

**Section (A): Name, Photo & Signature of Customer** *(furnish photo & signature, if not provided in the A/c Opening Form)*

Sr.No Title Full Name of the Customer:

Recent Photograph	(Put Signature in each box below)	

A/c No: \_\_\_\_\_

Customer-Id: \_\_\_\_\_

**Section (B): Customer Data**

Male     Resident     Married     SC/ST     Minor     Staff (specify Emp-Id: \_\_\_\_\_)  
 Female     Non-resident     Unmarried     OBC     Sr.Citizen     Retired Staff

*(Please put ✓(tick) in the appropriate box(s) wherever applicable)*

Date of Birth [DD/MM/YYYY]: Age: Nationality Religion Caste  
 \_\_\_\_\_  
 Ration Card No Voter-Id PAN Aadhaar No  
 \_\_\_\_\_

Name of Father/Mother/Guardian/Husband:  Father     Mother     Guardian or  Husband *(tick ✓/anyone)*

**Section (C): Communication Address**

House No, Name: \_\_\_\_\_

Street/Road: \_\_\_\_\_

Place: \_\_\_\_\_ Taluk: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_

Landmark: \_\_\_\_\_

**Section (D): Permanent Address** *(tick here  if permanent address is same as communication address)*

House No, Name: \_\_\_\_\_

Street/Road: \_\_\_\_\_

Place: \_\_\_\_\_ Taluk: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_

Landmark: \_\_\_\_\_

**Section (E): Office Address**

Organization: \_\_\_\_\_

State: \_\_\_\_\_ PIN: \_\_\_\_\_

**Section(F): Contact Details**

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (Res): \_\_\_\_\_ Phone (Off): \_\_\_\_\_

Email-id: \_\_\_\_\_

**Section (G): Details of Identity and Occupation**

**Proof of Identity and Address:**

Ration card     Passport     PAN Card     Aadhaar     Driving Lic.     Voter Id    [If Others please specify] \_\_\_\_\_

**Occupation and Source of Income:**

Agriculture     Business     Household     Student     Salaried     Daily wages    [If Others please specify] \_\_\_\_\_

**Working Sector:**  Public  Private  Co-operative  Govt.  Retired  Politician [If Others please specify]

**Annual Income:**  Below 1 Lac  1- 5 Lac  6-10 Lac  11- 15 Lac  16-20 Lac  Above 20 Lacs [If Others, please specify amount]

Net worth  Credit Card Limit and Name of the Bank  Existing Bank A/c and Name of Bank and Branch

**Travel Abroad Details:** (write details below, like country/ date /purpose etc.):  
 Passport-No  Passport Valid upto date

**Section(H): Declaration by Applicant**

I hereby declare and confirm that all information furnished in the Account Opening form and all supporting documents including KYC form are true to the best of my knowledge.

Place: .....  
 Date:  Signature: .....

**Section(I): KYC Checklist and Verification (to be filled/checked in by the Bank Branch Officer)**

<input type="checkbox"/> Salaried Employee/ Salaried Professional	[Individuals]
<input type="checkbox"/> Having low turnover of Rs. One lakh per year	
<input type="checkbox"/> Self Employed Personal	
<input type="checkbox"/> Politically Exposed Person	
<input type="checkbox"/> Belongs to lower economic strata	
<input type="checkbox"/> High Net-worth Individual	
<input type="checkbox"/> NRI Account	
<input type="checkbox"/> Non-Face-to-Face customer	
<input type="checkbox"/> Face-To-Face Customer	
<input type="checkbox"/> Businessman/trader whose activities are well defined	[Businessmen]
<input type="checkbox"/> Businessman/trader whose activities are NOT well defined	
<input type="checkbox"/> Businessman with one month transaction exceeds Rs.10 Lacs	
<input type="checkbox"/> Businessman with one month transaction NOT exceeds Rs.10 Lacs	
<input type="checkbox"/> Antique Dealer	
<input type="checkbox"/> Accounts transactions commensurate with business transactions.	
<input type="checkbox"/> Arms Dealer Society registered under KCS Ac	
<input type="checkbox"/> Society registered under KCS Act.	[Societies/Companies]
<input type="checkbox"/> Regulator/Statutory Body	
<input type="checkbox"/> NGO and Other organisations receiving donations from abroad	
<input type="checkbox"/> Company having close family share holding or Beneficial Ownership	
<input type="checkbox"/> Private Companies and firms	
<input type="checkbox"/> Trust/ Charities	
<input type="checkbox"/> Overseas corporate bodies	
<input type="checkbox"/> Govt./Govt owned company/ local body	
<input type="checkbox"/> Firms with Sleeping Partners	
<input type="checkbox"/> With dubious reputation as per available public information	[General]
<input type="checkbox"/> Frequent High volume transaction in CTR report	
<input type="checkbox"/> With Fair Transaction	
<input type="checkbox"/> Having source fund are not clear	
<input type="checkbox"/> Having source of funds are clear	

Date:  Clerk: \_\_\_\_\_ Accountant: \_\_\_\_\_ Manager: \_\_\_\_\_

KYC reviewed dates:							
Risk Rating [L/M/H]:							
Reviewer's Initials:							

**Guidelines**

All information should be filled in Capital letters as each letter in each column. Wherever the tick boxes (  ) are provided, please put ✓ (tick) in the appropriate box(s) only.