

CUSTOMER INFORMATION FORM

KNOW YOUR CUSTOMER

Name

Gender : Male / Female Name of Father / Husband.....
Marital Status : Single Married Age :.....
Phone no : (Land Line) : Mobile :.....
Email Id :

Photo

COMMUNICATION DETAILS

Permanent Address :

Communication Address :

House Name :	House Name :
Place / Street :	Place / Street :
Post Office :	Post Office :
City / District :	City / District :
State :	State :
Pin Code :	Pin Code :
Kara :	Kara :
Village :	Village :
Taluk :	Taluk :

Occupation

Business <input type="checkbox"/>	Agriculture / Related Activities <input type="checkbox"/>	Retail Traders <input type="checkbox"/>
Self Employed <input type="checkbox"/>	Small Scale Industries <input type="checkbox"/>	House Wife <input type="checkbox"/>
Retired Person <input type="checkbox"/>	Transport Operators <input type="checkbox"/>	Student <input type="checkbox"/>
Contract Works <input type="checkbox"/>	Professional <input type="checkbox"/>	Salaried <input type="checkbox"/>

Others (Specify).....

If Salaried, Employer Type :

Private Sector ☐ Public Sector ☐ Government ☐ Others

Employer Details :

Employment Name :.....

Designation :.....

DECLARATION

I hereby certify that the information provided above is true and correct

Name :.....

Signature :.....

Place :

Date :