

KYC FORM FOR INDIVIDUAL CUSTOMER

Account Number

Date: _____

Account Holder's Name:		PAN No.	
Date of Birth:	Citizenship / ID No.:	Issuing Office & Date:	
Gender:	Passport No.:	Issuing Office & Date:	
Nationality: <input type="checkbox"/> Res. <input type="checkbox"/> Non Res.	Marital Status:	Occupation:	
Phone No.:	Mobile No.:	PO Box:	
E mail:			
Present Address		Permanent Address	
Ward No.: _____		Ward No.: _____	
Tole: _____		Tole: _____	
House No.: _____		House No.: _____	
District: _____		District: _____	
In case of Non Residence		Beneficial Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	
NRN ID (If applicable): _____		If Yes,	
Foreign Address: _____		Beneficial Owner Name: _____	
Country: _____ City/State _____		Address: _____	
Contact No.: _____		Relation: _____	
Visa: _____		Contact No.: _____	
Visa Expiry Date: _____			

Family Member:

SN	Relation	Name & Surname	Citizenship No.*	Issuing Office*	Date of issue*
1	Spouse				
2	Father				
3	Mother				
4	Grandfather				
5	Grandmother				
6	Son				
7	Daughter				
8	Daughter in Law (son's wife)*				
9	Father in Law (of married women)*				

*not compulsory for low risk customers

Occupation/Business:

SN	Name of Firm/Company/Office	Address	Web Site	Post	Annual Income
1					
2					
3					
4					

HPP/PEP/NF2F: Yes No If yes, remark on affiliation:

Expected Yearly Turnover: Less than 5 Lakhs Less than 50 Lakhs >50 Lakhs

Expected Monthly Transaction: Less than 15 Lakhs Less than 25 Lakhs >25 Lakhs

Purpose of Account: Remittance Savings Business Others

Source of fund: Salary Remittance Investment Sale of Asset
 Donation Borrowings Loan Repayment Others (Please Specify) _____

Punished or charged for any criminal activities in the past Yes No

Supporting Documents (provided by the customer)

- | | | | |
|---|--|--|--|
| Photo of account holder | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not obtained | |
| Photo of beneficial owner | <input type="checkbox"/> Obtained | <input type="checkbox"/> Not obtained | |
| Identification Document | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Passport | <input type="checkbox"/> Others _____ |
| Address verifying document (Any one) | <input type="checkbox"/> Utility Bill (Water/Electricity/
Telephone Bill) | <input type="checkbox"/> Driving License | <input type="checkbox"/> Land ownership document |
| | <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> letter from local authority | <input type="checkbox"/> Voter ID |
| Employee ID (Mandatory for Govt. Officials) | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Site Map Permanent Address Present Address

I/We hereby declare that all the information & documents provided to the bank are true & Correct.

Right	Left

Thumb Impression

Account Holder's Signature

Note: Any document/information if not exists, shall be declared an N/A.

Bank's Use Only

<p>Account Risk Grading:</p> <p><input type="checkbox"/> High Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk</p> <p><input type="checkbox"/> HPP/PEP</p> <p>Name listed in Sanction</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks / information if any:</p> <p>Branch Manager</p> <p>Date:</p>	<p>Information Update in Core Banking System & accuity Check:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Updated on: _____</p> <p>Remarks if any:</p> <p>_____</p> <p>CSD Staff</p> <p>Date</p>
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