

KYC APPLICATION FORM

Entered On	<input type="text"/>	Entry No.	<input type="text"/>
Identity Details			
Name of the Customer : <input type="text"/>			
[as appearing in supporting identification document]			
Father/Spouse Name :	<input type="text"/>	<input type="checkbox"/> Father	<input type="checkbox"/> Spouse
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status :	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Date of Birth :	<input type="text"/>	Age (as on Date) :	<input type="text"/>
Nationality :	<input type="text"/>	Status :	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
PAN :	<input type="text"/>	UID :	<input type="text"/>
ID Source :	<input type="text"/>	ID No. :	<input type="text"/>
<input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID <input type="checkbox"/> Others			
Permanent Address : <input type="text"/>			
<input type="text"/>			
District :	<input type="text"/>	Pin Code :	<input type="text"/>
State :	<input type="text"/>	Country :	<input type="text"/>
Proof of Address :	<input type="text"/>	Valid upto :	<input type="text"/>
<input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Others			
Residential Address : <input type="text"/>			
<input type="text"/>			
District :	<input type="text"/>	Pin Code :	<input type="text"/>
State :	<input type="text"/>	Country :	<input type="text"/>
Proof of Address :	<input type="text"/>	Valid upto :	<input type="text"/>
<input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Others			
Accommodation Status :	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Conveyance :	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler <input type="checkbox"/> Others
Contact Details :			
Mobile No. :	<input type="text"/>	Residence Phone :	<input type="text"/>
(Telephone nos should be prefixed with ISD and STD codes)		(Telephone nos should be prefixed with ISD and STD codes)	
Office phone No. :	<input type="text"/>	Fax No. :	<input type="text"/>
E-mail :	<input type="text"/>		
Occupation			
Occupation :	<input type="checkbox"/> Agriculture <input type="checkbox"/> Salaried <input type="checkbox"/> Business	Sector :	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Govt.
	<input type="checkbox"/> Student <input type="checkbox"/> Household <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Others		<input type="checkbox"/> Retired <input type="checkbox"/> Others
Office/Business Address <input type="text"/>			
<input type="text"/>			
District :	<input type="text"/>	Pin Code :	<input type="text"/>
State :	<input type="text"/>	Country :	<input type="text"/>
Income Details			
Income Source :	<input type="checkbox"/> Agriculture <input type="checkbox"/> Salary <input type="checkbox"/> Business	Annual Income Slab :	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs
	<input type="checkbox"/> Profession <input type="checkbox"/> Self Employment <input type="checkbox"/> Others		<input type="checkbox"/> 10-25 Lac <input type="checkbox"/> Above 25 Lac
Network :	<input type="text"/>	Network as on :	<input type="text"/>
Credit Card Limit :	<input type="text"/>	Name of Bank :	<input type="text"/>
Existing Bank A/c. No. :	<input type="text"/>	Name of Bank :	<input type="text"/>
Other Details			
Travel abroad Details : <input type="text"/>			
<input type="text"/>			
Passport No. :	<input type="text"/>	Validity upto :	<input type="text"/>
Purpose of A/c. Opening :	Politically Exposed : <input type="checkbox"/> Direct <input type="checkbox"/> Related <input type="checkbox"/> None		
Any other Details : <input type="text"/>			
<input type="text"/>			

Declaration by Customer

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ We are aware that I/ We may be held liable for it.

Place :	Date :	Signature :
---------	--------	-------------