

दि हिंदुस्थान
को-ऑपरेटिव्ह
बँक लि.



Hindusthan Bank

होरायझन टॉवर, पहिला व दुसरा मजला, जय शशांक को-ऑप.हौ.सोसायटी लि.,

एटीआय समोर, व्ही. एन. पुरव मार्ग, चुनाभट्टी, मुंबई-४०० ०२२.

HEAD OFFICE : HORIZON TOWER, 1ST & 2ND FLOOR, JAI SHASHANK CO-OP. HSG. SOCIETY LTD.,
OPP. ATI, V.N. PURAV MARG, CHUNABHATTI, MUMBAI - 400 022. • Tel. No.: 022-24052121 / 2424 / 2525

Email : support@hindusthanbank.com • Website : www.hindusthanbank.com

जा. क्र. :

शाखा :

दिनांक :

To,

Dear Sir / Madam

RBI Guidelines on Know Your Customer (KYC) Norms

Account No. : _____

The Guidelines issued by Reserves Bank of India (RBI) relating to "Know your Customer" (KYC) norms, mandate banks to periodically update account records with current information relating to customer's identity and address. We regret to advice you that your account with us is not "KYC" complaints as per Standards prescribed by RBI.

You are therefore requested to kindly call on us alongwith enclosed form duly completed, with a recent photographs and identity proof as mentioned in the form, on any working day within 30 days from the date of this letter, so as to enable us to make your account 'KYC complaints. If the same is not received within 30 days from the receipt of this letter from your end, we will be constrained to restrict operation in your account. Non receipt of the required information from your end, bank will have no option but to withhold further operation in your account in future.

Kindly treat this as most urgent.

Yours faithfully,

Branch Manager

PLEASE TURN OVER FOR KYC FORM

The Branch Manager,
The Hindusthan Co-Op. Bank Ltd.,

Date _____

Branch _____

Subject : Compliance of KYC norms

Dear Sir/Madam,

With reference to KYC Compliance of my / our account, I/we am/are furnishing following documents
one each of from Part - A and Part - B.

Account No. :

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Full Name of Account holders (s)

Surname

First name

Middle name

- 1) _____
- 2) _____
- 3) _____

Address : _____

City

Pincode :

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Telephone No. _____

Mobile No. _____

PAN No.

--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--

D D M M Y Y Y Y

Email ID : _____

Please Affix
Latest Passport
Size
Photograph
with
Signature Across
1st Holder

Please Affix
Latest Passport
Size
Photograph
with
Signature Across
2nd Holder

Please Affix
Latest Passport
Size
Photograph
with
Signature Across
3rd Holder

Signature of 1st Account Holder

Signature of 2nd Account Holder

Signature of 3rd Account Holder

Photograph of each joint account holder

Submit any one document each from Part A & Part B for each account holders in case of Joint Account

Part - A

☐ PAN Card, ☐ Voter ID Card, ☐ Driving Licence, ☐ Passport ☐ Identity Card Issued
by employer (up to satisfaction of Bank). ☐ Letter issued by, UIDAI (Aadhaar Number)
(Please ✓ Document)

Part - B

☐ Electricity Bill, ☐ Telephone Bill, ☐ Ration Card, ☐ Passport
☐ Letter from recognized public authority e.g. M.P., MLA, Corporator, Sarpanch, Gramsevak, Talathi etc.
(Please ✓ Document)

Office Use :

Customer No.

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Modified By :

Checked By :

Date of KYC

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D D M M Y Y Y Y

Staff No. :

Staff No. :