

<input type="checkbox"/> If Salaried	<input type="checkbox"/> Govt. Employee	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Private Ltd. Company	<input type="checkbox"/> Others _____
<input type="checkbox"/> If Professional	<input type="checkbox"/> Doctor	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Engineer	<input type="checkbox"/> Others _____
<input type="checkbox"/> If Business	<input type="checkbox"/> Trader	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Others _____
<input type="checkbox"/> If Agriculture	<input type="checkbox"/> Farmer	<input type="checkbox"/> Planter	<input type="checkbox"/> Animal Husbandry	<input type="checkbox"/> Fisheries

Name of Company : _____

Employee No : _____ Designation _____

Company Address : _____

Working Since _____ Date of Retirement _____

Credit Limits with other banks ☐ Yes ☐ No Account with other banks ☐ Yes ☐ No

Sl.No.	Type	A/c No.	Bank / Branch

Source of Fund : ☐ Salary ☐ Business ☐ Agriculture ☐ Others

Annual Income : ☐ < 1 lakh ☐ > 1 lakh < 2.5 lakh ☐ > 2.50 lakh < 5 lakh ☐ Above 5 lakh

Type of Accommodation ☐ Own Independent House ☐ Own Flat ☐ On rental
☐ Company Provided ☐ Joint Family ☐ Others _____

Type of vehicle ☐ Two Wheeler ☐ Four Wheeler ☐ FORM 60/61 OR

Insurance policy information : ☐ Policy Holder ☐ Plans to take policy PAN / GIR No. _____

IT Status Code : ☐ Individual ☐ Exempted (15 H/G) ☐ Exempted (Others) ☐ Non Resident

TDS exemption : ☐ Yes ☐ No TDS Exemption % _____

Type of Customer : ☐ Retail ☐ Corporate Aadhar Card No. _____

Identity Proof

☐ Voter/Govt. ID Card ☐ Pan Card ☐ Employee ID Card ☐ Driving Licence ☐ Passport ☐ Aadhar Card

Local Residential Address Proof ☐ Letter from Public Servant / Authority ☐ Others _____

☐ Latest Electricity Bill ☐ Phone Bills ☐ Gas Connection Card/Book ☐ Letter from employer ☐ Bank Account Statement
☐ Letter from any recognized Public Authority ☐ Ration Card ☐ Aadhar Card ☐ Others

Introducer Details

Signature of Customer.....

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

☐ Introduced by Existing customer, Name.....Client ID.....CD/SB/

☐ Head of Company / Institution / Dept. / Name.....

I / We know the applicant(s) / the applicant who is a student of this school, detailed above for a period of _____ months and confirm his/her identity and address.

Office Use Only

Name of Company / Head of Institution / Dept./Introducers Signature

KYC Certification

I have met Mr./Ms.....and the documents in support of his/her identity, address and have been verified and the particulars have been filled in my presence and in accordance with the documents proof.

Name/ Designation.....

Seal & Signature of Section Officer / Marketing Executive

Risk Categorization Profile of the Customer Based on Risk Categorization.
 Identity of the applicant/s verified and account opened.

☐ High ☐ Medium ☐ Low

Date.....Name and Designation.....

Seal & Signature of Principal Officer

For CPC Use

Entered by : Employee Code _____

Verified by : Employee Code _____

Signature

Signature