

CUSTOMER INFORMATION FORM FOR INDIVIDUALS

(All fields marked with * are mandatory) and to be filled in CAPITAL LETTERS only.

Application Date

D	D	M	M	Y	Y	Y	Y
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VA. 20/06/2023.

PERSONAL INFORMATION

Title Mr. Ms. Dr. Prof. Gender* Male Female Others/Third Gender

Name

FIRST NAME	MIDDLE NAME	LAST NAME
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Maiden Name (*If any)

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Father's/ Spouse Name*

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Mother's Name

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Date of Birth*

D	D	M	M	Y	Y	Y	Y
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 Category* General SC ST OBC Others

Minor* Yes No Senior Citizen* Yes No (If yes provide age proof)

Marital Status* Single never married Married Separated Divorced Widow/Widower

Nationality*

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 No of dependents Adults Children

Religion Hindu Muslim Christian Sikh Others

 Residential status* Resident Non-Resident

Aadhar No.

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 Voter ID No.

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PAN No.*

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 Form 60 Form 61 CKYCR No.

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If not available, please attach form 60/61
Passport No

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 Passport Expiry Date

D	D	M	M	Y	Y	Y	Y
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Driving license No

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 Driving license Expiry Date

D	D	M	M	Y	Y	Y	Y
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Parents Passport No.

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 Proof of Address Proof of Identity

COMMUNICATION DETAILS* (All communications will be sent on below mentioned mobile number, email address and mailing address)

Mobile No.*

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 Residence No.

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 Office No.

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Email address

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PERMANENT ADDRESS

Address Line-1*

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Address Line-2*

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Address Line-3*

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City*

--

 District

--

 Pincode*

--

Country*

--

 State/UT*

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Census Village Code

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Supporting KYC* Aadhar Voter ID Passport Driving license

Residence Type Rented Owned Legally occupied Hostel/Paying Guest Government Quarters Company Quarters

Period of stay 0-1 Yr >1- 2 Yr >2-3 Yr >3-5 Yr >5-10 Yr >10-20 Yr >20-50 Yr >50Yr

CURRENT (RESIDENT) ADDRESS Tick if same as Permanent Address

Address Line-1*

--

Address Line-2*

--

Address Line-3*

--

City*

--

 District

--

 Pincode*

--

Country*

--

 State/UT*

--

Census Village Code

--

Supporting KYC* Aadhar Voter ID Passport Driving license

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COMMUNICATION ADDRESS Tick if the same as Permanent Address Current Address

Address Line-1*

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Address Line-2*

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City*

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 District

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 Pincode*

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Country*

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 State/UT*

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Census Village Code

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