

Branch :  MAIN  JUBILEE  TOWN

## KYC FORM

Please affix most recent colour photograph

30 mm x 40 mm

DATE		SERIAL NO.	
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CIF No.	
ACCOUNT NO.	
NAME IN FULL	
NAME OF FATHER / HUSBAND	
ADDRESS	HOUSE NO.
	HOUSE NAME
	STREET/COLONY
	LOCALITY/POST OFFICE
	DISTRICT
	PIN
TELEPHONE	RES. : <span style="float:right">OFFICE :</span>
	MOBILE : <span style="float:right">FAX :</span>
E-MAIL ID	
NATIONALITY	INDIAN / OTHERS SPECIFY
DATE OF BIRTH	
MARITAL STATUS	
PASSPORT NO.*	DATE OF EXPIRY :
VOTERS ID NO.*	
PAN NO.*	
AADHAR NO.	
ANY OTHER ID*	
PROOF OF RESIDENCE	
LOCKER NO. (IF ANY)	
DETAILS OF OTHER ACCOUNTS	
SIGNATURE OF THE CUSTOMER	X

This application form is meant to enable to comply with the client identification programme laid down by the Prevention of Money Laundering Act 2002 (PMLA) referred to as know your client (KYC) requirements. It is for use by INDIVIDUALS only.

FOR OFFICE USE :	ENTERED BY	VERIFIED BY