1000/May/2023

A/c No : 014101000 .....

SAVINGS BANK

Constituent's name (Block letters)

SPECIMEN SINGNATURE

1.....

2.....

3.....

Account opened and Signature Verified
For LIC of India Staff Co-operative Urban Bank Ltd. No. 3314

.....20 .

Manager / Secretary

Account No. Allotted													

L. I. C. of India Staff Co-operative Urban Bank Ltd No.3314

Head Office - Pattom, Thiruvananthapuram-4, Branch Office - Kozhikode

APPLICATION FOR OPENING SAVINGS BANK ACCOUNT

To

The Secretary
LIC SCUB,Trivandrum

Date........................

Dear Sir,

I/We wish to open a Savings Bank Account with the Bank in accordance with the rules of the Bank

ACCOUNT HOLDER I	1	Full Name				
	2	Address (with Pincode)				
	3	Office Address				
	4	PAN		5	Date of Birth	
	6	Aadhaar No.		7	Age	
	8	Mobile No.		9	If Member,MNo	

ACCOUNT HOLDER II	1	Full Name				
	2	Address (with Pincode)				
	3	PAN		4	Date of Birth	
	5	Aadhaar No.		6	Age	
	7	Mobile No.		8	If Member,MNo	

Declaration

I/we declare that I have read the **Savings Bank Rules of LIC of India Staff Co-operative Urban Bank Ltd.No.3314** and that I/we accept them as binding upon me/us. We further declare that the account shall be operated by either/both of us (Only for Joint Accounts)

Account Holder I			
Name		Signature	

Date :

Place :

Account Holder II (In case of Joint Accounts)			
Name		Signature	

1000/Oct 2023

L. I. C. of India Staff Co-operative Urban Bank Ltd No.3314

Head Office - Pattom, Thiruvananthapuram-4, Branch Office - Kozhikode

FORM DA 1

Nomination under section 45 ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of the bank deposits.

I / We.....

.....Name (s) and Address (es)

nominate the following person to whom in the event of my/our/minor death,the amount of the deposit particulars whereof are given below, may be returned by

LIC Staff Co-operative Urban Bank

Head Office,Pattom,Thiruvananthapuram OR Branch office,Kozhikode

Nature of Deposit	Distinguishing Number	Additional Details	Name & Address	Relationship with the Depositor.if any	Age	DOB of Nominee (if nominee is minor)

Place

Date

Witness

Signature

Name and address

Signature(s) or thumb impression of the Depositor(s)

This portion is required only if the person nominated above is a minor

As the nominee is a minor on the date I / we appoint

Sri/Smt.....

.....(Name and Address)

Aged..... Years to receive the amount of the deposit on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Place

Date

Signature(s) or thumb impression of the Depositor(s)

Witness

Signature

Name and address

Notes: When deposit is made in the name of minor, the nomination should be signed by a person lawfully entitiled to act on behalf of the minorThumb impression(s) shall be attested by two witnesses.

For office use only

Details,Documents submitted and Signatures verified.
Account opened on__/__/___.

KYC No.																	

Manager / Secretary

Life Insurance Corporation of India
Staff Co-operative Urban Bank Ltd. No. 3314

Head Office : Pattom, Thiruvananthapuram -4
Branch Office : SM Street, Kozhikode

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)

	Prefix	First Name	Middle Name	Last Name
☐ Name*(Same as Aadhaar)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

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)

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

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 City / Town / Village*

District* Pin / Post Code* State / U.T Code* 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*

District* 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. (Off) – 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 MinorName* ☐ 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)

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

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ **7. REMARKS (If any)**

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 under t a k e 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 : D D – M M – Y Y Y Y Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

INSTITUTION DETAILS

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Deatails

Name

Code

Emp. Branch

[Institution Stamp]

Life Insurance Corporation of India
Staff Co-operative Urban Bank Ltd No.3314

Head Office: Pattom,Thiruvananthapuram - 4 Branch Office: SM Street,Kozhikode

DATA FOR ATM CARDS

A	Saving Bank Account number	
B	Current Account number	
C	CC Account number	
D	Embossed Name (to be printed on card) (Not applicable for INSTA Cards)	
E	Last Name (Surname)	
F	First Name	
G	Middle Name	
H	Address Line 1	
I	Address Line 2	
J	Address Line 3	
K	City	
L	State	
M	Pincode	
N	Account holder Mobile Number	
O	Branch Id(HO/BO)	
P	Branch Name(Trivandrum/Calicut)	
Q	Want to receive SMS transaction alerts ?	Y/N
R	Date of Birth	
S	PAN Number	
T	TAN Number	
U	Aadhaar Number	

Date

Place

(Name and Signature)

1000/Oct 2023

From

_____

S B Account Number _____

Mobile Number _____

To

The Manager

LIC of India Staff Co-operative Urban Bank

Pattom, Thiruvananthapuram

Sir/Madam,

Re: ATM card – SB Account Number _____

I request you to kindly issue me an ATM card linked with my above SB account maintained with LICSCUB.

Thanking you,

Yours faithfully,

Pattom,

Date:

(Name and Signature)

——————————For Office Use Only ——————————

Application No. ____

Received the sealed envelope with S No. _____ **/ 500** containing ATM Card.

(Signature)

Received the sealed envelope with Card Id : _____ containing PIN.

(Signature)

Number of the ATM Card : _____ _____ _____ _____