

To  
 The President  
 RRCAT Employees Co-operative Credit Society Ltd.  
 RRCAT, Indore-452013 (M.P)  
 Ph. 0731-244-2371, 232-2371  
 E-mail: ceccs@rrcat.gov.in, ceccs@gmail.com

### Know Your Customer (KYC) / Nominee Form for Individual

Please fill this form in ENGLISH and in BLOCK LETTERS

A.	MEMBER'S DETAILS																																			
Full Name																																				
	First name								Middle Name								Last Name																			
C.C.No.													Latest Passport size Photo																							
Membership No.																																				
Gender	Male						Female																													
Marital Status	Married						Unmarried																													
Date of Birth	D	D	M	M	Y	Y	Y	Y																												
Date of joining	D	D	M	M	Y	Y	Y	Y																												
Date of retirement	D	D	M	M	Y	Y	Y	Y	Signature																											
Bank A/c No.																																				
Name of the Bank																																				
IFS Code																																				
Name as per the Bank A/c																																				
Aadhar No.																																				
PAN																																				
Office Address																																				
	C I T Y												PIN						State																	
Resi. Address																																				
	C I T Y												PIN						State																	
Contact Details	Off												Res												S T D P H O N E											
	Mob																																			
Email id	@																																			
Please check and attach self attested xerox copies of the following documents:																																				
First page of bank passbook	<input checked="" type="checkbox"/>	Aadhar Card	<input checked="" type="checkbox"/>	PAN Card	<input checked="" type="checkbox"/>	Emp I D Card	<input checked="" type="checkbox"/>																													

**Declaration**

I hereby declare that the details furnished above are true and correct to the best of my knowledge 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.

Place

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

Signature

<b>B.</b>	<b>NOMINEE'S DETAILS-1</b>															
Full Name																
Relationship																
CHSS No.																
Date of Birth	D	D	M	M	Y	Y	Y	Y								
Mobile No.																
Email id																
	<b>NOMINEE'S DETAILS-2</b>															
Full Name																
Relationship																
CHSS No.																
Date of Birth	D	D	M	M	Y	Y	Y	Y								
Mobile No.																
Email id																
	<b>NOMINEE'S DETAILS-3</b>															
Full Name																
Relationship																
CHSS No.																
Date of Birth	D	D	M	M	Y	Y	Y	Y								
Mobile No.																
Email id																

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my knowledge 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.

Place

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

Signature

FOR OFFICE USE ONLY

Original verified and Self-Attested/certified Document copies received.

( \_\_\_\_\_ )  
Name & Signature of the Authorised Signatory

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

Seal/Stamp of the receiver's