



Kallappanna Awade Ichalkaranji Janata Sahakari Bank Ltd. (Multi-State Scheduled Bank)

Institution Code

CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form - Individual

IN - 1481

Important Instruction - (Fields marked with "*" are mandatory) Fill in Block Letters

(For office use only) KYC Number

(To be filled at Branch) (Mark as ✓) Application Type * New Update

Region Code 01 Branch Name & Code A/c No.

Customer ID* Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS - Fill in Block Letters

Name (Same as ID Proof) * Prefix First Name Middle Name Last Name
Name Before Marriage (if any) *
Wife / Husband / Father *
Mother Name *
Date of Birth * Gender* M-Male F-Female T-Transgender
Residential Status * Resident Individual Non Resident Indian Foreign National Person of India Origin

3. PROOF OF IDENTITY (PoI) * (Mark as (✓))

A - Passport Passport Expiry Date
B - Voter ID Card
C - PAN Card
D - Driving License Driving License Expiry Date
E - Aadhaar Card
F - NREGA Job Card
Z - Others Identification Number
S Simplified Measure Account - Document Type Code Identification Number

4. PROOF OF ADDRESS (PoA) * (Mark as (✓))

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)
Address Type * Residential / Business Residential Business Registered Office Unspecified
Proof of Address * Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card Others
Simplified Measures Account - Document Type Code
Address *
City/Town/Village * Pin code*
State / U. T Code * District*
ISO 3166 Country Code * IN - (INDIA) Mobile*

4.2 CORRESPONDANCE / LOCAL ADDRESS DETAILS *

Address *
City/Town/Village * Pin code*
State / U. T Code * District*
ISO 3166 Country Code * IN - (INDIA) Mobile*