

**KYC FORM FOR INDIVIDUAL CUSTOMER**

Account Number

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

Date

|   |  |   |
|---|--|---|
| Account Holder's Name:  |  | PAN No.   |
| Date Of Birth:  | Citizenship / ID No.   | Issuing Office & Date:  |
| Contact No.   | Passport No.   | Issuing Office & date:  |
| Residence<br>Mobile<br>Email<br>P.O.Box                               | Beneficial Owner-Name:<br>Address:<br>Relation:<br>Contact No. |   |
| Present Address:<br><br>Ward No.:<br>Tole:<br>House No.:<br>District: |  | Permanent Address:<br><br>Ward No.:<br>Tole:<br>House No.:<br>District: |

Family Members:

| SN | Relation                         | Name & Surname | Citizenship No.* | Issuing Office* | Date of issue* |
|----|----------------------------------|----------------|------------------|-----------------|----------------|
| 1  | Spouse                           |                |                  |                 |                |
| 2  | Father                           |                |                  |                 |                |
| 3  | Mother                           |                |                  |                 |                |
| 4  | Grandfather                      |                |                  |                 |                |
| 5  | Grandmother                      |                |                  |                 |                |
| 6  | Son                              |                |                  |                 |                |
| 7  | Daughter                         |                |                  |                 |                |
| 8  | Daughter in Law (son's wife)     |                |                  |                 |                |
| 9  | Father in Law (of married women) |                |                  |                 |                |

\*not compulsory for low risk customers

Occupation / Business:

| SN | Name Of Firm/ Company/Office | Address | Web Site | Post | Annual Income |
|----|------------------------------|---------|----------|------|---------------|
| 1  |                              |         |          |      |               |
| 2  |                              |         |          |      |               |
| 3  |                              |         |          |      |               |
| 4  |                              |         |          |      |               |

HPP/PEP/NF2F:

 Yes

 No

If Yes, remark on affiliation:

Expected Monthly Turnover:

 Less Than 5 Lakhs

Less Than 5 Lakhs

 Less Than 10 Lakhs

Less Than 10 Lakhs

 >10 Lakhs

>10 Lakhs

Expected Monthly Transaction:

 Less Than 15

Less Than 15

 Less Than 25

Less Than 25

 >25

>25

Purpose of Account:

 Remittance

Remittance

 Savings

Savings

 Business

Business

 Others

Others

Source Of Fund:

 Salary

Salary

 Remittance

Remittance

 Investment

Investment

 Sale of Asset

Sale of Asset

 Donation

Donation

 Borrowings

Borrowings

 Loan Repayment

Loan Repayment

 Others

Others

Punished or charged for any criminal activities in the past

 YES

 NO

Supporting Documents (provided by the customer)

Photo of account holder  Obtained  Not Obtained

Photo of beneficial owner  Obtained  Not Obtained

Identification Document:  Citizenship  Passport Others \_\_\_\_\_

Address Verifying Document (Any One):  Utility Bill (Water/Electricity/Telephone Bill)  Driving License

Land Ownership Document  Rental Agreement

Letter from Local Authority  Voter ID

Employee ID (Mandatory for Govt. Officials)  N/A  Yes  No

|          |                   |                 |
|----------|-------------------|-----------------|
| Site Map | Permanent Address | Present Address |
|----------|-------------------|-----------------|

Account Holder's Signature

Note:- Any document/information if not exists, shall be declared as N/A.

**Bank's Use Only**

**Account Risk Grading:**

High Risk  Medium Risk  Low Risk

HPP/PEP

Name listed in OFAC (Office of Foreign Assets Control)?  Yes  No

Remarks / information if any: \_\_\_\_\_

Branch Manager \_\_\_\_\_  
Date: \_\_\_\_\_

**Information Update in Core Banking System & Accuity Check:**

Yes  No

Date Updated on: \_\_\_\_\_

Remarks if any: \_\_\_\_\_

CSD Staff \_\_\_\_\_  
Date: \_\_\_\_\_