



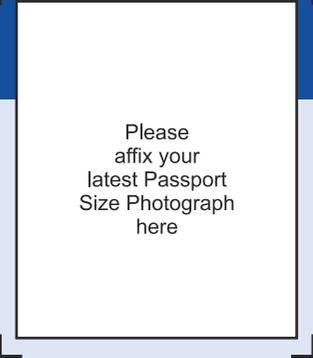
The Kalupur Commercial Co-op. Bank Ltd.

SINCE : 1970

Multi State Scheduled Bank

Head Office : 'Kalupur Bank Bhavan', Nr. Income-Tax Circle, Ashram Road, Ahmedabad 380009
27582020 to 26 info@kalupurbank.com www.kalupur.bank.in

CUSTOMER FORM-INDIVIDUALS



Please affix your latest Passport Size Photograph here

For Office use only : CIF ID : CKYC No. :

Branch Name : Branch Code :

Please Select title as applicable Miss Mr Mrs Sir / Madam

First

Middle

Last

1. Full Name :

Father/Spouse Name:

Mother Name :

Maiden Name :

2. Gender : Male Female Transgender

3. Date of Birth : DD MM YYYY 4. Place of Birth :

5. Minor Declaration Guardian : CIF ID : CKYC No.

Type of Guardian : Father Mother Court Appointed (Enclose copy of court order)

Full Name of Guardian Mr. Ms.

I hereby declare that the date of birth of the minor who is my _____ is ____ / ____ / ____ and I am his / her natural and lawful guardian / guardian appointed by court order, dated ____ / ____ / ____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I shall indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

6. Resident Status : Resident Non Resident Foreign National Person of Indian Origin

If Non-resident, date of Non-resident : DD MM YYYY

7. Politically Exposed Person (PEP) / Related to PEP : No Yes

8. Types of Impairment/Disability : Physical Visual/Hearing Mental Intellectual Multiple Other % of Impairment/Disability : UDID Number :

9. Constitution : Individual Minor

10. PAN : 10 A. AADHAR NO. : XXXXXX

11 A. Mailing / Local / Correspondence / Current Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub-Division

Town / City / District

State / Union Territory Pincode / Zip code Country Name

11 B. Permanent / Local / Foreign / Current Address Same as above

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub-Division

Town / City / District

State / Union Territory Pincode / Zip code Country Name

12. Mobile 1: Mobile 2: Fax:

Office : Residence :

13. Email : @

14. Document Details :

Sr.	Type of Doc.	Doc. No.	Place of Issue	Date of Issue	Valid up to	Issuing Authority	I/ A/ I+A
1	Aadhar Card No						
2	PAN						
3	Passport						
4	Voter ID						
5	Driving License						
6							
7							

(I = Identity Proof, A= Address Proof, I+A=Identity & Address Proof)

15. Nationality : _____

16. Cast : Hindu Jain Muslim Parsi Christian Sikh Buddhist Bhaihai Zoroastrian Other _____

17. Marital Status : Single Married Other _____

18. Qualification : Under SSC SSC HSC Graduate Masters Professional

Name of School/University : _____

19. Occupation : Private Sector Service Public Sector Government Sector Self-Employed Retired House wife
 Pensioner Student Unemployed Other _____

If Self-Employed: Doctor Engineer CA/CS Businessman Investor Architects Advocate Other _____

Name and Address of firm / Company : _____

Date of Incorporation or in the business since : _____

If Employed : Designation : _____ Name of Employer : _____

20. Expected Annual Income : _____

21. Average Annual Turnover : _____ Net Worth (As on: DD:MM:YYYY)Rs. _____
 (only for self employed)

22. Please Provide details of Account /Credit Facilities with other banks.

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

I certify and declare that the information furnished herein are correct to the best of my knowledge and belief. 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.

I hereby declare that there is no change in existing status of my KYC and Address information which was provided at the time of opening the account/last KYC updation and give my consent to use this customer form to complete REKYC (Periodic Updation).

I authorise, The Kalupur Commercial Co-op. Bank Ltd. & give my consent to use, update, share and download my KYC/Personal details with Central KYC registry. I declare that provided mobile number belongs to me or my immediate family member. I also agree for verification of the mobile number by bank with the MNRL (Mobile Number Revocation List) or any other database under any other prevailing Act in whatsoever manner. I understand that the bank may take appropriate action if any discrepancies are found.

Customer Signature : _____ Date : DD:MM:YYYY

For Office Use Only :

Classification : Low Medium High Date DD:MM:YYYY

I hereby certify that this customer opening form is complete in all respect and relevant documents have been obtained and verified with original documents.

Enclosure details by Branch :

No. of KYC Documents enclosed : _____ (Self Certified True copies Notarised)

CPC request No. : _____

Name : _____ Employee ID : _____

Designation : _____ Signature : _____