



PERSONAL INFORMATION SHEET (PIS)

(Account Holder/Joint Holder/Related Person)

For Office Use

UNITY SMALL FINANCE
BANK LIMITED

Date

Branch

Sol ID

Account No.

APPLICANT NO

ACCOUNT HOLDER

JOINT HOLDER

RELATED PERSON

☐ I do not have any account with USFB ☐ I have an account with USFB & A/c. No. is

Other Bank Details: Bank Name

Branch

Account No

PERSONAL DETAILS*

KYC No.:

Applicant CIF No.

Customer Type* ☐ General ☐ USFB Employee ☐ Senior Citizen ☐ Minor ☐ HUF

☐ Politically Exposed Person ☐ Related to Politically Exposed Person

Name*(same as ID proof) Prefix First Name Middle Name Last Name

Maiden Name (If applicable)

Father/Spouse Name* (Tick whichever is applicable)

Mother's Name*

Guardian's Name* (in case of Minor)

Date of Birth*

Place of Birth* ISO 3166 Country Code of Birth*

I. T. PAN ☐ Yes ☐ No PAN No. If No, then : ☐ Form 60 ☐ Form 61

Gender* ☐ Male ☐ Female ☐ Transgender

Marital Status* ☐ Married ☐ Unmarried

Citizenship* ☐ Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☐ Resident Indian ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Religion* ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Others specify

Category* ☐ General ☐ OBC ☐ SC ☐ ST ☐ Others specify

Education Qualification* ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Post Graduate ☐ Professional (CA/CS/CMA)
☐ Others specify

Occupation Type* ☐ Service (☐ Private Service ☐ Public Sector ☐ Government Sector)
☐ Others (☐ Professional ☐ Retired ☐ HouseWife ☐ Student ☐ Agriculture)
☐ Business/Self Employed If Yes, Line of Activity

Designation / Profession

Name of Employer

Address

*Pincode

Annual Income* : From To (amt. in ₹ lakhs)

Annual Turnover* : ☐ 0-5 lakhs ☐ 5-10L ☐ 10-50L ☐ 50L-1Cr ☐ 1-5Cr ☐ 5-10Cr ☐ 10-50Cr ☐ >50Cr

Officially Valid Documents (OVD)* : (Please tick the appropriate box and give details)

<input type="checkbox"/> PASSPORT	Number :	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> VOTER'S IDENTITY CARD	Number :	<input type="text"/>		
<input type="checkbox"/> DRIVING LICENCE	Number :	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> AADHAAR LETTER/CARD	Number :	<input type="text"/>		
<input type="checkbox"/> NREGA JOB CARD	Number :	<input type="text"/>		
<input type="checkbox"/> NATIONAL POP. REG. LETTER		<input type="text"/>		
<input type="checkbox"/> OTHERS (Any document notified by the Central Government)		<input type="text"/>		

ADDRESS DETAILS* ☐ CURRENT ☐ PERMANENT ☐ OVERSEAS

Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified
Residence Type*	<input type="checkbox"/> Owned	<input type="checkbox"/> Rental	<input type="checkbox"/> Company provided	Residing since* <input type="text"/>
House No.	<input type="text"/>	Building / Block No.	<input type="text"/>	Building Name <input type="text"/>
Street Name*	<input type="text"/>	Suburb / Area	<input type="text"/>	Town/ Village <input type="text"/>
Landmark*	<input type="text"/>	City / Dist.*	<input type="text"/>	
State*	<input type="text"/>	Country*	<input type="text"/>	Pin code* <input type="text"/>
Telephone (Resi.)*	<input type="text"/>	Mobile No.*(incl. e-services)	<input type="text"/>	
Email Address*	<input type="text"/>			
Telephone (Off./Fax)	<input type="text"/>	Alternative No.	<input type="text"/>	

☐ CORRESPONDENCE / ☐ LOCAL ADDRESS ☐ Same as Proof of Address

Address Type*	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified
House No.	<input type="text"/>	Building / Block No.	<input type="text"/>	Building Name <input type="text"/>
Street Name*	<input type="text"/>	Suburb / Area	<input type="text"/>	Town/ Village <input type="text"/>
Landmark*	<input type="text"/>	City / Dist.*	<input type="text"/>	
State*	<input type="text"/>	Country*	<input type="text"/>	Pin code* <input type="text"/>

TAX RESIDENCE OF INDIA ONLY ☐ YES ☐ NO (If NO, Please fill details below)***ADDITIONAL DETAILS REQUIRED***

ISO 3166 Country Code of Jurisdiction of Residence*	<input type="text"/>
Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>

ADDRESS IN THE JURISDICTION DETAILS WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSE*

Same as:	<input type="checkbox"/> Current Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Overseas Address	<input type="checkbox"/> Same as Correspondence / Local Address
House No.*	<input type="text"/>	Building / Block No.	<input type="text"/>	Building Name <input type="text"/>
Street Name*	<input type="text"/>	Suburb / Area	<input type="text"/>	Town <input type="text"/>
Landmark*	<input type="text"/>	City / Dist.*	<input type="text"/>	
State*	<input type="text"/>	Country*	<input type="text"/>	Pin code* <input type="text"/>

Declaration:

I hereby confirm that the information furnished above is true, correct, complete and upto date. I undertake to inform the Bank of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/Email address. I agree to abide by the rules framed by the bank at present and may be framed from time to time relating to the accounts.

Date : Place : Signature
of the
Applicant