

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

A 145-I

(Office use only)	Branch Code	Customer ID	Date (dd/mm/yyyy)
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Title Code*	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Name of Individual*	
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Father's Name*	
Mother's Name*	
Residential Status*	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident

Alternate Overseas Address*
Present/Permanent Address in India

<input type="checkbox"/> Tick (✓) if same as Overseas address as in A 145 - NR (Page 1)	
Line-1*	Line-1
Line-2	Line-2
Line-3	Line-3
Country*	Line-4
Postal/Zip Code*	PIN
	State
E-mail Address	
Date of Birth* (dd/mm/yyyy)	Place of Birth*
Aadhaar No.	Aadhaar No. to be linked with account number (Only for NRO SB Accounts) <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Details (wherever applicable)

Religion*:	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Others
Category*:	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Weaker Section (Specify)
Literate:	<input type="checkbox"/> Yes <input type="checkbox"/> No Physically Challenged: <input type="checkbox"/> Yes <input type="checkbox"/> No Mentally Challenged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Qualification:	<input type="checkbox"/> Matriculate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others
Nationality*:	<input type="checkbox"/> Indian <input type="checkbox"/> Person of Indian Origin (Attach Supporting Documents) <input type="checkbox"/> Others
Mother Tongue*	Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Single
If Married, Name of Spouse	Wedding Date

Occupation Details

Annual Income*:	<input type="checkbox"/> <1 lakh <input type="checkbox"/> >1 lakh <5 lakh <input type="checkbox"/> >5 lakh <10 lakh <input type="checkbox"/> >10 lakh <25 lakh <input type="checkbox"/> Above 25 lakh (Rs.)
Occupation Type*:	<input type="checkbox"/> Salaried <input type="checkbox"/> Professional <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

Employer Details

Employer's Name (If applicable):	Designation/Profession:
Employee Number (If applicable):	<input type="checkbox"/> If self employed professional Name of the enterprise (if any)

Document Details*
Enclose self attested copies of relevant KYC document

PAN No. (If an assessee)	<input type="checkbox"/> *TRC & Form 10F enclosed	<small>*Compulsary for availing benefit of lower tax deduction at source on interest under applicable double taxation avoidance agreements in the case of NRO accounts</small>
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Passport Number:	Issue date:	Expiry date:
Place/Country of Issue:		

Visa Number:	Issue dt.:	Expiry dt.:
Place/Country of Issue:		

Other Valid Documents (Tick (✓) the appropriate box)

<input type="checkbox"/> OCI/PIO Card <input type="checkbox"/> Residence Permit <input type="checkbox"/> Employment Contract/ID Card <input type="checkbox"/> Labour Card issued by foreign Govt.
<input type="checkbox"/> Seafarer's Continuous Discharge Certificate (CDC) <input type="checkbox"/> Other documents (Please specify)

Contact Details

Country Code	Mobile	Residence	Office
Ph. No.*: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact No. in India: <input type="text"/>			

Other Details

Vehicle: ☐ Four wheeler ☐ Two wheeler ☐ Other

Insurance Policy Information*: Policy Holder ☐ Yes ☐ No

Existing Loans: ☐ Vehicle Loan ☐ Home Loan ☐ Personal Loan ☐ Education Loan ☐ Business/Agriculture

House*: ☐ Ancestral ☐ Owned ☐ Rented ☐ Company Provided

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

CSB EMP Code:

Proof for Address in India (If applicable)

Address proof to be furnished

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

Address Proof Document No.:

Issued at: Issue date: Expiry date:

Date:

Signature of 1st 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 1st Applicant

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Account sub type: ☐ Public ☐ Staff and ☐ Single ☐ Joint

Account Opening Channel: ☐ Walk in Customer/ Staff ☐ Marketing Team ☐ Others

Lead Generated by (EMP Code)

Lead Closed by (EMP Code)

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