



Please affix recent photo

PERSONAL (A)

[illegible]

Customer Name
Prefix (Mr, Miss, Mrs) Full Name (Please leave space between two words)

Sign Across

				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
				PAN Number																Form 60.	(In Case of No-Pan)								

OCCUPATION & INCOME (B)

Occupation ☐ Salaried ☐ Self-employed ☐ Retired ☐ Self-employed professional ☐ Student ☐ Housewife ☐ Politician ☐ Others (Please Specify) _____

If salaried employed with: ☐ Private limited ☐ Proprietorship ☐ Public sector ☐ Multinational ☐ Partnership ☐ Public Limited ☐ Government ☐ Others (Please Specify) _____

Self Employed since Years Months Date of Incorporation / / If Company Owner ☐

Nature of Business ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Manufacturing ☐ Service Provider ☐ Trader ☐ Others (Please Specify)

Type of Company/Firm ☐ Partnership ☐ Private Limited Co. ☐ Public Limited Co. ☐ Sole Proprietorship ☐ Others (Please Specify)

Self Employed Professional ☐ Doctor ☐ IT Consultant ☐ Lawyer ☐ CA/CS ☐ Architect ☐ Others (Please Specify)

Source of Funds ☐ Salary ☐ Agriculture ☐ Business Income ☐ Investment Income ☐ Others (Please Specify)

Gross Annual Income (₹) ☐ <50,000 ☐ 50,000-1 Lac ☐ 1-3 Lac ☐ 3-5 Lac ☐ 5-7.5 Lac ☐ 7.5-10 Lac ☐ 10-15 Lac ☐ >15.25 Lac
☐ >25.50 Lac ☐ >50 Lac -1CR ☐ >1CR

Residence Type ☐ Owned ☐ Rental/Leased ☐ Ancestral/Family ☐ Company Provided

☐ There is change in my mailing address & contact details ☐ There is change in permanent address ☐ There is no change in mailing & permanent address

MAILING ADDRESS & CONTACT (C)

(Please leave space between two words)

[illegible]**PERMANENT ADDRESS (D)**[illegible]

Branch Code					
LG Code					

EXTENDED KYC (E)

Section A		Section B	
Maiden Name (if any)		Foreign tax residency details if any (Please consult your professional tax advisor for further guidance on your tax residency, if required) <input type="checkbox"/> Please Tick, if you are a tax resident of any country outside India. If you do not tick, it is your affirmation that you are a tax resident of India and not of any other foreign country.	
Father's Name (mandatory)		Country/(ies) of Tax residency	
Spouse's Name		Tax identification Number (TIN)	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	Identification Type (TIN or other, please specify)	
Identification Type- Document submitted as proof of identity of the individual (Passport No. & Expiry date are mandatory for NRI/PIO/Foreign National)	<input type="checkbox"/> Passport Date of Expiry <u>DD / MM / YYYY</u> <input type="checkbox"/> Driving License Date of Expiry <u>DD / MM / YYYY</u> <input type="checkbox"/> Aadhaar card /letter <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Letter from National Population Register	Please tick if your address for tax purpose is other than your Mailing address	<input type="checkbox"/> Same as permanent address
Identification Number - for the identification type mentioned above		Please tick if your address for tax purpose is other than Residential	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Please mention your Residential Status if it is any one of these (Visa Type & Visa expiry date are mandatory for NRI/Foreign National)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin VISA TYPE <input type="checkbox"/> Employment Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Business Visa <input type="checkbox"/> Multiple Entry Visa <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Visa Expiry Date: <u> </u> / <u> </u> / <u> </u>		
Proof of Address	<input type="checkbox"/> Passport Date of Expiry <u>DD / MM / YYYY</u> <input type="checkbox"/> Driving License Date of Expiry <u>DD / MM / YYYY</u> <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Letter from National Population Register	Please Update if Tax resident outside India/Nationality is other than India	Please Mention if your Country of Birth is other than India
Identification Number of Address proof above			
Please tick if Address Type is other than Residential	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
Nationality (if national of more than one country, please mention all the countries separated by a comma)		City of Birth	

AADHAAR CONSENT DECLARATION (F)

Aadhaar Non DBT Consent

- I voluntarily opt for Aadhaar OVD KYC or e-KYC or offline verification, and submit to the BANK my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile, face authentication details and/or biometric information (collectively information)
- I am informed by the Bank, that:
(i). submission of Aadhaar is not mandatory and there are alternative options for KYC and establishing identity including by way of physical KYC with officially valid documents other than Aadhaar. All options were given to me.
(ii) For e-KYC / authentication verification, Bank will share Aadhaar number and/or biometric with CIDR/UIDAI and CIDR/UIDAI will share with Bank, authentication data, Aadhaar data demographic details, registered mobile number, identity information which shall be used for the informed purposes mentioned in 3 below.
- I authorise and give my consent to the Bank (and its service providers), for following informed purposes:
(i). KYC and periodic KYC process as per the PML Act 2002 and rules thereunder and RBI guidelines, or for establishing my identity, carrying out my identification, offline verification or e-KYC or Yes/No authentication, demographic or other authentication/verification/notification as may be permitted as per applicable law for all accounts, facilities, services and relationships of/through the Bank, existing and future.
(ii). collecting, sharing, storing, preserving information, maintaining records and using the information and authentication/verificaiton/identificaiton records: (a), for the informed purpose above, (b) as well as for regulatory and legal reporting and filing and/or (c) where required under applicable law.
(iii) enabling my account for Aadhaar enabled Payment Services (AEPS).
- I Understand that the Aadhaar number and coro biometrics will not be stored/shared except as per law and for CIDR submission. I have downloaded the e-Aadhaar myself using the OTP received on my Aadhaar registered mobile number. I will not hold the Bank or its officials responsible in the event this document is not found to be in order or in case of any incorrect information provided by me.
- The above consent and purpose of collecting information has been explained to me in my local language.

DECLARATION I declare that the information provided with respect to my account is up to date and correct. I have also attached my recent photograph.	Applicant Signature
FOR BANK USE	
Sourcing Branch Name _____ Documents Received: <input type="checkbox"/> Self Certified <input type="checkbox"/> True Copies <input type="checkbox"/> Notary	
Employee Name: _____ Employee Code _____ Employee Designation: _____	
Sourcing Employee Branch Name: _____ Branch Code _____ LG Code _____	
Signature verified and form approved by BDA/BM employee code _____ Signature & Date _____	

CUSTOMER ACKNOWLEDGEMENT COPY

Reference Number _____ Acknowledgement Date _____ Signature of Bank Official _____