

Personal Details

Customer Name : ☐ Mr. ☐ Mrs. ☐ Ms. 

First Name

Middle Name

Last Name

Date of Birth. : 

DD-MM-YYYY

Gender : ☐ Male ☐ Female ☐ Third Gender

Marital Status : ☐ Married ☐ Unmarried ☐ Other Customer Type : Public

Mobile No. : +91- Email ID :

Recent Photo  
4.5 X 3.5 cm

Maiden Name (if any) : Name of Spouse (if married) :

Name of Father : Mr. 

Title

First Name

Middle Name

Last Name

Name of Mother : Ms. 

Title

First Name

Middle Name

Last Name

Nationality : India Citizenship : India ID Type : ☐ Passport ☐ Voter Identity Card ☐ Driving Licence ☐ NREGA Card ☐ OVD - NPR

ID No. : Issued Date : Expiry Date :

Issued At : Issued By : PAN :

Political Exposure : ☐ Politically exposed person ☐ Related to politically exposed person ☐ None

Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of State / Governments , Senior Politicians /Senior Governments/ Judicials /Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc.)

Current Address Details (Same as Document address)

Address :

Village : Sub- district : District :

State : Country : PIN Code :

Other Details

Occupation : Annual Income : Educational Qualification :

Religion : ATM Card Required : ☐ Yes ☐ No

Name on ATM/ Debit Card : Cheque Book required : ☐ Yes ☐ No

e-statement required: ☐ Yes ☐ No Internet Banking required. : ☐ Yes ☐ No SMS Alerts required : ☐ Yes ☐ No

FATCA CRS Details

City/Place of Birth : Country of Birth :

Country of Tax Residence in India only and not in any other country or territory outside India :

Foreign Tax Identification No. (TIN) 1 : Country 1 of Residence for Tax purpose : TIN 1 Issuing Country :

Foreign Tax Identification No. (TIN) 2 : Country 2 of Residence for Tax purpose : TIN 2 Issuing Country :

Address in Jurisdiction where applicant is resident outside India for tax purpose

Address :

City : State : Country : PIN :

Date : 

DD-MM-YYYY

Signature of Applicant :

### Additional Details

Category : ☐ General ☐ OBC ☐ SC ☐ ST

No of Dependants :

[illegible]

**Net Worth** (approx. value). :

Organization's Name. : \_\_\_\_\_ Designation/Profession : \_\_\_\_\_

Nature of Business. : \_\_\_\_\_

Person with disability : ☐ Yes ☐ No

[illegible]

Tel.(Res).	:									STD Tel. (Off).	:								
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Date : \_\_\_\_\_  
DD-MM-YYYY

**Signature of Applicant :**