

RE-KYC DECLARATION
 THE GOOTY CO-OPERATIVE BANK LTD
 _____ BRANCH

DATE OF SUBMISSION OF DECLARATION:	
NAME OF THE CUSTOMER:	
FAHER'S NAME:	
MOTHER'S NAME:	
MOTHER'S MAIDEN NAME:	
ACCOUNT NUMBER:	
CUSTOMER ID:	
INDIVIDUAL/ PROPRIETARY/ PARTNERSHIP/ COMPANY/ SOCIETY/ TRUST ETC:	
PERMANENT ADDRESS (PROOF LIKE AADHAR/ OTHER OVD/HOUSE TAX RECEIPT ETC TO BE ENCLOSED) :	
ADDRESS FOR CORRESPONDENCE(PROOF LIKE GASBILL/POWER BILL/DECLARATION FROM OWENER ETC TO BE ENCLOSED):	
MOBILE NUMBER:	
EMAIL ID:	
PROFESSION / ACTIVITY/ BUSINESS (FULL DETAILS SHOULD BE FURNISHED) FULL DETAILS LIKE ORGANIZATION EMPLOYEED/WHAT BUSINESS ETC:	
AADHAR NO. (XEROX TO BE ENCLOSED):	
PAN NO. (XEROX TO BE ENCLOSED) :	
ANNUL INCOME (FOR INDIVIDUALS) :	
ANNUAL SALES/ TURN OVER (FOR NON- INDIVIDUALS) :	
UDYAM REGISTRATION NO(IF AVAILABLE):	

SIGNATURE OF THE CUSTOMER

PTO

Other Rules

1. All the joint holders should submit the form individually.
2. In case of firms, all the operating persons should submit the forms separately.
3. Originals of AADHAR and PAN to be produced for verification and self-attested XEROX copies to be provided for records.

FOR OFFICE USE:

RISK CATEGORIZATION

RISK CATEGORIZATION	PUT A TICK MARK
LOW RISK	
MODERATE RISK	
HIGH RISK	

NAME OF THE STAFF WHO VERIFIED THE FORM:		NEXT DUE DATE FOR RE-KYC	
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CERTIFIED THAT THE RISK CATEGORIZTION AND DUE DATE FOR RE-KYC ARE ENTERED IN THE SYSTEM AND DATA UPLOADED IN CKY PORTAL.

SIGNATURE OF THE BANK STAFF

SIGNATURE OF THE MANAGER