

ADDITIONAL DETAILS

Qualification : Illiterate Non Graduate Graduate Post Graduate Others.....

Occupation Type: Salaried Self-employed Business Retired Student Others.....

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

Income : ₹..... Monthly / Annually

Accommodation : Own Rental Employer provided Ancestral/ Family Others.....

Vehicle Owned : Car Two wheeler Others

Source of funds : Salary Business Income Agriculture Investment Inheritance Rent Pension

Fund of family members other please specify

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I may be held liable for it.

Place :

Date :

Name & Signature of the applicant

Verified all documents attached with originals and the correctness of the information furnished above, as per KYC guidelines.

Clerk / Accountant

Branch Manager

SERIAL No.

REMARKS	<p>For Branch use only</p> <p>Customer ID</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <p>Name:</p> <p>Risk Category <input type="checkbox"/> LOW <input type="checkbox"/> MEDDIUM <input type="checkbox"/> HIGH</p>												
SPECIMEN SIGNATURE	Place												
SPECIMEN SIGNATURE	Date Authorised Signatory Branch Manager												
SPECIMEN SIGNATURE													