## CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPURA Mirde Galli, Near Meenaxi Chowk, VIJAYAPURA - 586 101.

Mother Name\*

Date of Birth\*

Marital Status\*

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual Important Instructions: (C) Please read section wise detailed guidelines / instructions at the end. A) Fields Marked with\* ' are mandatory fields. (D) For particulars section update, please tick ( $\checkmark$ ) in the box available before the B) Please fill the form in English and in BLOCK letters.) section number and strike off the sections not required to be updated. For office use only Application Type\* New Update KYC Number (Mandatory for KYC update request) (To be filled by financial institution) **Account Type\*** Normal Simplified (for low risk customers) - L 1. PERSONAL DETAILS (Please refer instruction A at the end) Name\* (Same as ID proof) Maiden Name (If any\*) Father / Spouse Name\* РНОТО Gender\* M - Male F- Female Others Married Unmarried

Citizenship*	N - Indian		Others	(ISC 3166 Cour	ntry) Code)			
Residential Status*	Resident Individua	1	Non Re	sident Indian				
	Foreign National		Person	of Indian Origi	n .			
Occupation Type*	S-Service (Pr	ivate Sector	Public Sector	Governmen	nt Sector)			
	O-Others (Pr	ofessional	Self Employed	Retired	Housewife S	tudent)		
	B-Business	_			_			
	X- Not Categorised	ı						
							*****	
2. TICK IF APPLICA	BLE RESIDE	NCE FOR TAX	PURPOSES IN J	URISDICTION(	S) OUTSIDE INDI	A (Please refe	r instruction B at	the end)
ADDITIONAL DETAILS I	RECHIRED* (Mandate	ary only if section 2	is ticked) ISO 31	66 Country Cod	e of Jurisdiction o	f Residence*		
Tax Identification Number						i itesidelice	Ш	
Place / City of Birth*			, <del></del>	Country Code o	 of Rinth* □□□			
3. PROOF OF INDE	NTITY (POI)* (Pleas	e refer instruction (		oounay oode o	, Dilai [			
(Certified copy of any one of								
_		T T T T T	to be submitted)	D	F! D		$\Box$	$\top$
A- Passport Number				Passport	Expiry Date	шц	ШШ	1.1.1
B- Voter ID Card								
C- PAN Card								
D- Driving Licence				Driving Li	cence Expiry Date			
E- UID (Aadhaar)				-11				
F- NREGA Job Card		++++						
Z- Others (any docum	ant matified by the saw	<u> </u>	<del></del>		entification Numbe	r		
S- Simplified Measur		- L		lde	entification Numbe	r		
and a second of the control of the c		nent Type code						
4. PROOF OF ADDI		ADDDESS DETA	u.e. (Diagga refer in	struction D at the a	and)			
(Certified copy of any one of				struction D at the e	anu)			
	idential / Business	Residentia	— ´	ısiness	Registered O	ffico		
'' <b>=</b>	sport	Driving Lie	+	D (Asdhaar)	Voter Identity		$\dashv$	
	olified Measures Account			hers		TITI	711	
Line 1*			TTTT	TIT				$\top \top \Box$
			++++	++++	++++		++++	++-
Line 2								
Line 3				City / Town	/ Village*			
District*		PIN	/ Post Code*		State / U.T. Code*	ISO 31	66 Country Co	de*

Ine 1* Ine 2* Ine 2* Ine 2* Ine 3* Ine 3* Ine 3* Ine 3* Ine 3* Ine 4* Ine 2* Ine 2* Ine 3* Ine 4* Ine 2* Ine 3* Ine 4* Ine 4* Ine 5* Ine 6* In	Same as Current / Pern	nanent /	Overse	as Add	dress	detai	ls ( l	n cas	e mult	tiple	corre	spon	dence	/ Lo	cal ac	dres	ses	Ple	ase	e Fil	'Ar	nex	ure	A1'	)				
ine 3*    A3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES' (Applicable if section 2 is ticked same as Current / Permanent / Overseas Address details   Same as Correspondence / Local Address details   Same as Current / Permanent / Overseas Address details   Same as Correspondence / Local Address details   Same as Current / Permanent / Overseas Address details   Same as Correspondence / Local Address details   Local Address details   Local Address details   Local Address det	ine 1*																												
istrict   PIN / Post Code   State / U.T. Code   ISO 3166 Country Code	ine 2*																												
Assapro Number	ine 3*	TI					T					C	ity /	Tov	vn / V	illag	e*	T			T	T	Ť	T	寸				
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE NOIA FOR TAX PURPOSES' (Applicable if section 2 is ticked same as Current / Permanent / Overseas Address details   Same as Current / Permanent / Overseas Address details   Same as Correspondence / Local Address details   Same as Current / Permanent / Overseas Address details   Same as Correspondence / Local Address details   Same as Correspondence / L	)istrict*	$\pm \pm \pm$	$\pm \pm$	+	$\dagger \dagger$	F	IN /	Pos	t Cor	de*	十	$\exists$	Ť	Τ	7		L	Cod	* ما	F	T	IS	SO 3	166	Co	unti	v Co	nde*	7
Same as Current / Permanent / Overseas Address details  Line 1** Line 2** Line 3** State*  State*  State*  JEP / Post / Code* Line 3** State* Line 3** State* Line 3** Line 3*	_					SOUNDERS.			marrier pl	enenes.										L									
Interior 2 Interior 2 Interior 3 Interior 4 Interior 3 Interior 5 Interior 5 Interior 5 Interior 6 Interior 6 Interior 7 Interior 8	7							LICA	NT IS	RE	SIDEI	O TN	UTSII	DE II	NDIA	FOR	TA)	(PL	JRF	os	ES*	(Ap	plic	able	e if	sec	tion	2 is	ticke
Line 2* Line 3* Line 4* Line 3* Line 4* Line 4* Line 4* Line 4* Line 4* Line 3* Line 4* Line 5* Line 4* Line 5* Line 4* Line 5* Line 4* Line 5* Line 4* Line 5* Line 4* Line 5* Line 4* Line 5* Line 4* Line 5* Line 4* Line 4		nanent / (	Overse	as Add	dress	detai	ls		$\perp$	;	Same	as C	orres	pon	denc	/ Lo	cal	Add	dre	ss c	leta	ils	_						
ine 2° listrict		+++	+	$\vdash \vdash \vdash$	+	+		+	++	+	+	++	+	+	+	+	+	+	╀	+	+	+	+	H	+	+	+	+	$\dashv$
S. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)  It (off)		$\pm \pm \pm$	++1	$\Box$	$\forall \dagger$	$\forall$		$\dagger \dagger$	$\forall \dagger$	十	Ħ	$\dagger\dagger$		$\dagger$	$\dagger \dagger$	Cit	y / T	own	/ V	illag	e*	t	H	$\forall$	+	t	$\dagger$	$\dagger$	$\forall$
L (off)	District			State	e* [	П	Ī					Z	P/P	ost /	Code	*	П	I	I	Ι	] [	ISC	0 3	166	Co	unti	y C	ode*	
D. DETAILS OF RELATED PERSON (in case of additional related persons, please fill 'Annexure B1') Please refer instruction (3 at the end)  Addition of Related Person   Deletion of Related Person   Endetited Person (if a vailabler')      Addition of Related Person   Deletion of Related Person   MYC Number of Related Person (if a vailabler')      PROOF OF IDENTITY [Poil OF RELATES PERSON' (Please see instruction (H) at the end)    A Passport Number   Passport Number   Passport Expiry Date      B. Voter ID Card   Passport Number   Passport Expiry Date      B. Voter ID Card   Passport Expiry Date   Passport Expiry Date      F. NREGA Job Card   Identification Number   Identification Number    B. APPLICANT DECLARATION   Passport Passport   Decument Type code      7. REMARKS (if any)      8. APPLICANT DECLARATION   Passport Passport   Passport   Passport   Passport    8. APPLICANT DECLARATION   Passport   Pas	5. CONTACT DETAILS (	All comm	unicati	ons wi	ill be s	sent o	n pr	ovide	d Mol	bile	no. / E	Email	- ID) (	Plea	se re	er in	strı	ictic	n F	at	the	end)	)						
B. DETAILS OF RELATED PERSON (in case of additional related persons, please fill 'Annexure B1') Please refer instruction (3 at the end)  Addition of Related Person   Deletion of Related Person   MYC Number of Related Person (if available?)   Deletion of Related Person   Deletion   Deleti	I. (off)	ПП		T	$\prod$ .	Tel.(R	es)	T				T		П		T	FA	<sub>x</sub> [						T	T	T	T	T	Π
S. DETAILS OF RELATED PERSON (in case of additional related persons, please fill "Annexure B1") Please refer instruction G at the end)  Addition of Related Person   Deletion of Related Person   Every Comment of Related Person   Deletion of Related Person   Deletion of Related Person   Every Comment of Related Person   Deletion of Related Person   Deletion of Related Person   Deletion of Related Person   Deletion of Related Person   Every Comment of Related Person   Deletion   Del		+++	$\dashv$	+	++		$\dashv$			ᅱ	廾	<del>-  </del> -	$\vdash$	H	+	+		T L	$\dashv$	무	$\overline{}$	$\dashv$		$\dashv$	一	屵	十	+	
Addition of Related Person   Deletion of Related Person   Related Person   SYC Number of Related Person   Related Per	ъ.			Ŀ				Email	ID [								L								L		L		
Authorized Representative (If KYC number and name are provided, below details of section 6 are optional  PROOF OF IDENTITY [Poil] OF RELATES PERSON* (Please see instruction (H) at the end)  A. Passport Number  B. Voter ID Card  C- PAN Card  D- Driving Licence  E- UID (Aadhaar)  F. NREGA Job Card  J. Others (any document notified by the central government)  S. Simplified Measures Account - Document Type code  7. REMARKS (if any)  3. APPLICANT DECLARATION  I hereby declare that the details furnished above are true and correct to the best of my knowledge end belief and I Undertake to Inform you of John State (In my) belief in the debale for it. Why personal RYC dealism gibs that save with central KYC Registry. (Hereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Central KYC Registry.) (Intereby consent to neckiving information from Centr	6. DETAILS OF RELATE	D PERSO	ON (In c	ase of	additio	onal r	elate	d pers	ons, p	oleas	e fill '	Anne	xure l	31') I	Please	refer	ins	truc	tior	ı G a	it th	e en	d)						
PROOF OF IDENTITY [Pol] OF RELATES PERSON* (Please see instruction (H) at the end)  A. Passport Number	Addition of Related Person	Dele	tion of R	Related	Persor	1			К	YC N	lumbe	r of R	elated	Pers	on (If	availa	ble*		I	Ι							T	Τ	П
A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code 7. REMARKS (if any)  8. APPLICANT DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge end belief and I Undertake to inform you of any changes therein, immediately, it can say not the above information is found to be false or untrue or misliagding or misrepresenting, I am My personal KY Castlas 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:  9. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL/ FOR OFFICE USE ONLY Drouments Received Certified Copies (Self) True Copies Notary Original IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU Code 1. Name 1. Name 1. Name 1. Code 1. Name 1.	elated Person Type*	Guard	dian of I	Minor	As	ssign	ee [	Αι	ıthoriz	zed l	Repre	senta	tive	(If K	/C num	ber ar	nd na	ame	are	provi	ded,	belo	w de	etails	ofs	ectio	n 6 a	ire op	tional
A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code 7. REMARKS (If any)  8. APPLICANT DECLARATION Ihereby declare that the details lave be shared with central KYC Registry through SMS/Email on the above registered number/Email address. Place :								T						T				Π	T	T				T	T	Т			
B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code 7. REMARKS (If any)  8. APPLICANT DECLARATION I hereby deciare that the details formished above are true and correct to the best of my knowledge end belief and I Undertake to inform you of any changes therein, invendistably, in case any of the above information is found to be false or untrue or misliasding or misrepresenting, I am My personal RYC details may be shared with central RYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/Email address.  Place:  9. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL/ FOR OFFICE USE ONLY Incuments Received Certified Copies (Self) True Copies Notary Original IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU Code 1. Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU Code 1. Designation	PROOF OF IDENTITY [P	ol] OF RE	ELATES	PERS	ON* (I	Pleas	e se	e inst	ructio	n (H	) at th	ne en	d)																
B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code 7. REMARKS (If any)  8. APPLICANT DECLARATION I hereby deciare that the details formished above are true and correct to the best of my knowledge end belief and I Undertake to inform you of any changes therein, insmediately, in case any of the above information is found to be false or untrue or mislicading or misrepresenting, I am My personal RYC details may be shared with central RYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/Email address. Ite : Place : Place : Place : Notary Original IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL Name NAME CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPL Code  1p. Designation Name	7		TT		Ш									spo	rt Ex	oirv I	Dat	e		I		805 905	1_		Π	741			П
C-PAN Card		Ħ	廿	$\top$	一	$\exists$	Т	Т	П	Т	Т	٦								L			1 1		_	ונ			
Driving Licence  E- UID (Aadhaar)  F- NREGA Job Card  Z- Others (any document notified by the central government)  S- Simplified Measures Account - Document Type code  7. REMARKS (if any)  8. APPLICANT DECLARATION  1. A PPLICANT DECLARATION  2. A PPLICANT DECLARATION  3. A PPLICANT DECLARATION  4. A PPLICANT DECLARATION  5. A PPLICANT DECLARATION  6. A PPLICANT DECLARATION  8. A PPLICANT DECLARATION  9. A THESTATION AND IN CASE AND A PRIVATE A	_	Ħ	$\dagger \dagger$	+	${}^{\dag}$	$\pm$	+	+		_		_																	
E- UID (Aadhaar)		H	++	+	++	+	+	+		т	Т	٦	Driv	ina	Licen	ce F	yni	rv F	)ate	ا ۵			1_1		Г	اــــــــــــــــــــــــــــــــــــــ			T
F- NREGA Job Card  Z- Others (any document notified by the central government)  S- Simplified Measures Account - Document Type code  7. REMARKS (If any)  8. APPLICANT DECLARATION  1 Inerely declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I may be held liable for it.  1 Place:  9. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL/ FOR OFFICE USE ONLY  DOCUMENTS Received Certified Copies (Self) True Copies Notary Original  IPV AND KYC VERIFICATION CARRIED OUT BY  INSTITUTION DETAIL  Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU  Code  1 Designation  Designation  Designation	=	H	++	+	$\vdash$	+	÷	+		+		J		9	_,,,,,,,	_	۸۳.	, -		י נ			]		L	ודע			
Z- Others (any document notified by the central government)  S- Simplified Measures Account - Document Type code  7. REMARKS (If any)  8. APPLICANT DECLARATION  1 hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I may be held liable for it.  Wy personal KYC details may be shared with central KYC Registry.  1 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/Email address.  ate:	₫	H	++	+	$\vdash$	+	┿	┿		$\dashv$	$\neg$	٦																	
S. Simplified Measures Account - Document Type code  7. REMARKS (if any)  8. APPLICANT DECLARATION  I hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I may be held liable for it.  My personal KYG 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.  ate:	Ξ.	Ш						<del>                                     </del>	ᆜ	+	+	_ل		_		Ider	ntifi	cati	on	Nui	nbe	er [	$\neg$	П		Π	Т	Т	Π
S. Simplified Measures Account - Document Type code  7. REMARKS (if any)  8. APPLICANT DECLARATION  I hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I may be held liable for it.  Wy 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.  ate:	╡ : ' '						, ,		4	Ļ			$\perp$			lder	ntifi	cati	on	Nui	nbe	r	$\forall$	$\exists$		T	t	t	$\vdash$
8. APPLICANT DECLARATION  I hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I 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.  ate:	S- Simplified Measure	s Accou	ınt - Do	cume	nt Ty	pe co	ode			$\Box$												_				_	_		_
I hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I 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.  ate: Place: Place: Place: Notary Original  IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL  Occuments Received Certified Copies (Self) True Copies Notary Original  IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL  Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU  np. Name Code  np. Code  np. Designation	7. REMARKS (If any)																												
I hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I 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.  ate:														T						T	T	T	T			Π	Π	Π	
I hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I 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.  ate: Place: Place: Place: Notary Original  IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL  Ate of IPV / Attestation Place: Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU  Inp. Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU				TT					T	T		T	十	T	T				T	T	T	十	$\forall$	T		T	T	T	T
I hereby declare that the details furnished above are true and correct to the best of my knowledge end 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 am aware that I 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.  ate: Place: Place: Place: Notary Original  IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL  Ate of IPV / Attestation Place: Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU  Inp. Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU  Code Place: Name Chaitanya Mahila Sahakari Bank LTD., VIJAYPU	8 APPLICANT DECLAR	ATION																	_									100	
aware that I 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.  ate:			ove are tru	ue and co	orrect to	the be	st of r	ny knov	wledge (	end b	elief an	d I Und	ertake	to inf	orm you	of													
Place:  9. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL/ FOR OFFICE USE ONLY  Occuments Received Certified Copies (Self) True Copies Notary Original  IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL  Ate of IPV / Attestation			y of the at	pove info	ormation	ı is fou	nd to	be false	or unti	rue or	mislea	ding o	misre	prese	nting, I	am													
9. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL/ FOR OFFICE USE ONLY occuments Received Certified Copies (Self) True Copies Notary Original  IPV AND KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAIL ate of IPV / Attestation Code  np. Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU  Code  np. Code  np. Designation Company Code  np. Designation Certified Copies (Self) True Copies Notary Original  INSTITUTION DETAIL  Code	My personal KYC details may be					rough:	SMS/E	mail or	the abo	ove re	aistere	d num	ner/Em	ail ad	dress														
IPV AND KYC VERIFICATION CARRIED OUT BY  ate of IPV / Attestation			$\top \top$	_				Т	Т	T		П	T	Τ	T	1													
IPV AND KYC VERIFICATION CARRIED OUT BY  ate of IPV / Attestation	I hereby consent to receiving info		1 1							- 1		1 1				1 1								-			10, 10	100.75	
IPV AND KYC VERIFICATION CARRIED OUT BY  ate of IPV / Attestation	I hereby consent to receiving info	- PERSO	N VEDI		ON (IE	ח ועכ	ETAI	LIEO	P OF	EICE	HEE	ONI				' _		1982											
np. Code np. Designation Name CHAITANYA MAHILA SAHAKARI BANK LTD., VIJAYPU	I hereby consent to receiving info	den ann ann ann ann ann ann ann ann ann a		FICATI		ם (עכ	4664				7																		
mp. Name CHATTANTA WAHILA SAHARARI BANK LTD., VIJAYPO	I hereby consent to receiving info ate:	Certifi	ied Co	FICATI	Self)	E	] Tru	ie Co			7			Orig	jinal	' -													
mp. Code '	9. ATTESTATION AND IN Cocuments Received  IPV AND KYC	Certifi	ied Co	FICATI	Self)	E	] Tru	ie Co			] Not	ary								(dille)									
np. Designation	9. ATTESTATION AND IN Occuments Received  IPV AND KYO ate of IPV / Attestation	Certifi	ied Co	FICATI	Self)	E	] Tru	ie Co			] Not	ary				A M				(dille)				AN	KL	.TD	., V	IJA'	YPL
	9. ATTESTATION AND INcomments Received  IPV AND KYC ate of IPV / Attestation	Certifi	ied Co	FICATI	Self)	E	] Tru	ie Co			] Not Na	ary me				A M				(dille)				AN	KL	.TD	., V	IJA'	YPU
mp. Branch	9. ATTESTATION AND IN ocuments Received IPV AND KYC ate of IPV / Attestation mp. Name	Certifi	ied Co	FICATI	Self)	E	] Tru	ie Co			] Not Na	ary me				A M				(dille)				AN	ΚL	.TD	., V	IJA'	YPU
	9. ATTESTATION AND IN Occuments Received IPV AND KYO ate of IPV / Attestation mp. Name mp. Code	Certifi	ied Co	FICATI	Self)	E	] Tru	ie Co			] Not Na	ary me				A M				(dille)				AN	ΚL	.TD	., V	IJA	YPU