



**The Income-Tax Department Employees' Co-Op. Credit Society Ltd.,  
Gujarat, Ahmedabad.**

(Regn. No. S-1, of 1961 dated 2-8-1961)

Room No.38, Ground floor, AayakarBhavan, Ashram Road, Ahmedabad 380 009

website: [www.iteccs.in](http://www.iteccs.in)

e-mail :- [incometaxcreditsociety61@gmail.com](mailto:incometaxcreditsociety61@gmail.com) / [recovery.itcs@gmail.com](mailto:recovery.itcs@gmail.com)

Tele. /Fax No. 079-27540998 (Mo.) 9099030037

**KNOW YOUR CLIENT FORM (KYC)**

L.F. No.:

Date :

1. Full Name:(in Capital Letters)

2. Office Address:

3. Present Residential Address:

4. Permanent Residential Address:

5. Contact Nos.

Mobile No.:

Office No.:

Residential No.:

Alternate No.:

6. E-mail ID:

7. Posting:

8. Designation:

9. G.P.F. A/c. No:

10. Date of Birth:

11. PPAN:

12. Department joining Dt.:

13. PRAN:

14. Society Joining Date:

15. Employee Code No.:

16. Superannuation Date:

17. PAN Card No.:

18. Details of Bank A/c.

a) Bank Name:

b) Branch Name:

c) A/c. No.:

d) IFSC:

e) MICR:

Please affix latest  
pass port size  
photograph

**Signature of the Member**



**The Income-Tax Department Employees' Co-Op. Credit Society Ltd.,  
Gujarat, Ahmedabad.**

(Regn. No. S-1, of 1961 dated 2-8-1961)

Room No.38, Ground floor, AayakarBhavan, Ashram Road, Ahmedabad 380 009

website: [www.iteccs.in](http://www.iteccs.in)

e-mail :- [incometaxcreditsociety61@gmail.com](mailto:incometaxcreditsociety61@gmail.com) / [recovery.its@gmail.com](mailto:recovery.its@gmail.com)

Tele. /Fax No. 079-27540998 (Mo.) 9099030037

**Nomination Form** (Share & Subscription/DBS)

I hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit (Share/Subscription & interest thereon) in the Society, in the event of my death, as required under Bye-Laws No.21 & the amount of Death Benefit [under Bye-Laws No.15(c)(1) & 15(d)], which may become due on death as provided under the said Bye-Laws. This nomination is in supersession of earlier nomination made by me, if any.

Name of Nominee	Relationship with the Member	Age	Share in Percentage

Signature of witness

L.F. No.:

**Signature of Member/Applicant**

The above particulars at Col. No. (1) to (15) are verified and found correct.

Accepted

**Chairman/Secretary**

**(Signature of ITO/AO & DDO with official seal)**

**\*\*\*INSTRUCTION\*\*\***

- Please fill up the form in CAPITAL LETTERS.
- Please write your full name. Surname first (wherever applicable), then middle name and then last name.
- Please attach Necessary Proof.
  - (i) Address Proof - Photo Copy Self-attested.
  - (ii) PAN Card - Photo Copy Self-attested.
  - (iii) Bank Details - Photo Copy Self-attested.
  - (iv) Latest Salary Slip - Duly attested by the A.O. & D.D.O.