



The Gandhidham Mercantile Co-op Bank Ltd

DIVIDEND FORM

1. Name of Shareholder _____

2. Member No. _____ No. of Shares _____

3. Full Name of Mother: _____

4. Full Name of Father: _____

5. Present Address: _____

6. Mobile No. _____

7. Email ID _____

8. Please submit the following documents for KYC Compliance **(Tick Appropriate)**

PAN card Aadhar Card Election card Telephone Bill Other

9. Undertaking to authorize The Gandhidham Mercantile Co-op Bank for credit/remit the dividend amount to the following account: **(Copy of CANCEL Cheque attached)**

Account Name: _____

Account Number: _____

Name of Bank: _____

Branch Name: _____

IFSC Code: _____

I hereby declared that the above information furnished by me is correct and complete.

Date: _____

X _____

Place: _____

(Signature of Shareholder)

NOTE:

DOCUMENTS TO BE ATTACHED WITH THE FORM:

- PHOTO (PASSPORT SIZE)
- PAN CARD XEROX COPY (WITH SELF ATTESTED)
- ADHAAR CARD XEROX COPY (WITH SELF ATTESTED)
- NEW CTS CANCEL CHEQUE (WITH NAME, A/C NUMBER, IFSC CODE PRINTED ON IT)