## The Karur Vysya Bank Limited Customer Creation Form

| To  |  |   |  |                            |             |                           |  |  |   |            |  |             |        |      |      |        |          |        |       |                 |         | 1          |        | 4           |        |  |             |     |               |
|---|--|---|--|----------------------------|-------------|---------------------------|--|--|---|------------|--|-------------|--------|------|------|--------|----------|--------|-------|-----------------|---------|------------|--------|-------------|--------|--|-------------|-----|---------------|
| The   | Bra  | nch   | Mar  | nage                       | r, Th       | e Ka                      | arur   | Vysy   | a B   | Bank       | Lim  | ited,       |        |      |      |        |          |        |       |                 |         |            | 1      |             | -      | ь.   | 8           |     |               |
| Plea  | se e   | enro  | ll me  | e as                       | a Cu        | stor                      | ner  | at yo  | ur_   |            |  | 1           | /de    | la   | bo   | 4      |          |        | 8     | 3rar            | nch     |            | ľ      | L           |        | b  | 7           |     |               |
| Cust  | tom  | er ID   | D.:  |                            |             | E                         | L  |  |   |            |  |             |        | e-   | KYC  | : [    | N        | on e   | -KY   | 'C              | ]       | 1          |        | 8           | 3      | 4  | 2           |     |               |
| CKY   | C I  | D .:  |  |                            |             |                           |  |  |   |            |  |             |        |      |      |        |          |        |       |                 |         |            |        |             | 9      | 7  |             |     |               |
| DET   | AIL  | SFC   | OR A   | PPLI                       | CAN         | IT –                      | SB/  | TER  | M E   | DEP        | OSIT   | No.         |        |      |      |        |          |        |       |                 |         |            |        |             |        |  |             |     |               |
| Mr/Ms   | s *  | *NA   | ME:  | INDI\                      | /IDU/       | AL (IN                    | N TH   | E OR   | DER   | OF         | FIRS   | T, MI       | DDLE   | 8 L  | ASTN | IAME   | e) lea   | ave s  | pace  | bet             | ween    | word       | s. Eg  | . RAI       | M G    | OPAL   | VAI         | RMA |               |
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|   |  |   |  |                            |             |                           |  |  |   |            |  |             |        |      |      |        |          |        |       |                 |         |            |        |             |        |  |             |     |               |
| *FAT  | HER'   | 'S NA   | ME   | Α.                         |             | _                         |  |  |   |            |  | A           |        |      |      | Т      |          |        |       | _               | _       |            | _      | т —         | _      |  |             | _   |               |
| W.  | 8  | O'C NI  | J<br>AME   | A                          | 7           | A                         | M  | 7  | 2   | LA         | 1  | A           | L      |      | 4    | 0      | 0        | 5      |       |                 | _       |            |        |             |        |  |             |     |               |
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| SPO   | JSE  | NAME  | E  |                            |             |                           |  |  |   |            | U.   | 1           |        |      |      |        |          |        |       |                 |         |            |        |             |        |  |             |     |               |
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|   | Mi   | nor   | acco   | ount                       |             |                           | Gu   | uardi  | an (  | Cust       | ome  | er ID       |        |      |      | Gua    | ardia    | an N   | ame   | Э               |         |            |        |             | Rel    | atior  | 1           |     |               |
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|   | Yes  |   |  | No                         |             |                           |  |  |   |            |  |             |        |      |      |        |          |        |       |                 |         |            |        |             |        |  |             |     |               |
|   |  |   | INIE   |                            |             | L                         | C TI   | JE A   | n Di  | ICAI       | UT.  |             |        |      |      |        |          |        |       |                 |         |            |        |             |        |  |             |     |               |
| *PER  | SOI  | NAL   |  | ORM                        | ATIC        |                           |  |  |   |            |  | 340         |        |      |      |        |          |        |       |                 |         | 1          |        |             |        |  |             |     |               |
| *PER  | SOI  | NAL<br>RTIF   | ICA  | ORM                        | ATIC        | R INI                     | DIVII  | DUA  | L/N   |            |  | NI          | MDE    |      |      |        |          | 166    | IIE I | DATE            | -       |            |        |             | EYE    | DIDY   | DATE        |     |               |
| *PER  | SOI  | NAL   | ICA  | ORM                        | ATIC        | R INI                     | DIVII<br>ME O  |  | L/N<br>E  |            |  | NU          | MBE    | R    |      |        |          | ISS    | UE I  | DATE            |         |            | T      |             | EXF    | PIRY   | DATE        |     |               |
| *PER<br>KYC<br>S.                               | SOI<br>CE<br>P   | NAL<br>RTIF<br>ROO  | F TY   | ORM<br>TION<br>PE          | ATIC        | R INI                     | DIVII<br>ME O  | DUA<br>F TH  | L/N<br>E  |            |  | NU          | МВЕ    | R    |      | D      | D        | ISS    | W M   | DATE            |         | , Y        | D      | D           | EXF    |  | DATE<br>Y Y |     | Y             |
| *PER<br>KYC<br>S.<br>No.                        | CE<br>P  | NAL<br>RTIF<br>ROO  | F TY   | ORM<br>TION<br>PE          | ATIC<br>FOI | NAI<br>DO                 | DIVII<br>ME O  | DUA<br>OF TH<br>MENT   | L/N<br>E  | MINO       | R  |             | мве    |      | 3 R  | D      | D        | ISS    | M     | DATE            | ¥ ¥     | / Y        | D      | D           | EXF    |  |             |     | Y             |
| *PER<br>KYC<br>S.<br>No.                        | CE<br>P  | NAL<br>RTIF<br>ROO<br>oof of  | F TY   | ORM<br>TION<br>PE          | ATIC<br>FOI | NAI<br>DO                 | DIVII<br>ME O  | DUA<br>OF TH<br>MENT   | L/N<br>E  | MINC       | R<br>ADI   | )Pr         | N3     | 1953 |      |        | D        | ISS    | M     | DATE<br>Y       | Y Y     |            | D      | D           | EXF    |  |             |     | Y             |
| *PER<br>KYC<br>S.<br>No.                        | Pro & A  | NAL<br>RTIF<br>ROO  | F TY   | ORM<br>TION<br>PE          | ATIC<br>FOI | NAI<br>DO                 | DIVII<br>ME O  | DUA<br>OF TH<br>MENT   | L/N<br>E  | MINC       | R<br>ADI   | )Pr         |        | 1953 |      |        | D        | ISS    | M     | DATE<br>Y       | Y Y     | ' Y        | D      | D           | EXF    |  |             |     | Y             |
| *PER<br>KYC<br>S.<br>No.                        | Pro & A  | NAL<br>RTIF<br>ROO<br>oof of<br>Addre                               | F TY   | ORM<br>TION<br>PE<br>ntity | ATIC<br>FOI | NAI<br>DO                 | DIVII<br>ME O  | DUA<br>OF TH<br>MENT   | L/N<br>E  | MINC       | R<br>ADI   | )Pr         | N3     | 1953 |      |        | D        | ISS    | M     | DATE<br>Y       | E Y Y   | / Y        | D      | D           | EXF    | M  |             |     | Y             |
| *PER<br>KYC<br>S.<br>No.<br>1.                  | Pro & A  | NAL<br>RTIF<br>ROO<br>oof of<br>Addre                               | F TY   | ORM<br>TION<br>PE<br>ntity | ATIC<br>FOI | NAI<br>DO                 | DIVII<br>ME O  | DUA<br>OF TH<br>MENT   | L/N<br>E  | MINC       | R<br>ADI   | )Pr         | N3     | D1   | 8    |        |          | ISS M  | M C   | DATE            | Y Y     | , , , ,    | -      | D           | M      | м<br>  | YY          | ~   |               |
| *PER<br>KYC<br>S.<br>No.<br>1.<br>2.            | Pro & A  | NAL<br>RTIF<br>ROO<br>pof of<br>Address<br>pof of<br>mmu<br>dress   | F TY   | ORM<br>TION<br>PE<br>ntity | ATIC<br>FOI | PA:                       | DIVII<br>ME O<br>DCUM                                  | DUA<br>DE TH<br>WENT   | L/M   | AINC       | a a  | A de        | N3     | P 7  | U3¢  |        | ,        | М      | M     | Y   0   1       | YY      | 8          |        | 0           | M      | м<br>  | Y Y         | Y Y |               |
| *PER<br>KYC<br>S.<br>No.<br>1.<br>2.            | Pro & A Pro Coo add  | NAL RTIF ROO oof of                | f Ideress<br>f inicat  | ORM<br>TION<br>PE<br>ntity | ATIC<br>FOI | PA:                       | DIVIII<br>ME O<br>DCUM                                 | DUA<br>DE TH<br>WENT   | L/N<br>E  | AINC       | a a a  | A de        | N3     | D1   | 8    | 2      |          | М      | M     | Y   0   1       | Y Y     | 8          | -      |             | M      | м<br>  | YY          | ~   |               |
| *PER<br>KYC<br>S. No.<br>1.<br>2.               | Pro & A Pro Coo add  | NAL<br>RTIF<br>ROO<br>Addres<br>G AL                                | f Ideress<br>f inicat  | ORM<br>TION<br>PE<br>ntity | ATIC<br>FOI | PA:                       | DIVIII   | DUA<br>DE TH<br>WENT   | L/NE  | O S S      | 08<br>08<br>04<br>01<br>04<br>04<br>04<br>04               | A de        | N3     | P 7  | 8    | 2      | ,        | M      | M     | Y               | R       | 8          | 8      | 4           | M      | м<br>  | YY          | 7   |               |
| *PER<br>KYC<br>S.<br>No.<br>1.<br>2.            | Process A Process A Process A A A A A A A A A A A A A A A A A A  | NAL<br>RTIF<br>ROO<br>Addres<br>G AL                                | f Ider<br>f sss<br>f<br>finical  | ORM<br>TION<br>PE<br>ntity | ATIC<br>FOI | PA:                       | DIVIII<br>ME O<br>O<br>U<br>H                          | DUA<br>DE TH<br>MENT   | L/N<br>E  | Alino<br>O | 08<br>08<br>04<br>01<br>04<br>04<br>04<br>04<br>04         | A de        | N3     | P 7  | 8    | 2      | ,        | M      | M     | ٧<br>  ۵<br>  ۲ | R R     | NCOE       | 8      |             | M      | м<br>  | Y Y         | ~   |               |
| *PER<br>KYC<br>S. No.<br>1.<br>2.<br>*MAII      | Process A Process A Process A A Process A A A A A A A A A A A A A A A A A A  | NAL RTIF ROO  oof of               | FICA<br>F TY   | ORM<br>TION<br>PE<br>ntity | ATIC        | RINI<br>NAI<br>DO         | DIVIII<br>ME COCUM<br>ME COCUM<br>ME COCUM<br>ME COCUM | DUA DUA DI TANDA DI T | A / II do N                                     |            | 08<br>08<br>04<br>01<br>04<br>04<br>04                     | A de        | M3     | P 7  | 8    | 2      | ,        | M      | M     | ٧<br>  ۵<br>  ۲ | R       | NCOE       | 8      | *           | M      | M  | ma          | 7   |               |
| *PER KYC S. No. 1. 2. *MAII PIST STAT           | Process A Process A Process A A Process A A A A A A A A A A A A A A A A A A  | NAL RTIF ROO  oof of               | FICA<br>F TY   | ORM<br>TION<br>PE<br>ntity | ATIC        | PA:                       | DIVIII<br>ME COCUM<br>NOTES                            | DUA DUA DI TANDA DI T | A / J de la | O CO       | 08<br>08<br>04<br>01<br>04<br>04<br>04                     | DAM de c    | N3     | P 7  | Q ?  | 2      | <u></u>  | M      | M C & | Y CCC           | R PIN   | NCOE       | €<br>8 | +<br>5<br>2 | 4<br>a | M  | Y Y         | 7   | a             |
| *PER<br>KYC<br>S. No.<br>1.<br>2.<br>*MAII      | Process A Process A Process A A Process A A A A A A A A A A A A A A A A A A  | NAL RTIF ROO  oof of               | FICA<br>F TY   | DDRI                       | ATIC        | PA:                       | DIVIII<br>ME COCUM<br>NOTES                            | DUA OF THE THE PROPERTY OF THE | A / // de la vite                               | O S ROI    | ADI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>AB | d<br>c<br>y | N3     | 0 62 | Q ?  | 5 11 0 | <u></u>  | n<br>a | M C X | ٧<br>  ۵<br>  ۲ | R PIN   | NCOE<br>RY | €<br>8 | +<br>5<br>2 | 4<br>a | A 5  | Y Y         | 3   | a             |
| *PER KYC S. No.  1. 2.  *MAII PIST STAT         | Processor Proces | NAL RTIF ROO oof of Addre oof of of mmu dress G AE  WN T NEN        | f Iderress funication  | DORM TION PE stion SSS:    | ATIC        | PA:                       | DIVIII<br>ME COCUM<br>NOTES                            | DUA DUA DI TANDA DI T | A / // de la vite                               | O S ROI    | ADI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>AB | d<br>c<br>y | N3     | 0 62 | Q ?  | 5 11 0 | <u>S</u> | n<br>a | M C X | y a l           | R C PIN | NCOL       | e 8    | +<br>5<br>2 | M 2 0  | 1 A B B B B B B B B B B B B B B B B B B  | y y         | 3 4 | a             |
| *PER KYC S. No. 1. 2. *MAII PIST STAT           | Process A A A A A A A A A A A A A A A A A A  | NAL<br>RTIF<br>ROO<br>oof of of<br>mmuu<br>dress<br>G AE<br>WN<br>T | f Ider<br>f sss<br>f mnicat<br>control of the sss<br>f mnicat<br>f ider<br>f ide<br>f ider<br>f ide<br>f ider<br>f ide<br>f ider<br>f id | DDRI SODRI                 | ATIC        | R INI<br>NAI<br>DO<br>PA: | DIVIII<br>ME COCUM<br>NOTES                            | DUA DUA DE THE THE THE THE THE THE THE THE THE TH  | A / J de SVTF                                   | O S ROI    | a8   | d<br>c<br>y | N3     | 0 62 | Q ?  | 5 11 0 | <u>S</u> | n<br>a | M C X | o co            | PIN PIN | NCOL       | e 8    | 35 2        | M 2 a  | M  | Y Y         | 3 4 | a             |
| *PER KYC S. No.  1. 2.  *MAI DIST STAT PER CITY | Pro & A Pro Coo add  | NAL<br>RTIF<br>ROO<br>oof of of<br>mmuu<br>dress<br>G AE<br>WN<br>T | f Iderress funication  | DDRI SODRI                 | ATIC        | RINI<br>NAI<br>DO<br>PA   | DIVIII<br>ME COCUM<br>NOTES                            | DUA OF THE THE PROPERTY OF THE | A / J de SVTF                                   | O COROLL   | ADI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>ABI<br>AB | d<br>c<br>y | N3     | 0 62 | Q ?  | 5 11 0 | <u>S</u> | n<br>a | M C X | o co            | R C PIN | NCOL       | e 8    | 10          | M 2 a  | M  | m a 000     | 3 4 | a             |

| UNDERGRADUATE GRADUATE POST GRADUA   | ATE □ PROFESSIONAL □  | ILLITERATE  | NO. OF DEPENDENTS  |
|--|---|---|--|
| EMPLOYED WITH  |   |   | Adult Children   |
| STATE GOVT. CENTRAL GOVT. PUBLIC LTD. PRIVATE LTD.   | BUSINESS OTHER EN   | ITITY (specify  | )  |
| *NATURE OF BUSINESS MANUFACTURING TRADING SERVICE  STOCK BROKER REAL ESTATE NGO/NPO JEWELS/GEMS/PRECIO   |   | AGRICULTURE THERS (specify)   | MONEY SERVICES AGENCY  |
| *TYPE OF PROFESSION DOCTOR ENGINEER BANKER T   | FEACHER LAWYER  | ARCHITECT [   | CONSULTANT   |
| IT PROFESSIONAL OTHERS (specify)   | Topouer   | Bank Straff   | HOUGEHOLD  |
| *ANNUAL INCOME SELF ₹  | SPOUSE<br>₹   |   | HOUSEHOLD<br>₹   |
| ASSETS OWNED   |   | L PROFESS   | SIONAL   |
| OTHER INVESTMENTS DEPOSITS DINSURANCE SHARES MF  | DEMAT   |   |  |
| DP ID DP Name  |   | Client ID   | 1  |
| FATCA / CRS Declaration  |   | *)  |  |
| Country of Residence   | INDIA   | - 7- 14   | 1 1 1 The Mark   |
| Residence for tax purposes   | Inosa   |   |  |
| Country of Birth   | INDIA   |   |  |
| US Person (Yes/No)   | 10  |   |  |
| Note : In case if any of the details above, the country mentione   | and in a the author Wardin  | " / !! 0 0  |  |
| For the purpose of providing certain services, the Bank is / may be required to en Bank to furnish any information regarding my account to these service providers such information.  consent to receive information/service etc. from the Bank or from the authorizes MS/E-mail by the Bank. I am aware that as a part of the post account opening/equest made either through the branch/call centre/mobile application/KVB webs accept and agree to be bound by the said terms and conditions including those and meaning of the above Declaration.  hereby declare that the information provided herein as well as in the documentained complete in all aspects to the best of my knowledge and that I have not with the account as a Reportable account or otherwise. I further agree that any false will render my account liable for closure and the bank shall have the right to initian accorrect, I hereby agree to indemnify and keep indemnified KVB, their affiliates a significant of the control of the | s/agents. I shall not hold KV ed call center for marketing /availing services, I may rec site, and also for cross sell/u e limiting the Bank's liability ry evidence provided by me thheld any Customer Inform /misleading Customer Inform ate any action, under law or | B or its agents/ of KVB products eive calls from to spell of the Bar I confirm that I to KVB (the "Cu action that may mation given by otherwise, If any | representatives liable for using/shares & services through Telephone/Mobine Bank to verify the correctness of ik's products/services.  I have read and understood the contractor in the assessment/categorization and the contractor in the assessment/categorization and assessment |
| RISK CATEGORY HIGH MEDIUM LOW POLITIC  | VALLY EVENOUED DEPROOF  |   |  |
| his form is complete in all respects, and all relevant documents are obtained  | CALLY EXPOSED PERSON<br>and verified. The form he<br>CYC documents. I have do   | 22 haan nama  | nally submitted by the customer, are diligence for updating the details  |
| have satisfied myself about the identity of the customer by verifying the Klank records.   |   |   |  |
| the deficited myself about the identity of the customer by verifying the K   |   | ger / Officer   |  |
| lank records.  |   | ger / Officer   |  |
| eank records.  |   |   | Completed  |



## **FATCA/CRS Declaration Form (For Individuals)**

(Foreign Account Tax Compliance Act / Common Reporting Standard)

| Mobile No: Prefix with country code City of Birth:  PAN: PAN: PAN: PAN: PAN: PAN: PAN: PA  | Jac Soham mod?   |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| City of Birth:  PAN: AD PM3 b 23 R Aadhaar No 3987 52  Fathers' name: TAYANTI LAC MODE Spouse Name PART A  Country of Residence  Residence for Tax Purposes  Country of Birth  US Person* (YES /No)  PART B  If in any of the fields under "PART A", the 'Country' mentioned is other than India, where investor is Citizen / Residency and the sepecially of USA  Part B (ii) (If Part B is applicable but Part B (i) has not been filled or more parameters suggest my relation with the country outside In document as proof of my citizenship and residency in India.  | 750 65 1 108.  |  |  |  |  |  |  |  |  |  |
| Fathers' name:  TAYANTI LAC MOD®  Spouse Name  PART A  Country of Residence  Residence for Tax Purposes  Country of Birth  US Person* (YES /No)  PART B  If in any of the fields under "PART A", the 'Country' mentioned is oth either fill the details in Part-B (i) below OR sign the self-declaration in the part B (i)  S.No  Country of Tax  Residency #  Number (TIN) /  Functional Equivalent  (1)  (2)  # to include all countries other than India, where investor is Citizen / Residency in those respective countries especially of USA  Part B (ii)  I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside In document as proof of my citizenship and residency in India.        | tion:  |  |  |  |  |  |  |  |  |  |
| PART A  Country of Residence  Residence for Tax Purposes  Country of Birth  US Person* (YES /No)  PART B  If in any of the fields under "PART A", the 'Country' mentioned is othe either fill the details in Part-B (i) below OR sign the self-declaration in Part B (i)  S.No  Country of Tax Residency #  Number (TIN) / Functional Equivalent  (1)  (2)  Tax Payer Identification Number (TIN) / Functional Equivalent (3)  (4)  # to include all countries other than India, where investor is Citizen / Rein those respective countries especially of USA  Part B (ii) (If Part B is applicable but Part B(i) has not been filled or more parameters suggest my relation with the country outside In document as proof of my citizenship and residency in India.          | MS30 Date of Birth: 19-10-1970                                       |  |  |  |  |  |  |  |  |  |
| Residence for Tax Purposes  Country of Birth  US Person* (YES /No)  PART B  If in any of the fields under "PART A", the 'Country' mentioned is oth either fill the details in Part-B (i) below OR sign the self-declaration in Part B (i)  S.No  Country of Tax  Residency #  Tax Payer Identification  Number (TIN) /  Functional Equivalent  (1)  (2)  # to include all countries other than India, where investor is Citizen / Rein those respective countries especially of USA  Part B (ii)  I (If Part B is applicable but Part B (i) has not been filled or more parameters suggest my relation with the country outside Indocument as proof of my citizenship and residency in India.  |  |  |  |  |  |  |  |  |  |  |
| Residence for Tax Purposes  Country of Birth  US Person* (YES /No)  PART B  If in any of the fields under "PART A", the 'Country' mentioned is oth either fill the details in Part-B (i) below OR sign the self-declaration in Part B (i)  S.No  Country of Tax  Residency #  Number (TIN) /  Functional Equivalent  (1)  (2)  # to include all countries other than India, where investor is Citizen / Re in those respective countries especially of USA  Part B (ii)  I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside In document as proof of my citizenship and residency in India.  |  |  |  |  |  |  |  |  |  |  |
| Residence for Tax Purposes  Country of Birth  US Person* (YES /No)  PART B  If in any of the fields under "PART A", the 'Country' mentioned is oth either fill the details in Part-B (i) below OR sign the self-declaration is Part B (i)  S.No  Country of Tax  Residency #  Number (TIN) / Functional Equivalent  (1)  (2)  # to include all countries other than India, where investor is Citizen / Rein those respective countries especially of USA  Part B (ii) (If Part B is applicable but Part B (i) has not been filled I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside In document as proof of my citizenship and residency in India.                                       |  |  |  |  |  |  |  |  |  |  |
| Country of Birth  US Person* (YES /No)  PART B  If in any of the fields under "PART A", the 'Country' mentioned is other till the details in Part-B (i) below OR sign the self-declaration in Part B (i)  S.No  Country of Tax Residency #  Number (TIN) / Functional Equivalent  (1)  (2)  # to include all countries other than India, where investor is Citizen / Rein those respective countries especially of USA  Part B (ii)  I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside In document as proof of my citizenship and residency in India.  |  |  |  |  |  |  |  |  |  |  |
| PART B  If in any of the fields under "PART A", the 'Country' mentioned is oth either fill the details in Part-B (i) below OR sign the self-declaration in Part B (i)  S.No Country of Tax Residency # Tax Payer Identification Number (TIN) / Functional Equivalent Equival (1) (2) (3) (4)  # to include all countries other than India, where investor is Citizen / Rein those respective countries especially of USA  Part B (ii) (If Part B is applicable but Part B (i) has not been filled I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside In document as proof of my citizenship and residency in India.   |  |  |  |  |  |  |  |  |  |  |
| If in any of the fields under "PART A", the 'Country' mentioned is oth either fill the details in Part-B (i) below OR sign the self-declaration in Part B (i)  S.No   Country of Tax   Tax Payer Identification   Issuing Country of Tax   Residency #   Number (TIN) /   TIN / Functional Equivalent   Equivalent   Equivalent   (1)   (2)   (3)   (4)    # to include all countries other than India, where investor is Citizen / Residency in those respective countries especially of USA  Part B (ii)   (If Part B is applicable but Part B (i) has not been filled I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside Indocument as proof of my citizenship and residency in India. |  |  |  |  |  |  |  |  |  |  |
| If in any of the fields under "PART A", the 'Country' mentioned is oth either fill the details in Part-B (i) below OR sign the self-declaration in Part B (i)  S.No   Country of Tax   Tax Payer Identification   Issuing Country of Tax   Residency #   Number (TIN) /   TIN / Functional Equivalent   Equivalent   Equivalent   (1)   (2)   (3)   (4)    # to include all countries other than India, where investor is Citizen / Residency in those respective countries especially of USA  Part B (ii)   (If Part B is applicable but Part B (i) has not been filled I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside Indocument as proof of my citizenship and residency in India. |  |  |  |  |  |  |  |  |  |  |
| Part B (ii) (If Part B is applicable but Part B(i) has not been filled I confirm that I am neither a U.S Person nor a resident for Tax purpose or more parameters suggest my relation with the country outside Indocument as proof of my citizenship and residency in India.   | ry of Specify whether column (3) is onal TIN / Functional Equivalent |  |  |  |  |  |  |  |  |  |
| # to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA  Part B (ii) (If Part B is applicable but Part B(i) has not been filled in, kindly provide information below)  I confirm that I am neither a U.S Person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following   |  |  |  |  |  |  |  |  |  |  |

| Decl | aration | hv | customer: |
|------|---------|----|-----------|

- I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes(CBDT) vide notification No.S.O.2155(E)dated 7<sup>th</sup> August 2015 and RBI Circular No. RBI/2015-16/165.DBR.AML.BC.No.36/14.01.001/2015-16 dated 28<sup>th</sup> August 2015 in this regard.
- I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. I shall seek advice from a professional tax advisor for clarification on my tax residency and its implication under FATCA / CRS.
- 3. I understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGA) and common Reporting Standards (CRS) and or any other similar arrangements.
- 4. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment / categorization of my account as a U.S Reportable Account or other Reportable Account or otherwise. In case any of the above information is found to be false or untrue or misleading or misinterpreting, I am aware that I may be held liable for it.
- 5. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self-declaration along with documentary evidence.

6. I agree to make good any loss that may be caused to KarurVysya Bank on account of providing incorrect or incomplete information by me.

Place:

Date:

**Customer Signature** 

#### Note:

#### The term 'United States person' will be based on one or more of the following indicia:

- An individual, being a citizen or resident of the United States of America.
- Unambiguous indication of a US place of birth
- 3. Current US mailing/residence address (including a US post office box)/Current US telephone Number
- 4. Standing instructions to transfer funds to an account maintained in USA
- 5. Current effective power of attorney or signing authority granted to a person with a US address (or) An 'in-care-of' or 'Hold mail' address that is the sole address the Indian Financial Institution has on the file for the account holder.

| Date :            | Branch :   | Signature & Stamp of Branch Official                |
|-------------------|--|---|
|                   |  |   |
|                   | THE RESERVE THE PROPERTY OF THE PARTY OF THE |   |
|                   |  |   |
|                   | processing and processing  |   |
|                   | T  | ear off portion                                     |
|                   | Ack  | knowledgement                                       |
| KarurVysya Bank h | ereby confirms that the Bank has<br>on   | received FATCA /CRS declaration from Mr / Ms / Mrs. |
| Date :            | Branch:  | Signature & Stamp of Branch Offici                  |

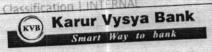


## Aadhaar / e-KYC consent form

| -   |  | Branch   |
|---|--|--|
| Customer ID   | Account Number   | ORN  |
|   |  |  |
|   |  |  |
| retrieve my demographi<br>(Unique Identification Au<br>records. I understand that<br>to the Bank and authenti<br>prints / iris pattern detai<br>not be stored by the Ba | ic details viz Name. Age, Gender, authority of India) and authorize the lat the details can be retrieved by the icate with my finger prints / iris on a ls will be used by the Bank only for ank in electronic form or otherwise | dereby grant my explicit consent to the Bank to Address, Photograph etc. available with UIDA Bank to store the demographic details for their Bank only when I furnish my Aadhaar numbe biometric device, and that my biometric finge authentication of my details with UIDAI and will be a secure medium of communication. |
| I am desirous of receivir<br>Government of India dire   |  | es of welfare schemes (DBT-Beneficiary) of the   |
|   |  | xmx light  |
| Date:   |  | Signature of the customer  |
| Resident consent for no   | n e-KYC:   |  |
| I hereby offer my Aadhaa<br>my Aadhaar Number in t  |  | nd extend my full consent to the bank to update  |
| ,   |  | m Justo  |
| Date:   |  | Signature of the customer  |
|   | For official use   | ρ  |

Date:

Signature and seal of the branch official



## Annexure to Circular No: 231 /2024 (INF) dt. 23.07.2024

## **CKYC Consent Form** (Mandatorily to be obtained along with physical AOF)

Dear Sir/Madam,

I, rejal soham mobi [Name of the customer] S/o / D/o / W/o
ayang LAL mobi [Father's /Mother's/Spouse Name], give my consent to S/o / D/o / W/o download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.

I understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number, Mobile Number, etc.

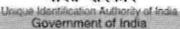
I hereby consent to receive information from Central KYC Registry through SMS/eMail on my registered mobile number/eMail address.

| registered mobile number/eMail address.   |          |
|---|----------|
| Signature:  | ! temple |
| Residential Address flot do: 280 Food No-25, real feddamma Halls, subject hills, khair atabad, Banjala Hills, |          |
| Date:   |          |



#### भारतीय विशिष्ट पहचान ग्राधिकरण

#### भारत सरकार





#### E-Aadhaar Letter

adhab Enrolment No.: 1118/60036/01056

P Tend Mod (durd 37d)

W/D Scham Salish Mod, plot no-250, read no-25, near seddamma temple jubilee hills. Rhandabad, Banjara ස්විය පාල්ලාය පාර්ය පේල්රී ප්රථේඛය පාල්ලාය පාර්ය පේල්රී ප්රථේඛය පාල්ලාය පාර්ය පේල්රී ප්රථේඛය පාල්ලාය පාර්ය ප්රථේඛය පාල්ලාය ප්රථේඛය ප්රථේඛය පාල්ලාය ප්රථේඛය ප්රථේඛ

Andrea Predesh, 500034

\* Audhour is proof of identity; not of oligeneitig. \* To establish identity, authenticale online

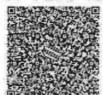
# గుర్తుపులు ఉనీకరణ ఆసీలైన్ అడిందికేషన్ బ్యారా కొందవచ్చు.

\* අපි වර්තුරිම වරුවේ ආශාපරීම ඒක.

\* This is electronically generated letter.

Secret Sour Your Andhear No.:

3987 5220 4530



Digitally asymptotic Kharak and Amitalda Digit 22 (to 2011)

INFORMATION

ఆధార్-ఆధార్ – సొమాన్యమానవుడి హక్కు







- ¥ ඉගල් සිම්රාංජිජ විදහනයේ
- ఆధార అధారి కొరిక్ష, ఒక సార సమామ చేసుకుంటే సరిపోటుంది.
- \* ఇయినేస్ మీ లేటిస్ట్ మొబైల్ నంటర్ మరియు ఈ మెయిల్ అగ్రెస్ రామాడు చేసుకోంది. దర్శకుల మీదు విలిన్ని ప్రామాజనాలను కేంద Designation



भारत बरकार SOME STORES



deed and Teyal Modi धार्षक तक त्रशास वक्षाय & Female



3987 5220 4530

\* Aadhaar is valid throughout the country.

\* You need to enrol only once for Aadhaar.

\* Please update your mobile number and e-mail address. This will help you to avail various services. in future.



## भारतीय विशिष्ट पद्मधान प्राप्तिकरण स्थापन स्थापनारकारकार स्थापनार स्थापन

WIO. ඒණ සම්බ කර, \$45.50 2000, 8%.55.25. ಶಿವ್ಧಕ್ಕು ವಿನ್ಯಾಪಕ್ಷ ವಿಶ್ವಕ **აიხ** თანე დათთან. ಎಂದರ್ ಕ್ರಿಕ್ಕೆ ಜನಾಗಿಕೆ ung 664, 509034

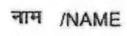
WilD Scham Salnth Mints plut no-280 noad no-25, near polidamena templé y tilleo hills. Charatabad, Baryara Hills. Hydrostad Andrea Prateets, \$00034

Aadhaar - Aam Aadmi ka Adhikar

ఆడార్ - ఆధార్ – సామాన్యమానవుడి హక్కు

# स्थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER ADDPM3623R





**TEJAL SOHAM MODI** 

पिता का नाम /FATHER'S NAME
JAYANTI LAL MODI

जन्म तिथि /DATE OF BIRTH

19-10-1970

Charmanaloum

हस्ताक्षर /SIGNATURE

8moan

मुख्य आयकर आयुक्त, आव्य प्रदेश

Chief Commissioner of Income-tax, Andhra Pradesh



| <b>Customer Profile-Individual</b> | (a) ( |
|------------------------------------|-------|
| anch: Hydrobad                     | 1=    |
| sohan modi                         |       |

Name of the Applicant : Shri/Smt Mo To To (Middle Name) ADDRESS FOR COMMUNICATION Existing Customer : OYes ONo Is the Residence : O Rented OOwned O Leased If Yes, Since Customer ID : A/c Type: O Family O Employer If Owned, Date of Purchase : DD/MM/YYYY A/c No KVB Staff: O Yes O No Address for Communication : plot No. 280, : Male O Female Date of Birth : 19/10/19/70 Road do: 25, clear peddamma Temple, Jublee Hills, Khainathabad Marital Status : O Unmarried & Married Name of the Father/Husband No. of Dependants (Including Self): City Pin code: 500034. Earning member in Family (Excluding Self) District : Hydorabad Nationality : Ondian Others State : Telongong : OSC OST OBC O Minority Others Country: India : OHindu OMuslim O Christian OOthers Religion Type of Center : Metro Ourban OSemi Urban ORural Residential Status : Resident NRI No of Years in Current Address: Educational Qualification : Opoctorate O PGO UG OHSC OKHSC O Illiterate PASSPORT DETAIL CONTACT NUMBERS Passport No Residence: Issued By Mobile : DD/MM/YYYY Issued Date Office Expiry Date : DD/MM/YYYY E-Mail ID: Introducer Name : Shri/Smt **IDENTIFICATION DETAIL** PAN/GIR No.: ADDPM 36232 Customer ID **EMPLOYMENT STATUS** Voter ID Driving License No.: Employment Status : O Employee OBusiness National ID Card No.: O Professional Doctor O Professional Others Name & No. of Other Identification Document: O Agriculturist OStudent OUnemployed 1.XXXXXXXX 4530 Line of Activity / : If Employed : MISCELLANEOUS DETAIL O Public Ltd / MNC O Quasi Govt O Govt Constitution Physically Handicapped: OYes O No OGovt O Pvt Ltd O Others Ex Servicemen : O Yes ONo Minority : OYes O No If Self Employed: SALARY ACCOUNT DETAILS O Family Owned O Partnership My Salary A/c with KVB : OYes O No OSelf run employee support OSelf run alone If Yes, A/c No: Is Job Transferable : OYes ONo If Yes, Place of Transfer : All India Within State

| PERMANENT ADDRESS  | PREVIOUS ADDRESS                               |
|--|--|
| Address for Communication: Plot alo: 250, Radab: Alear peddamma Temple, Tyblee Hills Khairatabad, Banjava Hills. | Address for Communication :                    |
| Near peddamma Temple, Tyblee Hills   |  |
| Khairatabad, Banjava Hills.  |  |
| . 14459444   | 6)   |
| City :   | City :   |
| Pin code: 1500034.   | Pin code:                                      |
| District: Hy devalued  | District :                                     |
| State : Telenging<br>Country: 2 ndia   | State :  |
| Country: 2 ndia.   | Country:                                       |
| Is the applicant related to any of the Directors of our Bank / other Bank (Section 20 of BR Act.)                | of the Bank :                                  |
| Name of the Director with whom the applicant is related and the relationship                                     |  |
| PENSION DETAIL   |  |
| My Pension Account with KVB bank: OYes O No Pension Pay  | ment Order No. : Account No.:                  |
| Pension Authority : Mont   | hly Pension Amount :                           |
| Name of Nominee : Relat  | tionship of Nominee :                          |
| SPOUSE DETAIL  |  |
| Name of the Spouse : Shri/Smt Em   | ployment Status : O Employee O Business        |
| Email: PAN/GIR No. :   | O Professional Doctor OProfessional Others     |
| Net Monthly Income :   | O Agriculturist OStudent OUnemployed           |
| EMPLOYME   | NT DETAIL                                      |
| Name of the Employer/ Firm:  | Phone No. :                                    |
| Address:   | Fax No. :                                      |
|  | Email :  |
|  |  |
| City: State:   |  |
| Country : Pin Code :   | TOP DETAIL                                     |
| SELF EMPLOYED  Nature of Business:  Manufacturing Trading  | JOB DETAIL  Department Name:                   |
| Marketing O Others   | Designation :                                  |
| Established on : DD/MM/YYYY  | Date of Joining in the Service : DD/MM/YYYY    |
| No. of Years in Business :   | Category: O Executive O Managerial/Supervisory |
| Business Premises: Owned O Rented  | Officer O Junior/Clerk O Others                |
| O Leased O Not Applicable  | Completed Years of Service: MonthsYears        |
|  |  |
| Lease Period DD/MM/YYYY upto DD/MM/YYYY  | Retirement Age :                               |
| TAN No :   | Retirement Age :                               |
|  | Employee No./ Identity Card No. :              |
| Sales As Per Sales Tax Returns (For Last 3 Years)  |  |
|  | Employee No./ Identity Card No. :              |
| Sales As Per Sales Tax Returns (For Last 3 Years)  | Employee No./ Identity Card No. :              |

| Rs.:                               |                           | Phone :                                 |                             |                                  |  |  |  |
|------------------------------------|---------------------------|---|-----------------------------|----------------------------------|--|--|--|
| Investment in Business (For L      | ast 3 Years)              | Name of                                 | Name of Previous Employer : |                                  |  |  |  |
| ear: YYYY YYYY                     | YYYY ( Latest Year        | ) Address                               | :                           |                                  |  |  |  |
| Rs.                                |                           |   |                             |                                  |  |  |  |
|                                    |                           |   |                             |                                  |  |  |  |
|                                    |                           |   |                             |                                  |  |  |  |
|                                    | Inc                       | ome & Expenditure                       |                             |                                  |  |  |  |
| Note: For Housing Loans, in case   | of Professionals, self en | nployed and business pe                 | rsons, the figure           | es to be filled in, on this page |  |  |  |
| should be the average of last thre | ee years with proof.      |   |                             | Amount in F                      |  |  |  |
|                                    | INCOM                     | ME DETAILS (Yearly)                     |                             | Amount in F                      |  |  |  |
| Year                               | YYYY                      | YYYY                                    | YYYY                        | AVERAGE                          |  |  |  |
| Gross Annual Income                |                           |   |                             |                                  |  |  |  |
| Statutory Deduction                |                           |   |                             |                                  |  |  |  |
|                                    |                           |   |                             |                                  |  |  |  |
| Net Income                         |                           | 050                                     |                             |                                  |  |  |  |
| Other Deductions                   | C                         |   |                             |                                  |  |  |  |
| Other Income                       |                           |   |                             |                                  |  |  |  |
| Total Income                       | 2                         |   |                             | - A                              |  |  |  |
|                                    | OTHER INC                 | OME DETAILS (Yes                        | arly)                       |                                  |  |  |  |
| Rent                               |                           |   |                             |                                  |  |  |  |
| Agriculture                        |                           |   |                             |                                  |  |  |  |
| Others [please specify]            |                           |   |                             |                                  |  |  |  |
| Total                              |                           |   | ***                         |                                  |  |  |  |
| Total                              | EXPENDI                   | TURE DETAILS (Yearly                    | v)                          |                                  |  |  |  |
| Total Loan Repayment               |                           |   | .,                          |                                  |  |  |  |
|                                    |                           | <u> </u>                                |                             | <u> </u>                         |  |  |  |
| Insurance                          |                           |   |                             |                                  |  |  |  |
| Other Deductions 1                 |                           |   |                             |                                  |  |  |  |
| Other Deductions 2                 |                           |   |                             |                                  |  |  |  |
| Total                              |                           |   | ,                           |                                  |  |  |  |
|                                    |                           |   |                             |                                  |  |  |  |
| NCOME TAX DETAIL                   |                           | [2] [2] [2] [2] [2] [2] [2] [2] [2] [2] |                             |                                  |  |  |  |
| T Assesse :Y(S) No                 |                           |   |                             | anna (I-I-I-V)                   |  |  |  |
| ncome as per IT Return (For Last   | : 3 Years) :              | Year: YYYY                              | YYYY                        | YYYY ( Latest Year )             |  |  |  |
| ay paid as par IT Deturn (For Lar  | et 3 Vears) :             | Rs.<br>Year: YYYY                       | YYYY                        | YYYY ( Latest Year )             |  |  |  |
| ax paid as per IT Return (For Las  | st 3 fears):              | Rs.                                     |                             | · · · · ( Latest lear )          |  |  |  |
| Vealth Tax Assesse : OYesNo        |                           |   |                             |                                  |  |  |  |
| Vealth Reported as per Wealth Ta   | ax Return (For Last 3 Yea | ars): Year: YYYY                        | YYYY                        | YYYY ( Latest Year )             |  |  |  |
|                                    |                           |   |                             |                                  |  |  |  |

Contact Person :

Designation :

YYYY ( Latest Year )

| ations, if any                 |  |
|--------------------------------|--|
|                                |  |
|                                |  |
|                                | DECLARATION  |
| 1. Any change in my address    | for communication / contact will be intimated to you                                       |
| 2. I hereby declare that the p | articulars furnished above are true and correct to the best of my knowledge and I abide by |
| rules and regulations of the   | bank   |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                | J 1/29   |
|                                |  |
|                                | Signature of Applicant   |
|                                | Date: dd/mm/yyyy   |
|                                | CHECKLIST  |
| 1. Identity Proof, Add         | lress Proof and Date of Birth Proof  |
| ☐ 2. IT Returns                |  |
| ☐ 3. Wealth Tax Return         | •  |

4. Sales Tax Returns
5. Passport Copy if any

6. Copy of the registration certificate

5. Salary Certificate & Service Certificate if employed

| NAME OF T                    | HE APPLICA         | DETAILS O                            | OF ASSETS & I                              |                                   | saham m                    | adi:   |
|------------------------------|--------------------|--------------------------------------|--|-----------------------------------|----------------------------|--|
|                              |                    | ,.,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ASSETS                                     | 10 15 1141 6                      | SOLITAIN 18                |  |
| Details of F                 | Bank Accour        | ate (A)                              |  |                                   | (Rs in Lak                 | (he)   |
| Bank Name                    | Type of<br>Account | Account<br>Number                    | Deposit<br>Amount                          | Date of<br>Maturity               | Balance                    | Under Lien?<br>(Yes/NO)                              |
|                              |                    |                                      |  |                                   | - F                        |  |
|                              |                    |                                      |  | , it                              |                            |  |
|                              | 8                  |                                      |  | _                                 |                            |  |
|                              |                    |                                      |  |                                   | 2                          |  |
|                              |                    |                                      | T.   |                                   |                            |  |
| Investmen                    | ts (B) (Inclu      | ding Mutual funds, E                 | quities, Insura                            | nces, KVP/NSC e                   | etc.)                      |  |
| Desc                         | ription            | Date of Issue & Issued by            | Maturity Date                              | Amount<br>Invested                | Maturity/<br>Present Value | Under Lien?<br>(Yes/No)                              |
|                              |                    |                                      | 2  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |
| -                            |                    |                                      |  |                                   |                            |  |
|                              | Personal Pro       |                                      |  |                                   | *                          |  |
| Name of the V<br>particulars | illage or Town     | , street with                        | Type of Land/E<br>Built, Area of L<br>Area | Building ,Year of<br>and/Built Up | Total Value                | Lease hold<br>Or Free Hold,<br>Encumbrance<br>If any |
|                              |                    |                                      |  |                                   |                            | 10.75  |
|                              |                    |                                      |  |                                   |                            |  |
|                              |                    |                                      | 4  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |
| Jewels/Orr                   | naments (D)        |                                      |  |                                   |                            | ×  |
| Description                  | 7                  | Net Weight in Gr                     | rams Amou                                  | unt ( <i>Rs in Lakh</i>           | s) Under Li                | en? (Yes/NO)   |
|                              |                    |                                      |  |                                   |                            |  |
|                              |                    | 1000                                 |  |                                   |                            |  |
|                              |                    |                                      |  |                                   |                            |  |

| Lien Details (If any of t     | he above assets are | under lien, please fui | rnish the details belo | w)       |
|-------------------------------|---------------------|------------------------|------------------------|----------|
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
| Limits with our Bank          |                     | <u>Liabilities(E)</u>  |                        |          |
| Account Number & Facility     | Facility            | Limit                  | Balance O/s            | Due Date |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        | +        |
|                               |                     |                        |                        |          |
| Limits with other Bank        | re/ETe/Erianda 9 D  | elatives               |                        |          |
| Borrowed from                 | Facility            | Limit                  | Balance O/s            | Due Date |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
| Guarantees given to th        | ne loans taken by o | others                 |                        |          |
| Name of the Firm/Person       | Bank/FIs            | Facility               | Amou                   | nt       |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               |                     |                        |                        |          |
|                               | <del>-1</del>       |                        |                        |          |
|                               |                     | NET MEANS              |                        |          |
| Immovable Ass                 |                     |                        |                        |          |
| Other Assets(A                | (+B+D)              |                        | Andrew Administration  |          |
| Total Assets Less Liabilities | <b>(E)</b>          |                        |                        |          |
| Net Means                     | (E)                 |                        |                        |          |
| Het Fleatis                   |                     |                        | 1 0                    |          |
|                               |                     | 1                      | 100                    | ~        |
|                               |                     | -1                     | 1111                   | •        |
| Signature of th               | e Borrower/Guara    | ntor:                  | The same               |          |

### **ANNEXURE**

|    | From Date:  |
|----|---|
| 1. | modition (Name(s) of the Borrower/Guarantor/Co-obligant)  |
|    | (Address)   |
|    | То:   |
|    | The Karur Vysya Bank Ltd,   |
|    |   |
| ;  | Sir,  |
|    | Reg: Expression of Consent for availing loan through Digital Lending platform of your Bank.   |
|    | Upon our query, I/We have been explained of the bank's guidelines of the loan processing and lending through manual and digital modes. Since the Digital form of lending has been introduced by the bank with the objective of rendering services to me/us through faster and paperless mode, I/We have voluntarily opted for the digital lending process.                            |
| 1  | I/We fully understand and are aware that my/our AADHAAR details will be required for availing the loan under digital lending system. I/We am/are hereby sharing my/our AADHAAR details/AADHAAR mode voluntarily and made a request thereof. I/we hereby give my/our full consent and authorise the bank to get the loan documents executed through E-signing mode as may be required. |
|    | I/We hereby undertake not to make changes in AADHAAR details without the knowledge of the bank.   |
| ,  | Yours faithfully,   |
| '  | Manedo  |
| (  | (Borrowers)   |
|    | BANK USE:   |
|    | APPLICATION NO:   |
| ı  | LOAN ACCOUNT NO:  |

BANK MANAGER

# स्थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER







**TEJAL SOHAM MODI** 



जन्म तिथि /DATE OF BIRTH

19-10-1970

Want manabhan

हस्ताक्षर /SIGNATURE

8moan

मुख्य आयकर आयुक्त, आच्च प्रदेश

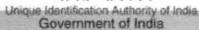
Chief Commissioner of Income-tax, Andhra Pradesh

XTMA



#### भारतीय विशिष्ट पहचान प्राधिकरण

#### भारत सरकार





#### E-Aadhaar Letter

ంజస్థ్రీషన్/ Enrolment No.: 1118/60036/01056

W/O: Soham Satish Modi, plot no-280, road no-25, near peddamma temple jubilee hills, Khairatabad, Banjara Hills, Hyderabad

Andhra Pradesh, 500034

ನಿಮ್ಮಿದ್ದಾರಂ

# ఆధార్ గుర్తింపుకు దృవీకరణ, పౌరసత్వానికి కాదు.

\* Aadhaar is proof of identity, not of citizenship.

\* To establish identity, authenticate online. \* This is electronically generated letter.

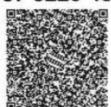
\* గుర్తింపుకు దృవీకరణ ఆసీలైన్ అడెంటికేషన్ డ్యారా ఏిందవచ్చు.

INFORMATION

\* ఇద ఎలెక్టానికి పద్ధతిలో చాయబడిన లేఖ.

మీ ఆడార్ సంఖ్య/Your Aadhaar No.:

3987 5220 4530



ఆధార్-ఆధార్ – సామాన్యమానవుడి హక్కు

Digitally aggred by Kharakwal Amstabli Date: 22.05/2017









- \* ఆదార్ దేశిమండెటా చెల్లుతుంది
- ఆరార్ ఆధార్ కొరక్లె, ఒకి పారి నమోదు చేసుకుంటే సరివితుంది.
- \* దయిచేసి మీ లేటిస్ట్ మొబ్టెల్ నెంటర్ మరియు ఈ-మెయిల్ ఆడ్రస్ నిమాడు చేసుకోండి. దేవివలన మీదు విభిన్న ప్రయాజనాలను కొంద వీలుంటుంది.
- \* Aadhaar is valid throughout the country.
- \* You need to enrol only once for Aadhaar.
- \* Please update your mobile number and e-mail address. This will help you to avail various services in future.



#### आता सरकार DOMESMAKENT OF BOM



derd and Tejal Modi apga 200 YroB 1970 § Female



3987 5220 4530

ఆధార్ - ఆధార్ – సామాన్యమానవుడి హక్కు

भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE EJENTIFICATION AUTHORITY OF INDIA

Address:

WIO: ళోపాం బతిప్ మాడి. ఫ్లేట్ చో-280, లేడ్ చే-26, పెద్దమ్మ దేవాలయం దగ్గర జబిరీ హాల్స్ జైరరాజాడ్, బంజలా హేల్స్ స్టాదకాబాద్ ශාල පුරුණ, 500034

Samo

W/O: Soham Satish Modi, plot. no-280, road no-25, near peddamma temple jubileo hills. Kharatabad, Barijara Hills, Hyderabad Andhra Pradesh, 500034

Aadhaar - Aam Aadmi ka Adhikar