

[illegible]

## Personal Details

Customer Name	<input type="text"/>																								
	<input type="text"/>																Title	<input type="text"/>							
Maiden Name (if any)	<input type="text"/>																								
Father's Name	<input type="text"/>																								
Mother's Name	<input type="text"/>																								
Mothers' Maiden Name (if any)	<input type="text"/>																								
Spouse Name	<input type="text"/>																								
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender																						
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others																						
Date of Birth	<input type="text"/>								ISO-3166 Country Code of Birth												<input type="text"/>				
Place of Birth	..... Community .....																								
<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin																						
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Other - Country Code	<input type="text"/>																						
Occupation	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Sector Service																						
	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired																					
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Other - 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

Education ☐ Below SSC ☐ SSC ☐ HSC

☐ Graduate ☐ Masters ☐ Professional

Colour Photo

Customer Signature

## Customer KYC Form - Individual

### Proof of Identity

PAN

Voter ID

UID (Aadhaar)

Driving Licence  Expiry Date.....

Passport No.  Expiry Date.....

NREGA Card No.

Other Proof of Identity (Type).....(No.).....

### Address

Preferred Address ☐ Permanent ☐ Communication ☐ Office

Proof of Address.....

Permanent Address

City

State  PIN  Country

Communication Address

City

State  PIN  Country

Office Address

City

State  PIN  Country

Emp. ID

If SIB Staff PPC

Customer Signature

## Customer KYC Form - Individual

### Contact Details

Mobile

1.

2.

Tel (1 - Res., 2 - Office)

1.

2.

Email ID 1 .....

Email ID 2 .....

Preferred: Mobile ☐ 1 ☐ 2

Tel ☐ 1 ☐ 2

Email ☐ 1 ☐ 2

### Related Person Details

Related person Type ☐ Guardian of Minor (Father) ☐ Guardian of Minor (Mother)

☐ Guardian (Legal / Court appointed) ☐ Others (Please specify) .....

Related Person's Name .....

Related Person's Customer ID ..... Related Person's Proof of identity (Type) .....

Related Person's Proof of identity (No) ..... (Expiry).....

### Foreign Residence Details

☐ Residence for Tax purposes is in jurisdiction outside India. If so, the Country Code

Tax Identification No (overseas)

Visa No..... Expiry ..... NRI Status change date .....

Overseas Address

City

State  PIN  Country

☐ Residence for Tax purposes is in more than one jurisdiction outside India. If so, the Country Code

Tax Identification No (overseas)

Visa No..... Expiry ..... NRI Status change date .....

Overseas Address

City

State  PIN  Country

Customer Signature

## Customer KYC Form - Individual

### NRE Relative Details

NRE Relative's Name .....Relationship.....

NRE Relative's Address .....

### Any other Information

☐ Politically Exposed Person (PEP)

☐ Related to PEP

### Thumb Impression Witnessing

Thumb impression of .....affixed in my / our presence

Signature of Witness 1 .....

Signature of Witness 2 .....

Name .....

Name .....

Address.....

Address.....

Mobile / Tel .....

Mobile / Tel .....

### Declaration

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 of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.

My personal / KYC details may be shared with Central KYC Registry, tax authorities / regulators both local and foreign.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Customer Signature

Place 

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Date 

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### 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.....)