

# BARODA GUJARAT GRAMIN BANK

(Sponsored & Wholly Owned by Govt. of India, Govt. of Gujarat & Bank Of Baroda)



# બરોડા ગુજરાત ગ્રામીણ બેંક

(ભારત સરકાર, ગુજરાત સરકાર અને બેંક ઓફ બરોડા કા સમ્પૂર્ણ સ્વામિત્વ)

નામ :.....  
સરનામું :.....  
ખાતા નં. :.....  
મોબાઇલ :.....  
તારીખ :...../...../.....

પ્રતિશ્રી, બ્રાન્ચ મેનેજર સાહેબ,  
બરોડા ગુજરાત ગ્રામીણ બેંક  
\_\_\_\_\_ શાખા

માનનીય સાહેબશ્રી,

વિષય :- સેવીંગ/કરન્ટ /ટર્મ ડીપોઝીટ ખાતા નં..... અંગે નીચે આપેલ સુચના મુજબ  
કાર્ય કરવા વિનંતી.

મારા/અમારા નામે આપશ્રીની શાખામાં ખાતા નં..... થી ચાલે છે જેમાં અમારી જરૂરીયાતને  
અનુલથીને નીચે જણાવેલ સુચના મુજબ અમલ/ફેરફાર કરશોજી. જે અંગેની સઘળી જવાબદારી અમારી રહેશે. ..

1. ડુપ્લીકેટ પાસબુક તારીખ...../...../..... થી કાઢી આપશો, બેંક ચાર્જ અમારા ખાતે ઉધારશો.
2. સરનામામાં ફેરફાર કરશો. નવું સરનામું ઉપર મુજબ છે. એડ્રેસ પુઝ આ સાથે સંલગ્ન કરેલ છે.
3. તા. .... /..... /..... રોજનું બેલેન્સ સર્ટીફિકેટ આપશો. બેંકના નિયમ મુજબનો ચાર્જ અમારા ખાતે ઉધારશોજી.
4. માહે.....થી માહે ..... નું સ્ટેટમેન્ટ આપશો. તે અંગેનો સ્ટેટમેન્ટ ચાર્જ અમારા ખાતે  
ઉધારશોજી.
5. નવી ચેકબુક ઇસ્યુ કરશોજી.
6. મારા ખાતામાં.....નું નામ ઉમેરશો. જેમની સહીનો નમુનો નીચે  
મુજબ . છે. હવે પછવી ખાતાની લેવડ-દેવડ..... મારફતે થશે, આ સાથે  
આઈ.ડી. પ્રુફ રેસીડેન્ટ પુઝના પરાવા સામેલ છે.
7. અમારા ખાતામાંથી..... નું નામ કમી કરશોજી. હવે પછી  
ખાતાની લેવડ-દેવડ ..... ,મારફતે થશે. આ સાથે ચેક  
નં.....થી ..... સામેલ છે.
8. અમારી સહીનો નમુનો વેરીફાઈ કરી આપશો. તે અંગેનો બેંક ચાર્જ અમારે ખાતે ઉધારશો.
9. માટું કાર્ડ ખરાબ થઈ ગયેલ છે/ખોવાઈ ગયેલ છે/કામ આપતું નથી. જેથી બેંકના નિયમ મુજબનો ચાર્જ વસુલ  
કરીને ડુપ્લિકેટ / નવું કાર્ડ આપશો. માટું જુનું કાર્ડ સ્ટોપ કરી આપશો.

# BARODA GUJARAT GRAMIN BANK

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# બડૌદા ગુજરાત ગ્રામીણ બેંક

(ભારત સરકાર, ગુજરાત સરકાર ઇવં બેંક ઑફ બડૌદા કા સમ્પૂર્ણ સ્વામિત્વ)

10. મારૂ / અમારૂં ખાતું ડોરમેટ / ઇનએક્ટિવ થઈ ગયેલ છે. ખાતું એક્ટિવ કરી આપવા વિનંતી.
11. નીચે જણાવેલ કારણોસર મારૂ / અમારૂં ખાતું બંધ કરી આપશો. તે અંગેનો થતો ચાર્જ અમારા બેલેસમાંથી વસુલ કરી લેશો.
12. મારા બચત ખાતા નં.....છે, આ ખાતા માં એસ.એમ.એસ સુવિધા / મોબાઇલ બેન્કિંગ ની સુવિધા આપવા વિનંતી, મારો મોબાઇલ નંબર .....છે.
13. વારસદાર તારીકે ..... જન્મ તારીખ ..... સંબંધ ..... નું નામ દાખલ કરશો / જૂના વારસદાર ને બદલે ફેરફાર કરશો.
14. મારો આધાર કાર્ડ નંબર ..... મારા ખાતા નંબર ..... માં ઉમેરવા વિનંતી.
15. ....

હું ઉપરોક્ત બાબત અંગે બેંક માં નિયમ મુજબ નો સર્વિસ ચાર્જ મારા બચત ખાતા નંબર..... માં ઉધારવા બેંક ને સત્તા આપું છું.

આપનો વિશ્વાસુ

- |          |           |
|----------|-----------|
| (1)..... | સહી ..... |
| (2)..... | સહી ..... |
| (3)..... | સહી ..... |
| (4)..... | સહી ..... |

શાખા પ્રબંધક ની સહી : .....

અરજી મળ્યા તારીખ : .....



# BARODA GUJARAT GRAMIN BANK

(Sponsored & Wholly owned by Govt. of India, Govt. of Gujarat & Bank of Baroda)  
Head Office : 3rd & 4th Floor, Suraj Plaza -I, Sayajiganj, Vadodara - 390 005.  
E-Mail : ho@barodagujaratrb.co.in Website : www.bggb.in



"Reaching to unreached"

Branch \_\_\_\_\_

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

### Important Instructions :

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act. 1988 is available at the end
- F) List of two character ISO 3166 country codes is available at the end
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (☒) in the box available before the section number and strike off the sections not required to be updated

**For office use only** (To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Simplified (for low risk customers)  Small

### 1. PERSONAL DETAILS (Please refer instruction A at the end)

<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised	<input type="checkbox"/> Student	

PHOTO

Signature / Thumb Impression

### 2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S)/OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

### 3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

(Certified copy of **any one** of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C-PAN Card	<input type="text"/>		
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E-UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z-Other (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S-Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

### 4. PROOF OF ADDRESS (PoA)\*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of **any one** of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others

Simplified Measures Account - Document Type code

Address

Line 1\*

Line 2\*

Line 3\*

District\*  Pin / Post Code\*  State / U.T. Code\*  City / Town / Village\*  ISO 3166 Country Code\*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\*   
Line 2\*   
Line 3\*  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T. Code\*  ISO 3166 Country Code\*

4.3 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

Line 1\*   
Line 2\*   
Line 3\*  City / Town / Village\*   
State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Office)  -  Tel. (Res.)  -  Mobile  -   
FAX  -  Email ID

6. 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 KYC Number of Related Person (If available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Name\* Prefix  First Name  Middle Name  Last Name   
(If KYC number and name are provided, below details of section 6 are optional) Tel. (Off.)

PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

A-Passport Number  Passport Expiry Date  -  -   
 B-Voter ID Card   
 C-PAN Card   
 D-Driving Licence  Driving Licence Expiry Date  -  -   
 E-UID (Aadhaar)   
 F-NREGA Job Card   
 Z-Other (any document notified by the central government)  Identification Number   
 S-Simplified Measures Account - Document Type code  Identification Number

7. REMARKS

8. APPLICANT DECLARATION

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

Date :  -  -  Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUR BY

Date :  -  -   
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

Employee Signature

INSTITUTION DETAILS

Name   
Code

Institution Stamp



# Baroda Gujarat Gramin Bank

Head Office : Vadodara

## Annexure - 1

### FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor) (To be obtained with Account Opening Form for Individuals)

Account No.																			
-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Details under FATCA and CRS (see instructions)
--

(Please consult your Professional tax advisor for further guidance on your tax residency, if required)

1. Tax residence declaration - tick any one, as applicable to you : (if b. is applicable then pl. provide all other information)

- a.  I am a tax resident of India and not resident of any other country  
or  
b.  I am a tax resident of the country/ies mentioned in the table below :

Country#	Tax Identification Number%	Identification Type (TIN or Other% please Specify)

# - To also include USA, where the individual is a citizen / green card holder of USA

% - In case tax identification Number is not available, Kindly provide Functional equivalent

2. Name of the Account holder : \_\_\_\_\_
3. Customer ID : \_\_\_\_\_
4. Father's Name : \_\_\_\_\_ (mandatory)
5. Spouse's Name : \_\_\_\_\_ (optional)
6. Gender : \_\_\_\_\_ (Male      Female      Others)
7. PAN : \_\_\_\_\_
8. Aadhaar No. : \_\_\_\_\_ (optional)
9. Identification type and Identification number (Document submitted as proof of identity of the individual) :  
Name of the document submitted \_\_\_\_\_ identification number : \_\_\_\_\_
10. Occupation Type : \_\_\_\_\_ (Service  Business  Other  - please specify)
11. Date of Birth : \_\_\_\_\_ (in DD/MM/YYYY Format)
12. Nationality : \_\_\_\_\_
13. City of Birth : \_\_\_\_\_

**Permissible documents are :**

- Passport
- Election ID Card
- PAN Card
- ID Card
- Driving License
- UIDAI Card
- NREGA Job Card
- Others

14. Country of Birth : \_\_\_\_\_
15. Residence address for tax purpose (include City, State, Country & Pin code) : \_\_\_\_\_
16. Address type : \_\_\_\_\_
- (a) Residential or Business    (b) Residential    (c) Business    (d) Registered Office

**Certification**

I have understood the information requirements of this form (read along with the FATCA-CRS Instructions) and hereby confirm that the information provided by me on this form is true, correct and complete. I also confirm that I have read and understood the FATCA-CRS Terms and conditions and hereby accept the same.

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

Country	Tax Identification Number	Identification Type (If Other, please Specify)

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

**FATCA-CRS Instructions**

**Details under FATCA-CRS/Foreign Tax Laws :** Towards Compliance with tax information sharing laws, such as FATCA and CRS, We would be required to seek additional personal, tax and beneficial owner information and certain certification and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be **any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institution such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

**If you are US citizen or resident or green card holder, please include United States in the foreign country information field along with your US tax Identification Number.** Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

\* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. Please note that you may receive more than one request for information if you have multiple relationship with ABC or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

- Passport
- Election ID Card
- PAN Card
- ID Card
- Driving License
- UIDAI Card
- NREGA Job Card
- Others

**Income-Tax Rules, 1962**

**FORM No. 60**

(See Second Provision to rule 114B)

Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name																	
	Middle Name																	
	Surname																	
2	Date of Birth / Incorporation of declarant	D	D	M	M	Y	Y	Y	Y									
3	Father's Name (in case of individual)																	
	First Name																	
	Middle Name																	
	Surname																	
4	Flat/Room No.	5	Floor No.															
6	Name of Premises	7	Block Name/No.															
8	Road / Street / Lane	9	Area / Locality															
10	Town / City	11	District	12	State													
13	Pin Code	14	Telephone No. (with STD Code)	15	Mobile Number													
16	Amount of Transaction (Rs.)																	
17	Date of Transaction	D	D	M	M	Y	Y	Y	Y									
18	In case of transaction in joint names, number of persons involved in the transaction																	
19	Mode of Transaction :																	
	Cash	Cheque	Card	Draft/Banker's Cheque	Online Transfer	Other												
20	Aadhar No. issued by UIDAI (if available)																	
21	If applied for PAN and it is not yet generated enter date of application and acknowledgment number										D	D	M	M	Y	Y	Y	Y
22	If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income Tax Act, 1961) for the financial year in which the above transaction is held																	
	a	Agricultural Income (Rs.)																
	b	Other than agricultural income (Rs.)																
23	Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf)		Document Code	Document Identification Number	Name and Address of the authority issuing the document													
24	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)		Document Code	Document Identification Number	Name and Address of the authority issuing the document													

**VERIFICATION**

I ..... do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/our estimated total income (including Income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Place : \_\_\_\_\_

(Signature of Declarant)

**Note :**

- 1) Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable.
  - (i) In a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
  - (ii) In any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- 2) The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

**Instructions :**

1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled) :

No.	Nature of Document	Document Code	Proof of Identity	Proof of Address
<b>A</b>	<b>For Individuals and HUF</b>			
1	AADHAR Card	01	Yes	Yes
2	Bank/Post Office Passbook bearing photograph of the person	02	Yes	Yes
3	Elector's photo identity card	03	Yes	Yes
4	Ration/Public Distribution System card bearing photograph of the person	04	Yes	Yes
5	Driving License	05	Yes	Yes
6	Passport	06	Yes	Yes
7	Pensioner Photo Card	07	Yes	Yes
8	National Rural Employment Guarantee Scheme (NREGS) Job Card	08	Yes	Yes
9	Caste or Domicile Certificate bearing photo of the person	09	Yes	Yes
10	Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	Yes	Yes
11	Certificate from employer as per annexure B prescribed in Form 49A	11	Yes	Yes
12	Kisan passbook bearing photo	12	Yes	No
13	Arm's License	13	Yes	No
14	Central Government Health Scheme / Ex-Servicemen Contributory Health Scheme Card	14	Yes	No
15	Photo Identity Card issued by the Government / Public Sector undertaking	15	Yes	No
16	Electricity Bill ( <i>Not more than 3 months old</i> )	16	No	Yes
17	Landline Telephone Bill ( <i>Not more than 3 months old</i> )	17	No	Yes
18	Water Bill ( <i>Not more than 3 months old</i> )	18	No	Yes
19	Consumer Gas Card / Book or Piped Gas Bill ( <i>Not more than 3 months old</i> )	19	No	Yes
20	Bank Account Statement ( <i>Not more than 3 months old</i> )	20	No	Yes
21	Credit Card Statement ( <i>Not more than 3 months old</i> )	21	No	Yes
22	Depository Account Statement ( <i>Not more than 3 months old</i> )	22	No	Yes
23	Property Registration Document	23	No	Yes
24	Allotment Letter of accommodation from Government	24	No	Yes
25	Passport of spouse bearing name of the person	25	No	Yes
26	Property Tax Payment Receipt ( <i>Not more than 1 year old</i> )	26	No	Yes
<b>B</b>	<b>For Association of Persons (Trusts)</b>			
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	Yes	Yes
<b>C</b>	<b>For Association of persons (Other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person</b>			
	Copy of Agreement or copy of certificate of registration issued by Charity Commissioner or Registrar of Co-operative Society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	28	Yes	Yes

- 2) In case of transaction in the name of a Minor, any of the above mentioned documents as proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent / guardian.
- 3) For HUF any document in the name of Karta of HUF is required.
- 4) In case the transaction is in the name of more than one person the total number of persons should be mentioned in Sr. No. 18 and the total amount of transaction is to be filled in Sr. No. 16.

In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax the person should apply for PAN, fill out item 21 and furnish proof of submission of application.