - M M - Y Y Y Y

5 In case of FIIs/ Others (as may be applicable)

RBI Approval Reference Number | **RBI Approval date** D D - M M - Y Y Y Y

SEBI Registration Number (For FIIs)

6 Please tick, if applicable, for any of your authorised Signatories/ Promotors / Partners/ Karta/ Trustees/ whole time directors:

☐ Politically Exposed Person (PEP)
☐ Related to a Politically Exposed Person (PEP)

7 Bank Details:

1	**Bank account Type**	☐ Saving Account ☐ Current Account ☐ Others (Please specify) . . . . .
2	**Bank Account Number**	
3	**Bank Name**	**The Mehsana Urban Co Operative Bank Ltd.**
4	**Branch Address**	**Branch Name :**
		City/Town/Village
		PIN CODE **State** **COUNTRY** INDIA
5	**MICR Code**	
6	**IFSC**	

8 Clearing Member Details (to be filled up by Clearing Members Only)

1	Name of Stock Exchange	
2	Name of Clearing Corporation/ Clearing House	
3	Clearing Member ID	
4	SEBI Registration Number	
5	Trade Name	
6	CM-BP-ID (to be filled up by Participant)	

Important Instructions

1) Produce this Acknowledgement Slip to get Demat Account Number (Client ID)

2) You shall receive Client Master Report (CMR) once your account is activated. You are advised to bring to our notice mistakes/ errors, if any in the client master report.

3) You shall receive delivery instruction slip (DIS) book alongwith CMR. Please use requisition slip being sent included in DIS book for awailing fresh DIS book in future.

4) Please contact us in case of loss/ misplace of DIS Book/ requistion slip.

5) Please follow all instructions printed on DIS carefully.

6) Please use IdeAS service offered by NSDL for access to your Demat Account Statement through Internet.

9 Standing Instructions (SI)

1	I/ We authorise you to receive credits automatically into my/ our account. (if not indicated, Standing Instruction will be treated as 'Yes')	☑ Yes	☐ No
2	I/ We would like to Receive Annual Reports, AGM notices and other communications from Issuers & RTAs in physical form (if not indicated, Standing Instruction will be treated as 'No')	☐ Yes	☐ No
3	I/ We request MUCB to enable Standing Instruction for Account operated through Demat Debit and Pledge Instruction (DDPI)	☑ Yes	☐ No
4	I/ We request MUCB to enable standing Instruction for Auto Pledge Confirmation	☑ Yes	☐ No

5 SMS Alert facility: [*Mandatory (Yes) if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form*]

Sole/ First Holder			Second Holder			Third Holder		
☑	Yes	☐ No	☐	Yes	☐ No	☐	Yes	☐ No

6 Mode of receiving Statement of Account [*Tick any one*] ☐ Physical Form ☑ Electronic Form [*Read Note 3 and ensure that email ID is provided in KYC Application Form*]

10 For HUF Account, List of family members (Separate Annexures may be used in case number of members is higher)

Name of the KARTA | **PAN of Karta**

We request to open an account in the name of HUF in the event of the account being opened, we the well as our separate estates, agree and undertake to give notice to the MUCB, at once, in writing whenever **1)** any changes occur in the KARTA, or **2)** on death of a Co Parcener/ Member, or **3)** there is partition/ partical or otherwise of the family attains majority.

The liability of the joint family and our undertaking and liability as aforesaid shall continue not withstanding.

We request and authorise you, to honor operations and instructions under the signatures(s) of the KARTA in respect of the operations of the said account including thru channels by the HUF with MUCB.

No	Name of Coparcener/ Member	Gender	Date of Birth	Relation with Karta	Whether Co Parcener/ Member (please specify)	Signature

Declaration : We confirm having read the Term & Conditions applicable to MUCB

Sign. Of Karta with Stamp

11

☐ Yes, I/ We requerst to receive Delivery Instruction Slips **(DIS)** Booklet in Physical at the time of Opening of Demat Account

☐ No, however, DIS Booklet should be issued to me/ us immediately on my/ our request at later date.

12 Standing Instruction for Debiting Charges/ Fees

Sir/ Madam,

I/ We hereby authorise you to Debit my/ our operative Bank Account Number : ..... with The Mehsana Urban Co-Operative Bank Limited, ... Branch for all the charges/ fees relating to my/ our demat account. Please treat this authorisation as irrevocable till further Instruction from my/ our side is received in writing and duly acknowledged by you.

Thanking You,

Yours Faithfully,

1) .....

2) .....

3) .....

Signature with seal of Operative Bank Account all holder(s)

Signature Verified By

Emp. Name : ....

Emp. Signature and Seal of Bank

---------- cut from here ----------

Acknowledgement

The Mehsana Urban Co-Operative Bank Limited (MUCB) (Multi State - Scheduled Bank) DP ID : **IN304166**

Head Office, Urban Bank Road, Maheana, Gujarat, India – 384002 : Phone: (02762) 240551/ 251908 | Email : demat@mucbank.com

Received the application from M/s. . . . . as the Sole/ First Holder alongwith . . . . . as Second Holder and . . . . . as Third Holder for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date : ☐☐ - ☐☐ - ☐☐☐☐

Participant (Bank) Stamp with Signature

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. we hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we 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, we are aware that we may be held liable for it. In case non-resident account, we also declare that we have complied and will continue to comply with FEMA regulations. **I/we acknowledge the read and receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant". And all other documents executed by us**

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/ First Holder	**Name**	**Signature(s)**
First Signatory/ Karta of HUF		
Second Signatory		
Third Signatory		

Other Holder

Second Holder		
Third Holder		

Mode of Operation for Sole/ First Holder (In case of joint Holdings, all the Holders must sign)

☐ Any one singly	
☐ Jointly by	
☐ As per resolution	
☐ Others (please specify)	

Notes:

A) In case of additional signatures, separate annexures should be attached to the application form.

B) Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.

C) For receiving Statement of Account in electronic form :

1 Client must ensure the confidentiality of the password of the email account.
2 Client must promptly inform the Participant if the email address has changed.
3 Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.

D) Strike off whichever is not applicable

For Office use : Received by :..... Entered by :..... Verified by :..... Ref. No: ..... Date : .....

The Mehsana Urban Co-Operative Bank Limited (MUCB)
(Multi State - Scheduled Bank) Website : www.mucbank.com
Head Office, Urban Bank Road, Mahesana, Gujarat, India - 384002
Phone: (02762) 240551/ 251908 | Email : demat@mucbank.com

DEPOSITORY PARTICIPANT (DP) ID : IN304166

DEPOSITORY

TARIFF SHEET FOR CUSTOMERS

Sir/ Madam,

Tariff will be applicable for the customer opting for the Regular Demat Account / Basic Services Demat Account (BSDA)

DESCRIPTION OF CHARGES	☐ I wish to Open a Regular Demat Account	☐ I wish to Open a BSDA
Statutory charges at the time of Account Opening Charges	NIL	NIL
Advance/ Deposit	NIL	NIL
Account Closing Charges	NIL	NIL
Annual Maintenance Charges (**) (AMC)	₹ 18.00 (Monthly)	NIL (**)
Demat Charges	NIL	NIL
	₹ 30.00 per Instruction for Post/ Courier	Same as per regular account
Remat Charges	a) ₹ 50/- for every hundred securities or part thereof Subject to maximum fee of ₹ 5,00,000/-; or b) a flat fee of ₹ 50/- per certificate, whichever is higher.	Same as per regular account
Debit Transaction	₹ 15.00 for per Instruction	₹ 40.00 per instruction
Credit Transaction	NIL	NIL
Ad-hoc Statement	₹ 5.00 per page	Same as per regular account
Failed/ Rejected Instruction	₹ 15.00 for per Instruction	Same as per regular account
Delivery Issuance Slip (DIS)	₹ 20.00 per booklet – DIS reissuance	₹ 40.00 per booklet – DIS reissuance
Pledge / Hypothecation (Creation/ Closure/ Invocation)	₹ 40.00 for per Instruction	Same as per regular account
Pledge / Hypothecation (Confirmation)		NIL
Margin Pledge Charges	₹ 15.00 for per Instruction	Same as per regular account
Fees for hold on securities for Non-Disposal Undertakings/Agreement (NDU)	0.02% of the value of securities upon creation of hold subject to a minimum of ₹ 50/-	Same as per regular account
Mutual Fund – Debit Transaction	₹ 15.00 for per Instruction	Same as per regular account
Converstion of Mutual Fund units represented by SOA into dematerialised form	NIL	NIL
	₹ 30.00 per Instruction for Post/ Courier	Same as per regular account
Re-conversion of Mutual Fund units into SOA	₹ 15.00 for per Instruction	Same as per regular account
Redemption of Mutual Fund units through Participants	₹ 15.00 for per Instruction	Same as per regular account

Securities Deposit : Bank A/c should be opened with any of our branches with minimum balance of ₹ 1000

Notes:

- The Value of shares & securities are calculated as per NSDL formula and rates.
- (**) BSDA account applicable only to eligible customers as per SEBI circulars. BSDA account on value of holding will be determined on billing day, account will be levied higher applicable AMC on value of holding exceeding such limit-as upto ₹ 50,000.00 – NIL, ₹ 50,001.00 to ₹ 2,00,000.00 – ₹ 100.00 and above ₹ 2,00,000 – Charges for regular account will be applicable.
- In case of non-recovery of depository service charges due to non-payment or inadequate balance in you linked bank account, the depository services for your demat account are liable to be discontinue. Any request for resuming the services will be charged at 100.00 per request as activation charge and services will be resumed in a minimum of Three working days from the date of receipt of request with us and post payment of all dues including activation charged.
- In case of corporate accounts, Additional fees of ₹ 500.00 p.a. As per NSDL will be charged.
- The above charges are exclusive of Service Tax/ GST/ CESS levied and other taxes/ statutory charges levied by Government bodies/ statutory authorities from time to time, which will be charged as applicable.
- MUCB reserves the right to revise the depository Tariff from time to time and the same will be communicated to the customers with a notice of 30 days
- The charges quoted above are for the services listed. Any service not quoted above will be charged separately
- The operating instructions for the joint accounts must be signed by all the holders.
- The charges for processing of instruction submitted on the execution date (accepted at client's risk) will be additionally ₹ 25.00 per instruction

I/ We Agree to pay the charge as set out herein above subject to any change therein from time to time and authorise you to debit all types of charges as per mandate given by you.

....

Sole/ First Holder Second Holder Third Holder

* All holders should must sign the application