## CUSTOMER PROFILE FORM (Individual KYC) (Please furnish valid proof of identity & address for KYC Compliance)



IMPORTANT INSTR	<u>UCTIONS</u> :
A) Fields marked with	h '*' are compulsory orm in English and in BLOCK letters only.
•	e in DD -MM -YYYY format.
FOR OFFICE USE O	
Application Type*:	NEW UPDATE PHOTO
DOCKET Number :	
Customer ID:	
KYC Number :	
1. PERSONAL DETAI	LS*
Name* (same as ID P	Proof)
Prefix First	Name Middle Name Last Name
Maidan Name (If any)	
Father / Spouse Nam	ne*
Mother Name*	
Date of Birth*	
Gender*	M - Male F - Female T - Transgender
Marital Status*	Married Unmarried Others
Citizenship*	IN - Indian Others (ISO 3166 Country Code)
Residential Status*	Resident Individual Non Resident Indian
	d Non Resident Indian :
(Bate on When take	Foreign National Person of Indian Origin
Occupation Type*	
Occupation type	
	O - Others ( Professional Self Employed Retired Housewife Student)
	Business
	X -Not Catogorised
2. TICK IF APPLICA	ABLE_RESIDENCE FOR TAX PURPOSE IN JURISDICTION(S) OUTSIDE INDIA
	S REQUIRED*(Mandatory only if section 2 is ticked)
•	ode of Jurisdiction of Residence*
Tax Identification Nur	mber or equivalent (If issued by jurisdiction)*
Place/City of Birth*	ISO 3166 Country Code of Birth*
3.PROOF OF IDENT	TTY (Pol) *
	y one of the following Proof of Identity (PoI) needs to be submitted)
A - Passport Number	Passport Expiry Date
B - Voter ID Card	
C - PAN Card	
D - Driving Licence	Driving Licence
E - UID (Aadhaar)	Expiry Date
F - NREGA Job Card	
Z - Others (any docu	ment notified by the central government)
	Identification No.
S - Simplified Massu	res Account Document Type Code Identification No.



## 4. PROOF OF ADDRESS (PoA) \* 4.1 CURRENT/ PERMANENT/ OVERSEAS ADDRESS DETAILS\* (Certified copy of any of the following Proof of address (PoA) needs to be submitted) Address Type Residential **Business** Registered Office Unspecified **Proof of Address Passport Driving Licence** UID (Aadhaar) Others Voter Identity Card NREGA Job Card Simplified Measures Account - Document Type Code Address Line 1\* Line 2 Line 3 City/Town/Village\* District\* Pin/ Post Code\* State/ U.T Code\* ISO 3166 Country Code\* 4.2 CORRESPONDANCE/ LOCAL ADDRESS DETAILS \* Same as Current/ Permanent/ Overseas Addr ess details (In case of multiple correspondence/ local addresses) Address Line 1\* Line 2 Line 3 City/ Town/ Village\* District\* Pin/ Post Code\* State/ U.T Code\* ISO 3166 Country Code\* 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* Same as Current/ Permanent/ Overseas Address details Same as Correspondence/Local Address details Address Line 1\* Line 2 Line 3 City/ Town/ Village\* District\* Zip/ Post Code\* State/ U.T Code\* ISO 3166 Country Code\* **5 CONTACT DETAILS** Tel (Off) Tel (Res) Mobile FAX Email ID 6. DETAILS OF RELATED PERSON (In case of additional related persons)

Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons)

Addition of Related Person

EXTENDED TO THE PERSON (In case of additional related persons)

Deletion of Related Person

EXTENDED TO THE PERSON (In case of additional related persons)

EXTENDED TO THE PERSON (In case of additional related persons)

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PROOF OF IDENTITY (Pol) of RELATED PERSON*
A - Passport Number Passport Expiry Date Passport Expiry Date
B - Voter ID Card
C - PAN Card
D - Driving Licence Driving Driving Licence Driving Dr
E - UID (Aadhaar) Expiry Date
F - NREGA Job Card
Z - Others (any document notified by the central government) Identification Number
S - Simplified Measures Account Document Type Code Identification Number
7.PERSONAL INFORMATION *  Qualification
Are you politically exposed person (PEP) - YES NO
If salaried, Name of the employerAddress:
Address: Monthly Gross Income (Rs.)
Self employed / Professional (Please specify)
Business (Please Specify)
Annual Income (Please specify)
8. DECLARATION BY CLOSE RELATIVE
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(To be filled by the applicant if he/she does not have any address proof)  Name of the Declarant Declarant having NKGSB Account : Yes No  If yes, Cust ID
(To be filled by the applicant if he/she does not have any address proof)  Name of the Declarant Declarant having NKGSB Account : Yes No  If yes, Cust ID wish to open an account with your Bank is my
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(To be filled by the applicant if he/she does not have any address proof)  Name of the Declarant Declarant having NKGSB Account :YesNo  If yes, Cust ID wish to open an account with your Bank is my He/She is residing with me since (Month) / (Year) at  PIN Code State Tel. Number  The applicant does not hold a documentary address proof in his/her independent name, since the applicant is residing with me, the address proof in my name is being provided to the bank for the purpose of address verification. I have no objection towards receiving any correspondence from the bank in the name of applicant at my above mentioned address. I enclose herewith the below.
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Name of the Declarant Declarant having NKGSB Account : Yes No  If yes, Cust ID wish to open an account with your Bank is my He/She is residing with me since (Month) / (Year) at  PIN Code State Tel. Number The applicant does not hold a documentary address proof in his/her independent name, since the applicant is residing with me, the address proof in my name is being provided to the bank for the purpose of address verification. I have no objection towards receiving any correspondence from the bank in the name of applicant at my above mentioned address. I enclose herewith the below.  Self attested officially valid document submitted as Identity/ Address Proof Signature on the account opening form. Please consider the signature on the account opening form as my updated signature in your

opening form

as per documents/ existing Cust Id



Stamp & Signature of KYC Checker

## 10. APPLICANT DECLARATION

Stamp & Signature of Branch Official

• I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresentating, I am aware that I may be held liable for it. • I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: Place: Signature/ Thumb Impression of Applicant & 11. ATTESTATION / FOR OFFICE USE ONLY **Documents Received Certified Copies** KYC VERIFICATION CARRIED OUT BY **INSTITUTION DETAILS** Date Emp. Name Name Emp. Code Code Emp. Designation Emp. Branch Account Opening form checked, KYC norms fully KYC documents audited & found correct complied with & Account opening confirmed