



JALGAON JANATA SAHAKARI BANK LTD. JALGAON

KYC Updation (Re-KYC) Form for Non Individuals / Entities

Date :

I/We _____

the Undersigned Authorised Signatory/ies of the below -mentioned account hereby declare that the information given below is true and correct.

UCIC of A/C _____ Name of A/C _____

UCIC Of Prof / 1) _____ Name of Prop / 1) _____
Partner / Director / 2) _____ Partner / Director / 2) _____
Karta etc. :- 3) _____ Karta etc.:- 3) _____

Account Number :

PAN Number :

Registration :

***Business Details (Please tick on the appropriate Sub Category against the Type of Entity)**

* Type of Entity :-

- Proprietorship Partnership Limited Liability Partnership Public / Private limited / One Person Company
 Huf Bank Societies Insurance Self Help Group
 Clubs Non-Government Organizations Association Trust

Sub-Category of Entity:

PUB / PVT LTD COMPANY	GOVERNMENT	TRUST	BANK
<input type="checkbox"/> Financial Services Company <input type="checkbox"/> Others	<input type="checkbox"/> Local Authorities <input type="checkbox"/> State Electricity Boards <input type="checkbox"/> Quasi Government Bodies <input type="checkbox"/> Others _____	<input type="checkbox"/> Charitable Trust <input type="checkbox"/> Public Trust <input type="checkbox"/> Private Trust <input type="checkbox"/> Religious Trust <input type="checkbox"/> Educational Trust	<input type="checkbox"/> Co-Operative Bank
ASSOCIATION			SOCIETIES
<input type="checkbox"/> Business Association <input type="checkbox"/> Unregistered Association <input type="checkbox"/> Other Association			<input type="checkbox"/> Credit Co- Operative <input type="checkbox"/> Non Credit Co-Operative

***Nature of Business (Please Tick) :**

- Manufacturing Service Provider Stock Broker Real Estate Agriculture
 Retail Trading Wholesale Trading Other (PI Specify) _____

Self Employed Professional (Please Tick) :

- CA / CS / ICWA / CMA Lawyer Doctor Architect IT Consultant Other (PI Specify) _____

Date of business incorporation _____

Annual Turnover (Rs. Lacs) - _____

Annual Income (Rs. Lacs) - _____

Current Address:-

(Please provide a valid address proof in case of change in address) _____

Contact Numbers Tel. _____ Mobile _____

I/We request Jalgaon Janata Sahakari Bank to update the records with above-mentioned address.

Business Licenses/Registration documents information :

- I/We hereby confirm the business license issued by the authority is enforce, which is submitted earlier to JJSB
- Find enclosed the latest document

Beneficial Ownership Declaration (BO) :

- I/We hereby confirm there is no change in BO details from what is submitted earlier to JJS Bank
- Find enclosed the BO Declaration document (in case there is any addition to the BO then the Client opening Form and KYC documents needs to be obtained as per the KYC Norms)

Authorised Signatory Declaration :

- I/We hereby confirm there is no change in Authorised Signatory details from what is submitted earlier to JJS Bank
- Find enclosed the Board Resolution for the change in the Authorised Signatory Details (in-case there is any addition to the Authorised Signatory then the Client opening Form and KYC documents needs to be obtained as per the KYC Norms)

Change in Name / MOA / AOA Declaration :

- I/We hereby confirm there is no change in the Name / MOA/ AOA details from what is submitted earlier to JJSB
- Find enclosed the revised documents (in case of any change entire set of documents is required).
I/ We, authorised JJS Bank to update the PAN as mentioned above in the records.

Please affix a latest passport size colour photograph here

Please affix a latest passport size colour photograph here

Please affix a latest passport size colour photograph here

Signature :

Signature :

Signature :

Name : _____ Name : _____ Name : _____

For Branch Use :		
Profession Code	<input type="text"/>	Profession / Occupation : _____
Customer Risk Category	<input type="text"/>	High <input type="text"/> Medium <input type="text"/> Low
Documents Received -		
Sr. No.	Document Name	Document Number
Documents & Signature Verified By : _____ (Name & Signature)		
Approved By : _____ (Name & Signature)		

**** Please attach a separate Individual KYC updation form of Authorised signatory / B.O/ Partners / directors etc.**