

KYC & CKYC Form - Authorised Signatory/Beneficial Owners

Holder SL.No.

CPC No.

CKYC

Customer ID

Related Person Type

☐ Authorised Signatory

☐ Beneficiary

☐ Court Appointed Official

☐ Karta

☐ Ownership

☐ Partner

☐ Promotor

☐ Proprietor

☐ Trustee

☐ Others,Please Specify

Full Name Mr/Mrs/Ms

Maiden Name (if any)

Father's Name Mother's Name

Marital Status

☐ Single

☐ Married

 Name of the Spouse

Date Of Birth Gender

☐ Male

☐ Female

☐ Transgender

Nationality Country code of Birth Place of Birth Community

Residential Status

☐ Resident

☐ Non Resident Indian

☐ Foreign National

☐ Person of Indian origin



Occupation

☐ Private Sector Service

☐ Public Sector Service

☐ Government Sector Service

☐ Business

☐ Professional

☐ Self Employed

☐ Retired

☐ Others,Specify

Annual Income (in INR)

☐ Below 1 Lac

☐ 1 to 5 Lac

☐ 5 to 10 Lac

☐ 10 to 15 Lac

☐ 15 to 25 Lac

☐ 25 Lac and above

Net Worth (in INR)
Rs. as on

Education

☐ Below SSC

☐ SSC

☐ HSC

☐ Graduate

☐ Masters

☐ Professional

Proof of Identity

Passport No

Passport Expiry Date

PAN No.

Aadhaar

Other Proof of Identity(Type)

(No.) Expiry date(if any)

Communication Address

State

PIN/ZIP

Country

Mobile

Proof of Address

Purpose of account Line of business

Any other information PEP (Politically Exposed Person) / Related to PEP / Not applicable

Permanent Address

State

PIN

Country

Email ID

FATCA/CRS Declaration (Taxation Details)

Sl No.	Country of residence for tax	Tax IDentification Number (TIN) or functional equivalent	TIN issuing Country
1			
2			
3			

Please provide address, If Sl No.1 is filled in Taxation Details

Address :

City :

State: PIN : Country:

1.I hereby certify that I am not tax resident in, or citizen of. any other country besides those listed above.2.I declare that all statements made in this Declaration are, to the best of my knowledge and belief, correct and complete.3.I undertake to advise the bank promptly of any change in circumstances, which causes the information contained herein to become incorrect and to provide the bank with a suitably updated Declaration within 30 days of such change in circumstances.4.I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this Form and to disclose to such tax authorities or such party any additional information that the bank may have in its possession.5.I certify that I am authorized (FDA holder) to sign for the individual who is the beneficial owner of all the income towch this form relates and/or am using this form to document myself as an individual who is the Account Holder. In the event if the bank is put to any hardships or claims from any authoritiesdue to any false, untrue or misleading representation/ information furnished by me as containedherein, I shall be solely liable and responsible for the same and I undertake to indemnify Bank against any loss or damage suffered by the Bank.

Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.

Place: Date:

Signature

Office Use

Documents received

☐ Self Certified

☐ True copy

☐ Notary

 Risk Category

☐ High

☐ Medium

☐ Low

Signature of Officer (Sign Code.) Signature of Branch head (Sign Code.)