



# The Goa Urban Co-operative Bank Ltd.

(Registered Office : Dr. Atmaram Borkar Road, Panaji-Goa, 403 001)

Website : [www.gucb.co.in](http://www.gucb.co.in)

SCHEDULED BANK

Please affix recent  
Passport size Photo

## "Know Your Customer (KYC) Application Form Cust ID \_\_\_\_\_

(Tick correct option where applicable and furnish complete information in BLOCK LETTERS)

TITLE (✓)	MR / MRS / MISS / MAS / DR / M/S / ASSC / SOC / TRT / CO
Name: (As per OVD)	
Father/Spouse Name	First Name / Middle Name / Last Name
Mother Name	
Proof of Identity	[ ] UID (Aadhaar) / [ ] Driving Licence / [ ] Passport / [ ] Voter Identity Card / [ ] NREGA Job Card [ ] PAN Card/ If Other specify _____ ID Number _____
Address (present)	(Proof of address with photo identity to be attached)
Address Type	[ ] Residential / [ ] Business / [ ] Registered Office / [ ] Unspecified
Flat/ H.No.	Ward/Road:
Name of Bldg	
Town/ Village	Taluka:
Post Office	PIN:
State	District:   State :
Proof of Address	[ ] UID (Aadhaar) / [ ] Driving Licence / [ ] Passport / [ ] Voter Identity Card / [ ] NREGA Job Card Utility Bill / Leased Agreement/ If Other Specify _____
Correspondance Address	Expiry date: / /   (Tick ID Type) Passport / Driving License (Please specify if not same as above)
Flat/H.No.	Ward/Road:
Name of Bldg	
Town/ Village	Taluka:
Post Office	PIN:
State	District:   State :
Contact Details	Landline No:   Mobile No:
PAN (attach copy)	PAN Card No:   email ID:
Date of Birth	[ _ _ ]/[ _ _ ]/[ _ _ _ _ ]   Gender: Male [ ] Female [ ] Others [ ]
Marital Status	Married [ ] / Unmarried [ ] / Others [ ]
Citizenship	[ ] IN- Indian [ ] Others
Residential Status	[ ] Resident Individual / [ ] Non Resident Indian / [ ] Foreign National / [ ] Person of Indian Origin

### CUSTOMER ACKNOWLEDGMENT COPY

Date : \_\_\_\_\_

Received KYC Documents of Mr./Ms./M/s. \_\_\_\_\_

Signature \_\_\_\_\_

Name : \_\_\_\_\_

Employee No.: \_\_\_\_\_

Bank Seal

Occupation Type	[ ]S-Service ([ ]Private Sector/ [ ]Public Sector/ [ ]Government Sector) [ ]O-Others ([ ]Professional/ [ ]Self Employed/ [ ]Retired / [ ]Housewife [ ]Student) [ ]B-Business [ ]X- Not Categorised
Annual Income :	Rs. _____ (Please specify)
Details of Guardian : (Specify)	Name & Address of Guardian:
	Guardian: Natural (Father / Mother) / Legal
Proof of Address :	KYC Number of Related Person (if available):
	[ ]UID (Aadhar) / [ ]Driving Licence / [ ]Passport / [ ]Voter Identity Card / [ ]NREGA Job Card / If Others Specify:
Office Address :	
Education Qualification	
Additional Information:	
	I hereby declare and confirm that the particulars/ information given above are true, correct, complete and till date in all respect to the best of my knowledge and any subsequent change will be advised to Bank by me.
	Date: _____ Place: _____ Signature / Thumb impression of Applicant _____

I hereby provide my explicit consent to The Goa Urban Co-operative Bank Ltd., to download and access my KYC details from Central KYCRegistry (CKYCR) in accordance with applicable laws and regulations.

Date : \_\_\_\_\_ Signature of Customer \_\_\_\_\_

Latest Specimen Signature	Specimen Signature verified and updated in CBS System
	Official /-Manager

**For Office Use Only**

We have accepted, verified the required documents and authorise the KYC Dept. to update the above details in CBS system.

A/C No.: \_\_\_\_\_ Branch: \_\_\_\_\_

CKYC No.: \_\_\_\_\_

Based on the customer's Profile, declared income & occupation the AML risk rating has been determined as follows:  LOW  MEDIUM  HIGH

Date: / / 20 | Signature of acceptor \_\_\_\_\_ | Signature of BM / Officer \_\_\_\_\_