THE AKOLA URBAN CO-OPERATIVE BANK LTD., AKOLA

{Multistate Scheduled Bank}

Know Your Customer (KYC) Form / Customer Information Form (CIF) for Individual

Branch Name: _____ Branch Number: _____

Customer ID: _____ CKYC Number: _____

Please (✓) tick the appropriate boxes

Application Type: ☐ New ☐ Update Date : _____

Applicant Type : ☐ General ☐ Sr. Citizen ☐ Minor ☐ Staff ☐ HUF

Gender : ☐ Male ☐ Female ☐ Transgender

Customer Name: (In Marathi/Hindi) _____

Customer Name: (In English) _____
First Name Middle Name Last Name

Maiden Name : _____

Guardians Name & Type (In case of minor): _____

Fathers Name : _____

Mothers Name : _____

Spouse Name : _____

Nationality / Citizenship : ☐ Indian ☐ Other (Specify) _____

PAN : _____ If No PAN : ☐ Form 60 ☐ Form 61

DOB as per PAN: _____ Aadhar Number: _____

Voter ID : _____ Driving License : _____

Passport : _____ Other OVD : _____

Mobile Number : _____ Alternate Mobile No. : _____

Email ID : _____

Residence type : ☐ Owned ☐ Parental / Ancestral ☐ Rented / Leased ☐ Other _____

Address for correspondence: _____

_____

_____ City/Town/Village _____

Tahasil _____ District _____

Pin Code _____ State : ☐ Maharashtra ☐ Madhya Pradesh ☐ _____

Permanent Address: (If Different from above) _____

_____

_____ City/Town/Village _____

Tahasil _____ District _____

Pin Code _____ State : ☐ Maharashtra ☐ Madhya Pradesh ☐ _____

Other Information

Religion	☐	Hindu	☐ Muslim	☐	Sikh	☐	Christian
	☐	Jain	☐ Buddhist	☐	Other	☐	_____
Category	☐	Scheduled Castes	☐ Scheduled Tribes	☐	Backward Class	☐	Other Backward Class
	☐	VJ / NT	☐ SBC / SEBC	☐	General / Open	☐	_____
Marital Status	☐	Unmarried	☐ Married	☐	Divorced	☐	Widow/ Widower
Source of Income	☐	Salary	☐ Business	☐	Investment	☐	Agriculture
	☐	Parental	☐ Family Wealth	☐	Pension	☐	Professional Fees
Occupation	☐	Salaried	☐ Business	☐	Professional	☐	Agriculture
	☐	Retired	☐ Housewife	☐	Student	☐	Unemployed
	☐	Politician	☐ _____	☐	_____	☐	_____
Annual Income	☐	< 1 Lakh	☐ 1 to < 3 Lakhs	☐	3 to < 5 Lakhs	☐	5 to < 10 Lakhs
	☐	> 10 Lakhs	☐	☐		☐	
Education	☐	Illiterate	☐ Below 10th	☐	SSC (10th)	☐	HSC (12th)
	☐	Diploma	☐ Graduate	☐	Post Graduate	☐	Other _____
Person with disability	☐	No	☐ Yes (If Yes)	☐	Visually impaired	☐	Physically Challenge
(PWD) दिव्यांग व्यक्ती				☐	Specially abled	☐	_____
Share Holder	☐	No	☐ Yes (If Yes)				
Membership Number		_____	Amount of share		_____		
Utilization Details	☐	Own House	☐ House on rent	☐	Two wheeler	☐	Four Wheeler
	☐	Mobile	☐ Computer	☐	Television	☐	Air condition
Dependent Member		No of Adult	☐ No of Children	☐			
Dealing with other Bank	☐	No	☐ Yes (If Yes)	Bank Name : _____			
				Account Type : _____			

Are you a Politically Exposed Person or related to one? ☐ No ☐ Yes

Are you a tax resident in any country other than India? ☐ No ☐ Yes (If Yes, please fill the FATCA/CRS declaration form separately)

Customers Declaration :

1) I hereby confirm that I agree to abide by the terms, conditions, rules & regulations and other statutory requirements applicable to the bank. I hereby declare that the particulars/information given above are true, correct and complete to the best of my knowledge and belief. The documents submitted along with this form are genuine. I undertake to inform you of any change therein immediately. I hereby agree to provide any additional information/documentation that may be required by the Bank in connection with this form.
2) In case the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable for it.
3) I am aware that my Personal KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address.
4) I agree to comply with KYC norms and provide additional documents, if required.
5) I confirm that I have read & understood the above Declaration and that the details provided on the form are correct and all the terms and conditions, processes and alternatives have been explained to me in local language as well.

Place: _____

Date : _____

Signature/Thumb of Applicant

For Office Use Only

1)	Applicant interviewed :		☐ Yes	☐ No	
2)	Particulars of identification & address are obtained :		☐ Yes	☐ No	
3)	All obtained KYC documents are verified from originals :		☐ Yes	☐ No	
4)	Document Received	☐ Self Attested ☐ True Copies	☐ Notery	☐ Other (Specify) _____	
5)	Risk Category	☐ Low ☐ Medium	☐ High	☐ Other (Specify) _____	

Place: _____

Date : _____

Enter Date, Name, Designation, Sign & Stamp of the verifying Br. Official