


**BASSEIN CATHOLIC
CO-OPERATIVE BANK LTD.**

Corporate Office : Catholic Bank Building, Papdy Naka, Vasai West, Dist. Palghar -
401 207, M.S. GSTIN : 27AAAT83965B22Z M. 9527441600 / 952745186 /
9527461600 Toll Free : 1800 2407 W : bccb.co.in

BRANCH _____

ACCOUNT OPENING FORM

DATE ____/____/____

A/c No. _____

Customer 1. _____

3. _____

CKYC No. _____

No. _____

2. _____

4. _____

Please open my / our ☐ Savings Individual ☐ Savings Entity (HUF, Trust, Society, Association of Persons) ☐ Current Account
(Tice required one) ☐ Recurring Deposit ☐ Term Deposit-CF/STD/FDR _____ Day _____ Month _____ Year Amount Rs. _____
in words _____ at interest rate of _____ % p.a.

Pl. Fill the form in Black ink & Capital Letters
ENTITY NAME _____

Applicant Name **Title** **Last Name** **First Name** **Middle Name**

1. _____

2. _____

3. _____

4. _____

ACCOUNT IN THE NAME OF MINOR

Relationship with Minor ☐ Father ☐ Mother ☐ By Court Order (if yes please affix a copy) ☐ Other (Please specify) _____

I shall represent the the minor in all future transaction of any description in the above account till the said minor attains majority. I shall indemnify the Bank against any claim of the above minor of any withdrawals / transactions made by me in his / her account.

Signature of Guardian _____

Current / Permanent / Registered Address _____

_____ State _____ Pin code _____

Mobile _____ Tel. (Off.) _____

Tel. (Res.) _____ Email ID _____

CORRESPONDENCE / LOCL ADDRESS DETAILS
☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address please fill Annexure A1 & A2)

Correspondence Address _____

_____ State _____ Pin code _____

OPERATIONAL INSTRUCTION
☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor ☐ Jointly by All ☐ Others _____

1
(Photo)
Sign Across

2
(Photo)
Sign Across

3
(Photo)
Sign Across

4
(Photo)
Sign Across

Signature (Stamp)

Signature (Stamp)

Signature (Stamp)

Signature (Stamp)

Facilities Required (Please tick)
☐ Cheque Book ☐ Internet Banking ☐ Mobile Banking ☐ Debit Card ☐ SMS Banking ☐ E-Passbook/Statement

"We are aware that all the E Channel products like Rupay Debit Card / Mobile Banking / SMS Banking / E Pass Book / UPI and any other products that may be offered by the bank are available to us. We hereby authorized the 1st Account Holder named herein to apply, receive / download the products / applications by accepting the terms & conditions and to operate the same individually."

Standing Instruction

1. Kindly pay interest at **Monthly / Quarterly / Half Yearly / Yearly** intervals by

☐ Credit to SB/CD/CC/OD A/c No. _____ at _____ Branch

☐ Cash ☐ Pay Order ☐ NEFT ☐ Auto Renewal Yes - No. of times _____

2. Kindly debit Monthly RD installment of Rs. _____ to my / our SB/CD/CC/OD A/c _____

Nomination Form / नामनिर्देशन अर्ज - DA01

Nomination / नामनिर्देशन : Required / हवे ☐

Not Required / नको ☐

I / We nominate following named person as my / our nominee after my / our death and is entitled legally to receive the money as per Banking Regulation Act, 1949 and The Co-operative Bank (Nomination) Rule 1985. / माझ्या / आमच्या मृत्यूनंतर खालील व्यक्तीस कायदेशीररित्या पैसे मिळण्यास बँकिंग रेग्युलेशन अक्ट १९४९, तसेच को-ऑपरेटिव्ह बँकेचे (नामनिर्देशन) नियम १९८५ नुसार मी / आम्ही खालील व्यक्तीचे नामनिर्देशन करित आहे / आहोत. (Only one person can be nominated per account/Receipt) / (एका खात्यासाठी फक्त एका व्यक्तीचे नामनिर्देशन होऊ शकते).

Name & Address / नाव व पत्ता	Age / वय	Date of Birth (In case of Minor) जन्म तारीख (अज्ञान असल्यास)	Relation with Depositor खातेदाराशी नाते

As the Nominee is minor on this date. I / We appoint Shri. / Smt. / Miss _____

आजच्या घडीला नामनिर्देशित केलेली व्यक्ती अज्ञान आहे. म्हणून माझ्या / आमच्या मृत्यूच्या वेळी मी / आम्ही श्री. / श्रीमती _____

Address / पत्ता _____

to receive the amount of the deposit on behalf of the nominee in the event of my / our death during the minority of the nominee. / या व्यक्तीची अज्ञान व्यक्तीचे वाली म्हणून नेमणूक करतो. नामनिर्देशन केलेली व्यक्ती माझे / आमचे मृत्यूचे वेळी अज्ञान असल्यास ह्या व्यक्तीला रक्कम मिळावी.

Date _____

Signature of Account holder _____

Introduction by an existing Account Holder (Optional)

Mr. / Ms. _____

Customer No. _____

SB / CD / CC / OD / Loan A/c. No. _____

Branch _____

Tel. / Mobile No. _____

I know Mr. / Mrs. _____ for a period of _____ months / years and confirm his / her address.

Date _____

Signature of Introducer _____

Know Your Customer (KYC) Details of Individual

1. PERSONAL DETAILS (*marking is mandatory)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Father Name*				
(Father Name* is mandatory if 'PAN' is not found)				
Spouse Name*				
Mother's Maiden Name*				
Date of Birth*				
Gender*	☐ M - Male	☐ F - Female	☐ T - Transgender	Martial Status* ☐ Married ☐ Unmarried ☐ Others
Nationality*	☐ In - Indian	☐ Others (ISO 3166 Country Code)	☐ Senior Citizen	☐ 15G ☐ 15H
Caste	☐ GEN	☐ SC ☐ ST	☐ OBC	☐ Others
Religion	☐ Hindu	☐ Christians	☐ Jain	☐ Sikhs ☐ Muslims ☐ Zorastrians ☐ Buddhists ☐ Others
Residential Status*	☐ Resident Indian	☐ Non Resident Indian	☐ Foreign National	☐ Person of Indian Origin
PAN No. / Form 60			Aadhar No.	
Passport No.			Any Other	
Annual Income	☐ Upto 5 Lacs	☐ 5 Lacs to 10 Lacs	☐ Above 10 Lacs	
Occupation Type*	☐ S-Service	☐ Private Sector	☐ Public Sector	☐ Government Sector ☐ Retired ☐ Housewife ☐ Student
	☐ O-Others	☐ Professional	☐ Self Employed	☐ Business ☐ Politically Exposed persons (PEP)

2. PROOF OF IDENTITY (POI)* (Please refer instruction C at the end)

(Certified of any one of the following proof of Identity (PoI) needs to be ticked)

☐ A-Passport ☐ B - Voter ID Card ☐ C - Driving Licence ☐ D-UID (Aadhaar) ☐ E-NREGA Job Card

☐ F-Letter issued by National Population Register Z-Others (pl. Specity)-_____

3. PROOF OF ADDRESS (POA)*

Type : Ownership Rental

3.1. CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following proof of Aadhar (PoA) needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
 Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ F-Letter issued by National Population Register
☐ Voter Identity Card ☐ NREGA Job Card ☐ Others Deemed OVD Documents

4. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1 & B2')

5. Employer / Business Details :

Name of Organization		Designation :	
Name of Organization		Designation :	
Employer Address			
Pin code		No. of years in Service Business	
Tel. / Mob.			

6. ENTITY DETAILS* : (Please refer instruction at page no. 6)

Name*			
Entity Constitution Type	(Please refer instruction at page no. 6)	Date of Incorporation of Business*	
GST No.		Country of Incorporation*	
Identification Type*		Registration Number*	
PAN*		Others (Pl. specify)	
Nature of Activity :	☐ MFG ☐ Wholesale / Retail ☐ Service ☐ Professional ☐ Real Estate ☐ Jeweller		
Latest Annual Income	☐ Upto 5 Lacs ☐ 5 Lacs to 10 Lacs ☐ Above 10 Lacs ☐ Annual Sales /Receipt Projected		
Number of controlling person(s) resident outside India for tax purpose (Please provide details of each Controlling Person resident India for Tax purpose separately in 'Annexure C2')			
Place of Incorporation of Business			

7. PROOF OF IDENTITY (PoI) (Please refer instruction at page no. 6)

Certified / Self attested copy of minimum two of the following Proof of Identity (PoI) needs to be submitted (Mandatory Document)

☐ Certificate of Incorporation / Commencement	☐ Bye-Laws	☐ Registration Certificate	☐ PAN
☐ Memorandum / Articles of Association	☐ Trust Deed	☐ GST Certificate	☐ TAN
☐ Shop & Establishment Licence	☐ Partnership Deed	☐ CIN	☐ Udyog Aadhaar
Certified / Self attested copy of other additional Document ☐ Resolution / request to open account & mode of operation ☐ List of Directors / Authorised signatories & their address / Form 32			

8. PROOF OF ADDRESS (PoA)* (Please see instruction at page no. 6)

Certified copy of any one of the following POA needs to be submitted

8.1. CURRENT / PERMAMENT / OVERSEAS ADDRESS DETAILS*	Type	☐ Ownership	☐ Rental	☐ Company Provided
Address Type*	☐ Residential & Business	☐ Residential	☐ Business	☐ Registered Office
Proof of Address*	☐ Certificate of Incorporation / Commencement	☐ Utility Bill	☐ Registration Certificate	☐ Wealth / ITR
	☐ Agreement / Maintenance Receipt	☐ Other Pl. specify		

9. Beneficial Owner

Ownership of Share / Capital / Profit / Interest more than 10% for Company, Partnership, Trust & More than 15% for AOP

Name of Beneficial Owner

	Last Name	First Name	Middle Name	% of stake
1.				
2.				
3.				
4.				

10. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSE IN JURISDICTION (S)

ADDITIONAL DETAILS REQUIRED*

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (if issued by jurisdiction)

Country of Tax Residency	PAN/TIN (Tax Identification No.) /Functional Equivalent	PAN / TIN Issuing Country /Functional Equivalent issuing Country	Expiry Date	Documents provided#

Place / City of Birth IDO 3166 Country Code of Birth*

Self attested copy of documentary evidence for TIN / Functional Equivalent and tax residency should be mandatorily provided.

If USA then whether Specified US Person - Yes / No. If No, provide exclusion No. (Details provided at the end)

If other than Indian and USA then whether other reportable person - Yes / No. If No then provide exclusion number.

11. Classification of Entity (Related Information available with branch)**(A) Financial Institution :**

(1) Reportable Financial Institution - Yes / No. If Yes Provide GIIN : _____

(2) Non-reportable Financial Institution - Yes / No. If Yes Provide Category : _____

(3) Sponsored Investment Entity / Trustee Documented Trust : Yes / No.

If Yes : Name of the Sponsor / Trustee : _____

GIIN of the Sponsor / Trustee : _____

(4) Non-Participating Financial Institution : Yes / No.

(5) Owner documented Financial Institution : Yes / No. If yes then for each controlling person who is tax resident outside India, please fill details in Annexure C2

OR

(B) Non - Financial Entity (NFE)

(1) Active NFE : Yes / No. If Yes Provide Category : ☐ ☐

If listed Company, Name of the stock exchange on which listed : _____

If related entity of listed company, name of the company and name of the stock exchange on which listed _____

OR

(2) Passive NFE : Yes / No If yes, Provide GIIN

Each controlling person who is tax resident outside India should fill Annexure C2

OR

(3) Direct Reporting NFE : Yes / No If yes, Provide GIIN _____

12. Declaration and Undertaking by Applicant :

I / We declare that :

1. I / We have read and understood the rules of opening a Savings/Current/Term Deposit Account of the Bank and terms and conditions (which may be amended from time to time) relating to Internet banking, Mobile Banking, Debit Card, SMS Banking, E-Statement, E-Passbook and other services as mentioned over www.bccbbank.co.in I/We accept them as binding upon me/us. I/We accept and agree to be bound by terms and conditions limiting the Bank's liability.
2. I/We Understand that the Bank may, at the absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit charges to my/our account for operations effected through transaction from Savings/Current Account and/or use of Internet Banking/SMS Banking/Rupay Card etc.
3. I/We hereby declare that I am/we are voluntarily submitting and/or desirous voluntarily to undergo Aadhaar Authentication process provided by the Unique Identification Authority of India (UIDAI) for availing subsidies, benefits/services covered by Section 7 of the Aadhaar Act, for the purpose of transfer of any monetary subsidy or benefit to my/our account as well as for facilitating the withdrawal of money by me/us through Aadhaar based micro-ATM machine, AEPS, BHIM Aadhaar Pay etc. I/We request to link this account to my/our AADHAAR Card Number/s submitted to you for receiving Subsidy Government benefits AND
I/We declare that I/we is/are voluntarily providing physical copy of the Aadhaar card for establishment of KYC/e-KYC for opening of my/our account with Bassein Catholic Co-operative Bank Ltd. _____ Branch.
4. The information provided by me/us in this Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962. It shall be my/our responsibility to educate myself/ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
5. The information provided by me/us in this Form and in its supporting Annexure as well as in the documentary evidence/s provided is true, correct and complete to the best of my/our knowledge and belief, and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise I/we hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Bank at any point of time.
6. I/We permit/authorise the Bank to collect, store, communicate process and share information relating to the account and/ or any of the above mentioned facilities and all transaction there in, to regular Centers, central KYC Registry and any other Bank including my/our confidential information as and when required for compliance with any law or regulation whether domestic or foreign.
7. I/We undertake the responsibility to declare and disclose immediately from the date of change, any changes that may take place in the information provided in this Form, its supporting Annexure as well as in the documentary evidence/s provided by me/us or if any certification becomes incorrect/invalid, etc. and to provide fresh self-certification along with documentary evidence/s.
8. I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions on the operations of my/our account and/or any of the above mentioned facilities, or close it or report to any regulator and /or any authority designated by the Government of India (GoI) RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
9. I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein. I/We shall indemnify the Bank for any loss that may be suffered by the Bank on account of providing incorrect or incomplete or invalid information.
10. I/We shall indemnify the Bank for any loss that may be suffered by the Bank on account of providing incorrect or incorrect information.
11. I/We declare that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI/RBI guidelines.
12. I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Bank.
13. I/We hereby consent to receive information from Central KYC Registry through SMS/E-Mail on the mobile number/E-mail Address provided in this form.
14. o I/We declare that I/we am/are not enjoying credit facility with any other Bank/s or Society/ies.
o I/We am/are enjoying the credit facilities with (NOC of the said bank with details enclosed).
o I/We declare that the lending institute is co-operative banks/society and details of shares are as per enclosed.
o I hereby declare that I am not having any Small account / Current account in any other Bank.

15. Debit Card Pin (Personal Identification Number)

- a) Pin Number : Each Debit Card holder shall select his or her "personal identification number" (PIN) to gain access to the Debit Card Service to operate account. The PIN shall under no circumstances disclosed or open to any third party. The Card holder should keep memory of his PIN and maintain secrecy to avoid any misuse and keep custody of Debit Card Safe and inaccessible. The Card holder shall be solely responsible for the consequence arising out of the disclosure of his/her PIN and/or authorized use of Debit Card shall be liable for any increased liability which he/she may incurred on account of unauthorized of the PIN and Debit Card.
- b) PIN Change : Debit card shall be issued to an account holder as approved by the Bank in respect of Debit Card Account to enable him to operate the Debit Card. The Card Holder shall get the card initially validated and select the PIN on the machine installed for that purpose. If the card holder forgets PIN the same can be regenerated any BCCB ATM. It is advisable for the Card Holder 1) To change the PIN Periodically 2) to change his PIN if suspects it is no longer confidential 3) to select a non easily guessable PIN.
- c) PIN Safety : Any wrong PIN fed to the Debit card Machine for more than three occasions will retail the Card in Machine itself. After completion of transaction if Debit card remains unretrieved. It is assumed having forgotten and Card will safely retain it. In the above circumstances Card holder shall approach the home branch for a new card.

16. Debit Card Safety : It is sole responsibility of card holder to preserve the card in good condition. Always ensure to keep Debit Card safely in plastic pouch to prevent any physical damage to magnetic strip and do not expose it to magnetic fields, heat and water & dust anytime. If the card is broken or unreadable it will be considered changes an invalid card and new card will be issued on such as application by Card holder and on handling over of such invalid card for cancellation to the home branch.

17. I conform that I do not have any other existing Customer Ids apart from the one mentioned on the account opening form. In case found otherwise, Bank reserves the right to consolidate the Customer Id's as may decide, without any prior notice to me.

18. I know as per RBI guidelines Bank have authority to exercise due diligence by closely examining the transactions carried out in the my account on an ongoing basis. This is done in order to ensure that the transactions are in sync with my profile as provided while opening the account. If there be any change in my profile details, it's my responsibility to update the same with Bank record.

19. I hereby declare that the date of birth ____/____/____ of the minor who is my ____ and I am his/her natural guardian / lawful guardian appointed by the court order date ____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I agree and undertake that all transactions made by me in his/her account are for the benefit of minor.

20. For All Joint Account with operational instructions as - Either or Survivor or anyone or survivor or Former or Survivor :

in event of death of any of the Joint Depositors / Former / the latter / the first named / the second named etc. of us or Either or survivor of us, Anyone or Survivors or Survivor of us, the Bank, in its absolute discretion and subject to such terms and condition as the bank may stipulate, (a) grant a loan / advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the deposit to the former / the latter / the first named of us / either the second survivor of us etc. named of us / anyone of us or survivors or survivor of us.

21. I/We have received a copy of the Declaration & Undertaking from the bank for my/our record.

SIGNATURE _____

Name* _____

Date (dd/mm/yyyy)* _____

Place* _____

Specimen Signature of Entity with Rubber Stamp

The Declaration & Undertaking has been explained to me / us in my / our mother tongue. I/We have acknowledged the Declaration & Undertaking given by bank.

*** Note : If the depositor is illiterate, thumb impression should be attested by two witnesses**

Signature of Witness 1 _____ Signature of Witness 2 _____

Name, Address of Witness _____ Name, Address of Witness _____

13. ATTESTATION / FOR OFFICE USE ONLY

Application Type* ☐ New ☐ Update Account Type* ☐ Normal ☐ Small
(To be filled by financial institution) CKYC Number _____ (Mandatory for KYC update request)

Documents Received ☐ Self-Certified ☐ True Copies ☐ Notary Risk Category ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION CARRIED OUT BY
Identity Verification ☐ Done Date _____

INSTITUTION DETAILS

Name BCCB Bank Ltd.

Code IN0860

Emp. Name _____
Emp. Code _____
Emp. Designation _____
Emp. Branch _____

In case of Current A/c. _____

visit by Bank Officer Name _____ on _____

Signature

Employee Signature

Bank Seal

Manager's Signature

Obtain separate KYC form for personal KYC of Joint Account Holder(s)

A. Clarification / Guidelines for filling 'Account Holder' type section

US Reportable

- F1 - Owner-Documented F1 with specified US owner(s)
- F2 - Passive Non-Financial Entity with substantial US owner(s) Person
- F3 - Non-Participation FFI
- F4 - Specified US Person
- F5 - Direct Reporting NFFE
- XX- Not Applicable

Other Reportable

- CI - Passive Non-Financial Entity with -one or more controlling person that is a Reportable
- C2 - Other Reportable Person
- C3 - Passive Non-Financial Entity that is a CRS Reportable
- XX - Not Applicable

B. Clarification / Guidelines for filling 'Nature of Business / Entity Constitution' type section

Entity Constitution Type

- | | |
|-----------------------------|------------------------------------|
| A - Sole Proprietorship | F - Limited Liability Partnership |
| B - Partnership Firm | G - Artificial Juridical Person |
| C - Private Limited Company | H - Others |
| D - Public Limited Company | I - Not Categorized |
| E - Liquidator | J - Self Help group HNF Club Trust |

C. Clarification / Guidelines for filling 'Entity Details' section

Identification Type :

- | | |
|---|-------------|
| T - TIN C-Company Identification Number | G - US GIIN |
| E - Global Entity Identification Number (EIN) | O - Other |

D. Clarification / Guidelines for filling 'Proof of Identity [Pol]' section

- 1 One certified copy of the mentioned Proof of Identity [Pol needs to be submitted].

E. Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 In case of multiple correspondence / local addresses, please fill 'Annexure A2'

F. Clarification / Guidelines for filling 'Contact Details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines for filling 'Related PersonDetails' section

I Person Details

- 1 Name : Please state the name with Prefix (Mr. / Mrs. / Ms. / Dr./ect.) The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Resident outside India for tax purposes

- 1 Jurisdiction(s) of Residence : It may be mentioned that since US taxes the global income of its citizen every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 Tax Identification Number (TIN) : TIN need not be reported if it has not been issued by the Jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification ("Functional equivalent"), the same may be reported. (Examples of that type of number for individual include, a social security / insurance number, citizen / personal identification / services code / number, and resident registration number).

III Proof of Identity [Pol]

- 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.

IV Proof of address [PoA]

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.

V Annexure B2-To be taken, in Legal Entity if there are Related Person - Director, Promoter, Partner, Authorized Signatory, Beneficiary, other (A Related Person is a person or entity that is related to the account holder who is doing / Preparing financial transaction / statement on behalf of oncern account holder)

H. Clarification / Guidelines for filling 'Details of Controlling Person' section

I Personal Details

- 1 Name : Please state the name with Prefix (Mr./Mrs./Ms./Dr./etc.). The name should match the name as mentioned in the Pol submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Proof of Identity [Pol]

- 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.

III Proof of Address [PoA]

- 1 PoA to be submitted only if he submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T. Code and Pin / Post Code will not be mandatory for Overseas addresses.

IV Annexure C-2= To be taken, in Legal Entity if there is Controlling Person - Ownership, Other Means, Senior Managing Officials, Other- Equivalent (Controlling person means A member of an organisation or an employee of a company who has signification sway in the decision making process.)