

KYC Form for INDIVIDUALS

		CKYC No.:	
Personal			
Name: First name	Middle name		Surname
Father's Name: First name	Middle name		Surname
Mother's Name: First name	Middle name		Surname
Date of Birth: Place of Birth		Nationa Nationa	
Martial Status: Married Unmarried	Gender:		Female Other
Educational Qualification: Professional Post Graduate		ndergraduate Mat	
	e No:		Register for SMS alert
E-mail:			Registerfor E-Statement
Address There is no shange in my address	o chango my addrocc a	s bolow (roquires addrs	acc proof)
There is no change in my address I wish t	o change my address a	s below (requires addre	=
Address line 2:			
Address line 3:			
City: Pin Code:	State:		Country:
Occupation			
Salaried Self-employed Student	Housewife	Profession	al Politician
Retired Business Others			Please Specify)
Name of the Business/Employer/College:			
Nature of Business:			
Designation:		No. of Year	rs in Business/Employment:
Business/College address:			
City: Pin Code:	State:		Country:
Tel (0):	Income:		P.A.
Documents			
Mandatory Documents PAN :			
Other OVD acceptable for ID/Address Proof Passport	Voters ID issued by Elec	ction Commission of Ind	ia 🔲 Aadhaar 🔙 Driving License
Foreign Account Tax Compliance Act (FATCA) / Commo	n Reporting Standar	ds (CRS)	
Are you a tax resident of any country other than India?	es No (If yes, p	rovide following details)	
Country Tax No.		Identifica	tion documents
Incase of any change in above referred details, I undertake to res	submit the details within	n 30 days from the date	of change
Declaration	destine the details within	1 30 days it offi the date	or change.
I declare that the information provided above is true and correct	to		
the best of my knowledge. I understand that the Bank will take			
minimum of 5 working days to update my KYC details in the syste	em.		
		assport size cograph	
		&	
Place :	sign	across it	Signature of Customer.
Date :			In case of minor,
To be filled by branch official			guardian to sign
I certify that the signature and photograph of the customer in the	form and documents s	submitted herein are ver	rified and found correct.
Name & Designation of Branch Official:			
Name & Designation of Branch Official:		DI a	nch Official Code:
Signature of Branch Official:			Date:
To be filled by CPC / KYC department			
F	C.		D.
Entered by:	Sign:		Date:
Authorized by:	Sign:		Date:
J ·	J		

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