

## Branch

Date: \_\_/\_\_/\_\_

CIF ID: 

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### Individual Customer Information

Customer Name	:	

[illegible][illegible]

Address (Present/Permanent/Work) :	

Nearest Land Mark	:	
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### ☐ Non-Individual Customer Information

Organization Name	:	

Organization Owner's Name	:	

Trade License Number :

[illegible][illegible]

Business Address	:	

Nearest Land Mark :

Nature of Business :

☐ We have visited the address of the above mentioned Customer and found correct.

Prepared By	Verified By	Checked By (HOB/OM)
Signature:	Signature:	Signature:
Name:	Name:	Name:
Designation:	Designation:	Designation:
Employee- ID:	Employee- ID:	Employee- ID:
	PA Number (If):	PA Number: