



**NAINITAL BANK**  
THE NAINITAL BANK LTD.

## KYC UPDATION FORM –NON INDIVIDUAL THE NAINITAL BANK LIMITED

CUSTOMER ID OF ENTITY											Date :										
CUSTOMER ID OF PROPRIETOR/KARTA											PAN NUMBER OF PROPRIETOR/KARTA										
CUSTOMER Name Prefix (Mr./Miss/Mrs.)											NAME OF PROPRIETOR/KARTA										
										F I R S T N A M E											
										M I D D L E N A M E S U R N A M E											
NAME OF ENTITY																					
										PAN OF ENTITY											

**\* MAILING ADDRESS & CONTACT**

☐ There is no change in our mailing address. (Note: Address proof to be provided)

☐ I/ We wish to change my/our mailing address/contact details as below. (Note: Address proof to be provided for address change)

\* Shop No/Bldg Name

\* Road Name

\* Landmark

\* City

\* State

Tel (Off) S T D - N U M B E R Extension Number

Tel (R) S T D - N U M B E R

\* Mobile No.

\* E-mail ID

PIN Code

Country

Fax No.

**\* REGISTERED OFFICE ADDRESS**

☐ Please tick in case of registered address is same as mailing address

\* Shop No/Bldg Name

\* Road Name

\* Landmark

\* City

\* State

\* Registered Address Type ☐ Owned ☐ Rented/Leased

PIN Code

Country

**\* Business Details (Please tick on the appropriate Sub Category against the Type of Entity)**

\* Type of Entity :-

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Public / Private limited / One Person Company	<input type="checkbox"/> HUF
<input type="checkbox"/> Government	<input type="checkbox"/> Bank	<input type="checkbox"/> Societies	<input type="checkbox"/> Insurance	<input type="checkbox"/> Self Help Group
<input type="checkbox"/> Clubs	<input type="checkbox"/> Non-Government Organizations	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Association	<input type="checkbox"/> Foreign Bodies
				<input type="checkbox"/> Trust

**Sub-Category of Entity:**

PUB / PVT LTD COMPANY	GOVERNMENT	FOREIGN BODIES	TRUST	BANK
<input type="checkbox"/> Financial Services Company	<input type="checkbox"/> Central	<input type="checkbox"/> Foreign Govt.	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Indian Commercial Bank
<input type="checkbox"/> PSU	<input type="checkbox"/> State	<input type="checkbox"/> Project Office	<input type="checkbox"/> Public Trust	<input type="checkbox"/> Foreign Resident Bank
<input type="checkbox"/> Others	<input type="checkbox"/> Local Authorities	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Co-Operative Bank
<b>ASSOCIATION</b>	<input type="checkbox"/> State Electricity Boards	<input type="checkbox"/> Liaison Office	<input type="checkbox"/> Religious Trust	
<input type="checkbox"/> Business Association	<input type="checkbox"/> Quasi Government Bodies	<input type="checkbox"/> Consulates / Embassies	<input type="checkbox"/> Educational Trust	<b>SOCIETIES</b>
<input type="checkbox"/> Unregistered Association	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> PF Trust	<input type="checkbox"/> Credit Co-operative
<input type="checkbox"/> Other Association				<input type="checkbox"/> Non Credit Co-operative





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**Self Employed Professional (Please Tick) :**

<input type="checkbox"/> CA / CS / ICWA / CMA	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Doctor
<input type="checkbox"/> Architect	<input type="checkbox"/> IT Consultant	<input type="checkbox"/> Others (Pl Specify) _____

**\* Nature of Business (Please Tick) :**

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Retail Trading	<input type="checkbox"/> Wholesale Trading	<input type="checkbox"/> Others (Pl Specify) _____		

Details of Activity: \_\_\_\_\_

Date of Incorporation:

Annual Turnover (Rs. Lacs) \_\_\_\_\_

Whether Involved in: ☐ Import ☐ Export

IEC No:

Value (Rs. Lacs) \_\_\_\_\_

**\* Nature of Industry (Please Tick) :**

<input type="checkbox"/> Automobile	<input type="checkbox"/> Restaurants	<input type="checkbox"/> IT/Software/BPO	<input type="checkbox"/> Agricultural Commodities
<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Forex Dealer/Bullion	<input type="checkbox"/> Media / Entertainment	<input type="checkbox"/> Leasing & Hire Purchase
<input type="checkbox"/> Contractors	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Construction	<input type="checkbox"/> Housing Finance
<input type="checkbox"/> Oil	<input type="checkbox"/> Fisheries/Poultry	<input type="checkbox"/> Steel/Hardware	<input type="checkbox"/> Fertilizers-Chemicals-Seeds-pesticides
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Cements/Paints	<input type="checkbox"/> Dairy/food processing	<input type="checkbox"/> Electronics-computer hardware
<input type="checkbox"/> Education	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Shroff	<input type="checkbox"/> Issue & Portfolio Management
<input type="checkbox"/> NBFC	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Textile/Garments	<input type="checkbox"/> Hospital/Nursing Home/Clinics
<input type="checkbox"/> Retail Jewelry	<input type="checkbox"/> Hotels/Resorts	<input type="checkbox"/> Printing/publishing	<input type="checkbox"/> FMCG
<input type="checkbox"/> Furniture/Timber	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Travel/Touring Agency	<input type="checkbox"/> Term Lending Institutions
<input type="checkbox"/> Broking	<input type="checkbox"/> Money Lender	<input type="checkbox"/> Marble/Granite	<input type="checkbox"/> Auto Finance
<input type="checkbox"/> Advt. Agencies	<input type="checkbox"/> Transportation / Logistics	<input type="checkbox"/> Others (Pl Specify) _____	

I submit a self attested photocopy of the following as:-

Entity Proof 1)

2)

Address proof of Entity

Identity proof of Proprietor / Karta

Signature of  
Authorised Signatory 1

Signature of  
Authorised Signatory 2

Signature of  
Authorised Signatory 3

Place \_\_\_\_\_

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

I / We hereby solemnly declare that the information provided above with respect to my / our account is up to date and correct.

DATE:

**FOR BRANCH USE ONLY**

Sourcing Branch Name \_\_\_\_\_

Signature/Customer ID Verified/Address Change Verified

Signature of Verifying Official \_\_\_\_\_

Specimen Sign No.

**CUSTOMER ACKNOWLEDGEMENT COPY**

Reference Number \_\_\_\_\_ Acknowledgement Date:

Signature of Bank Official \_\_\_\_\_