

**Customer Profile Form - Individual** (for joint applicant/s)

**A 143-I**

(Office use only)	Branch Code <input style="width:40px;" type="text"/>	Customer ID <input style="width:40px;" type="text"/>	Date <small>dd/mm/yyyy</small> <input style="width:40px;" type="text"/>
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<b>Title Code* :</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
<b>Name of Individual*</b> <input style="width:100%;" type="text"/>			
<b>Gender* :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input style="width:40px;" type="text"/>			
<b>Father's Name*</b> <input style="width:100%;" type="text"/>			
<b>Mother's Name*</b> <input style="width:100%;" type="text"/>			
<b>Contact Details:</b> <small>Mobile</small> <input style="width:40px;" type="text"/> <small>Residence</small> <input style="width:40px;" type="text"/> <small>Office</small> <input style="width:40px;" type="text"/>			
<b>E-mail Address</b> <small>(in block letters)</small> <input style="width:100%;" type="text"/>			
<b>Date of Birth*</b> <small>(dd/mm/yyyy)</small> <input style="width:40px;" type="text"/>		<b>Place of Birth*</b> <input style="width:40px;" type="text"/>	
<b>Nationality* :</b> <input type="checkbox"/> Indian <input type="checkbox"/> Others <input style="width:40px;" type="text"/>		<b>Mother Tongue*</b> <input style="width:40px;" type="text"/>	
<b>Physically Challenged:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Mentally Challenged:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Aadhaar No.</b> <input style="width:40px;" type="text"/>		Aadhaar No. to be linked with account number <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PAN No.</b> <input style="width:40px;" type="text"/>		OR <input type="checkbox"/> <b>Form 60/61</b> <small>◀ If PAN is not available please fill up form 60/61</small>	
<b>Literate* :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Marital Status*:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	
If Married, <b>Name of Spouse</b> <input style="width:40px;" type="text"/>		<b>Wedding Date</b> <input style="width:40px;" type="text"/>	

**Present Address\*** Furnish valid proof for present or permanent address

<input type="checkbox"/> Tick (✓) if Same as Account address			
<b>Line - 1*</b> <input style="width:100%;" type="text"/>			
<b>Line - 2</b> <input style="width:100%;" type="text"/>			
<b>Line - 3</b> <input style="width:100%;" type="text"/>			
<b>City</b> <input style="width:40px;" type="text"/>		<b>District*</b> <input style="width:40px;" type="text"/>	
<b>State*</b> <input style="width:40px;" type="text"/>		<b>Pin*</b> <input style="width:40px;" type="text"/>	

**Permanent Address\***

<input type="checkbox"/> Tick (✓) if Same as Account address		<input type="checkbox"/> Tick (✓) if Same as Present address	
<b>Line - 1*</b> <input style="width:100%;" type="text"/>			
<b>Line - 2</b> <input style="width:100%;" type="text"/>			
<b>Line - 3</b> <input style="width:100%;" type="text"/>			
<b>City</b> <input style="width:40px;" type="text"/>		<b>District*</b> <input style="width:40px;" type="text"/>	
<b>State*</b> <input style="width:40px;" type="text"/>		<b>Pin*</b> <input style="width:40px;" type="text"/>	

**Additional Details** (wherever applicable)

<b>Religion* :</b> <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Others <input style="width:40px;" type="text"/>			
<b>Category* :</b> <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Weaker Section (Specify) <input style="width:40px;" type="text"/>			
<b>Educational Qualification:</b> <input type="checkbox"/> Matriculate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others <input style="width:40px;" type="text"/>			
<b>Annual Income* :</b> <input type="checkbox"/> < 1 lakh <input type="checkbox"/> >1 lakh <2.5 lakh <input type="checkbox"/> >2.5 lakh <5 lakh <input type="checkbox"/> Above 5 lakh (Rs.) <input style="width:40px;" type="text"/>			
<b>Occupation Type* :</b> <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input style="width:40px;" type="text"/> <input type="checkbox"/> Self-employed or Business <input type="checkbox"/> Agriculture			
<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others <input style="width:40px;" type="text"/>			
<b>Source of Income* :</b> <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Pension <input type="checkbox"/> Others <input style="width:40px;" type="text"/>			
<b>Organisation's Name</b> <small>(if salaried)</small> <input style="width:40px;" type="text"/>		<b>Designation/Profession:</b> <input style="width:40px;" type="text"/>	
<b>Vehicle:</b> <input type="checkbox"/> Four wheeler <input type="checkbox"/> Two wheeler <input type="checkbox"/> Other <input style="width:40px;" type="text"/>			
<b>Insurance Policy Information* :</b> <input type="checkbox"/> Policy Holder <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Existing Loans:</b> <input type="checkbox"/> Vehicle Loan <input type="checkbox"/> Home Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Business/Agriculture			
<b>House* :</b> <input type="checkbox"/> Ancestral <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided			

Relation with **CSB\***: ☐ Not an Employee ☐ Employee ☐ Staff Family Member ☐ Former Employee ☐ Director

**CSB** Employee Code Number:

Account with other banks ☐ Yes ☐ No

Sl.no	Type	Bank / Branch	Account Number
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>

### KYC Details\* (ID Proof & Local/Permanent Address Proof)

☐ Aadhaar Card/Aadhaar Letter ☐ Voter's ID Card ☐ Driving License ☐ Passport ☐ NREGA Card ☐ Govt. ID

KYC Document No.:

Issued at:  Issue date.:  Expiry date.:

*Note: If present communication address is different from the address mentioned in the officially valid KYC document submitted, a self declaration regarding present address as reproduced in the declaration column of the account opening form (A143- CASA) will suffice.*

### Introduced/Referred by (if available)

☐ Branch Manager/ Staff/ Marketing Executive: EMP Code  Name:

☐ Introduced by Existing Customer, Name:

Existing Customer's A/C No.:

☐ Name of Head of Company/Institution:

Name of Company/ Institution:

Introducers Signature

### Signature of Applicant\*

Signature of Applicant

### Form 60/61 (To be filled by those who do not have PAN)

☐ **Form 60**

Are you an Income Tax Assessee ☐ Yes ☐ No if yes

a) Details of Ward/ Circle/ Range where the last return of income was filed:

b) Reason for not having PAN Card:

☐ **Form 61**

To be filled by a person who has only agricultural income and no other income chargeable to income tax.

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

### Verification

I  do hereby declare that what is stated is true to the best of my knowledge and belief.

Verified today, the  day of  month  year

Date:  Place:

Signature of 1<sup>st</sup> Applicant

### Declaration by the Branch

Verified the attached documents with the originals, as per the KYC/ AML guidelines

Name

Designation  Date

### Risk Categorization

Profile of the Customer Based on Risk Categorization ☐ High ☐ Medium ☐ Low

Identity of the applicant/s verified and account opened

Name

Designation  Date

Seal & Signature of Section Officer/  
Marketing Executive

Seal & Signature of Principal Officer

### For CPC Use

Entered by: Employee Code

Verified by: Employee Code

Signature

Signature