



Please fill the information in BLOCK Letters and in appropriate places

Affix a  
photograph  
here

**Date of Incorporation / Partnership Deed**     
(In case of Companies and Firms)

**Registration No.** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
(In case of Companies and Firms)

**9 Digit Code No.**  (as appearing on MICR cheque issued by your branch)

**Marital Status**  
☐ Single  
☐ Married

	Insurance Sector			Financial Sector			Others
	LIC	GIC	Pvt. Insuranc	Mutual Fund	Company Deposits	Small Savings	(Please specify)
Business Generated in the Previous Year (Rs. in lac)							
Years of Association							
Code Number							

THE SAMASTIPUR DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

Are you a sub-agent with any corporate agent(s) ? ☐ Yes ☐ No.

If Yes, please specify the name(s) of the corporate agent(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you : ☐ Full-time agent ☐ Part-time agent      Are you operating From : ☐ Home ☐ Office

**If employed**, please provide the details of employment : \_\_\_\_\_

**Present Address of Applicant for all communications** (Attach Proof of Address)[illegible]

**Permanent Address of Applicant :** ( ☐ Please tick in case permanent address is the same as present address.)

[illegible]

### DETAILS FOR C-KYC:

MOTHER'S NAME: .....

FATHER'S NAME: .....

AADHAR NUMBER (ISSUED BY UIDAI): .....

VOTER ID/DRIVING LICENCE/OTHER VALID DOCUMENT NO: .....

COMMUNITY CODE:HINDU/MUSLIM/CHIRISTAN/BUDDIST/OTHERS

CAST CODE : GEN/OBC/SC/ST/OTHERS

COUNTRY CODE:.....STATE CODE:.....

- I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and
- I 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, I/We am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Place: \_\_\_\_\_ Date D D M M Y Y \_\_\_\_\_ Signature of APPLICANT \_\_\_\_\_

## THE SAMASTIPUR DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

**\*Please attach officially valid documents as per KYC Norms in support of above mentioned details.**

**\*In case of nomination, please submit DA1 Form.**

### DECLARATION

I/We hereby declare that above information is true and to the best of my/our knowledge and belief. I/We hereby authorized you to credit the commission / incentive payable to me in the above mentioned bank account.

Place :

Date :

Signature of Applicant

### For office use only

Application received on : \_\_\_\_\_ Branch : \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Verified by : \_\_\_\_\_

Agent's Code No. : \_\_\_\_\_ Authorized by : \_\_\_\_\_

Documents Received : YES / NO

### IN PERSON VERIFICATION CARRIED OUT BY :

Identity Verification Done Date .....

Emp. Name : \_\_\_\_\_

Emp. Code : \_\_\_\_\_

Emp. Designation : \_\_\_\_\_

Emp. Branch: \_\_\_\_\_

STAMP & SIGNATURE  
BRANCH MANAGER  
(DAILY DEPOSIT AGENT/DDA APPOINTING BRANCH)