



# THE MANGALORE CATHOLIC CO-OPERATIVE BANK LTD.

Admin Office: "MCC BANK BUILDING" ST Aloysius Road College Road,  
Hampankatta, Mangalore -575001, PH:2421369,2445742,2445746

## Customer Information Form (Non-Resident Individual)

(For Office Use Only)

Branch Name :

Branch Code :

KYC No. :

Customer No. :

### Personal details :

Name

Father/Spouse

Mother Name \*

Date of Birth \*

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

Marital Status\*  Married  Unmarried  Others

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

Residential Status\*  Resident Individual \_\_\_\_\_ (Country)  Non Resident Indian \_\_\_\_\_ (Country)

Foreign National \_\_\_\_\_ (Country)  Person of Indian Origin \_\_\_\_\_ (Country)

Community\*  Hindu  Muslim  Christian

Sikh  Buddhism  Others

Caste\*

Customer Type\*  Senior Citizen  Minor  General

Tel. (Res)  Mobile

Email ID

Tel. (Off)

Fax

### Permanent Address (Compulsory)

Area :

City :  State :

Country :  Pin Code :

Phone :  Mobile No :

### Correspondence Address (Mailing Address)

Area :

City :  State :

Country :  Pin Code :

Phone :  Mobile No :

### Document Details : ( Please provide self certified copy)

A- Passport Number

Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence

Driving Licence Expiry Date

E- UID (Aadhaar)

**Other Facilities : (Tick whichever is required)**

Cheque Book  Rupay Debit Card  Mobile Banking  SMS Alert

**Photograph :**

<b>Applicant</b>
Please Paste Passport Size Colour Photograph here

Signature

**Verification of Signature :**

In person from passport  Indian Embassy  Notary Public  Bank abroad

**APPLICANT PERSONAL INFORMATION**

Education  Undergraduate  Grad./Post Grad.  Grad./Post Grad. Professional (BE,MBA,MBBS etc.)

If salaried, employed with  Public Ltd. Co.  Pvt. Ltd. Co.  Govt. Sector  Multinational  Institution

Designation  Clerk  Officer  Junior Mgmt.  Middle Mgmt.  Senior Mgmt.

Name of the Employer : \_\_\_\_\_

If Self-Employed Profession  CA  Engg.  Doctor  Proprietorship  Partnership

Name of the Establishment : \_\_\_\_\_

Monthly household Income  <Rs.10,000  Rs 10,000-<Rs 25,000  Rs.25,000-<Rs 50,000  Rs 50,000-<Rs 1,00,000  Rs. 1,00,000 and above

No of Years as Non - Resident \_\_\_\_\_ Total Asset Value in \_\_\_\_\_

Residence Ownership :  Ancestral  Owned  Rented  Employers

Life Insurance :  <1 Lac  1 Lac to <2 Lac  2 Lac to <5 Lac  >5 Lac

Ownership of Vehicle :  Four Wheeler  Two/Three Wheeler  None

Relation with Bank Director   Relationship \_\_\_\_\_

Do you have account in any other bank ? If so, Please furnish the details:

Name of the Bank	Type of Account	Account No.
1. _____	_____	_____
2. _____	_____	_____

Investment with other Banks :  <1 Lac  1 Lac to <2 Lac  2 Lac to <5 Lac  >5 Lac

Existing Credit Facilities With Other Bank, If any :

Auto Loan   Housing Loan   Personal Loan

Loan Against Shares   Education Loan   Loan Against Gold

Agriculture Loan   Business Loan   Others \_\_\_\_\_

**For Office Use :** Signature Verified :  Yes. Signature of the Staff \_\_\_\_\_ EMP Code : \_\_\_\_\_

Date of A/c. Opened \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of the Staff \_\_\_\_\_

Name and Signature of the Approving Manager \_\_\_\_\_

FATCA/CRS – Customer Declaration

If for any of the Residential status field, the country mentioned by you is not India and/or if you are US person, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:

COUNTRY		TIN	Country of Issue
i)	TIN Functional equivalent for (U S Person)		U S
ii)	TIN Functional equivalent for resident outside of India		
iii)	Any other: (Specify)		

- Under penalty of perjury, I certify that:
  - I am an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (2) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person")** or
  - The applicant is taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**
- I understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
- I agree that as may be required by domestic regulators/tax authorities the Bank may also be required to inform reportable details to CBDT or close or suspend my account.
- I certify that the information provided by me, herein 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.

Name:		
Signature:		Date (DD/MM/YYYY) :

**Person of Indian Origin Declaration (PIO Declaration)**

(To be signed if the applicant is PIO)

I hereby declare that I am a person of Indian origin and satisfy one of the following conditions. (Please select from below mentioned choices as applicable to you)

- I held an Indian Passport.
- My mother /father / grandparents (Name) \_\_\_\_\_ is / was a citizen of undivided India.
- I am spouse of an Indian citizen.
- I am spouse of a PIO.

\_\_\_\_\_  
Signature of Applicant

Place : \_\_\_\_\_

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

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**Seafarer's Declaration (Required in case of seafarers)**

(This declaration may be provided on a seprate sheet in case there are more than one account holders who are seafarers)

I hereby declare and confirm that I am a Non-Resident Indian (NRI), as per the definition under FEMA, 1999 and the Rules and Regulations made thereunder, and I am on contract with \_\_\_\_\_ (company) registered in \_\_\_\_\_ on \_\_\_\_\_ (address of the principal). Request you to open an NRI Account in my name on the basis of the submitted documents.

I also confirm that I will Inform the Bank in the event my status of NRI is altered and take such necessary action as is required under FEMA.

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

\_\_\_\_\_  
Signature of the Applicant