दि हिंदुस्थान
को-ऑपरेटिव्ह
बँक लि., मुंबई

HINDUSTHAN BANK
दि हिंदुस्थान को.ऑप. बँक लि. मुंबई

The Hindusthan Co-op. Bank Ltd., Mumbai

HEAD OFFICE : HORIZON TOWER, 1ST & 2ND FLOOR, JAI SHASHANK CO.OP HSG. SOCIETY LTD., OPP. ATI, V. N. PURAV MARG, CHUNABHATTI, MUMBAI - 400 022. PH.: 022 - 2405 2121 / 2424 / 2525
E-mail : support@hindusthan.bank.in | Website : www.hindusthan.bank.in

O/W No- **Branch** **Date : / /20**

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., Mumbai.

_____ Branch

Date_____

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 form Part - A and Part - B.

Customer No. (1) | | | | | | | | | | | | (2) | | | | | | | | | | | | (3) | | | | | | | | | | | |

Account No. : | | | | | | | | | | | | | | | |

Full Name of Account holders (s)

	Surname	First name	Middle name
1)			
2)			
3)			

Mother's Full Name : _____

Address : _____

_____

City Pin code : | | | | | | |

Telephone No. _____ Mobile No. | | | | | | | | | | |

PAN No. | | | | | | | | | | | Date of Birth | | | | | | | | |

D D M M Y Y Y Y

Aadhar No. | | | | | | | | | | | | |

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 (Aadhar Number) ☐ Aadhar Card

(Please ✓ Document)

Part - B

☐ Electricity Bill, ☐ Telephone Bill, ☐ Ration Card, ☐ Passport ☐ Aadhar Card

☐ Letter from recognized public authority e.g. M.P., MLA, Corporator, Sarpanch, Gramsevak, Talathi etc.

(Please✓ Document)

Office Use :

Customer No. (1) | | | | | | | | | | | | (2) | | | | | | | | | | | | (3) | | | | | | | | | | | |

SDN Search | | Y / N

Date of KYC | | | | | | | | |

D D M M Y Y Y Y

Modified By : Staff No. :

Checked By : Staff No. :