



**Occupation:**  Employee  Self-Employee  Student  
 Business  Others, Please Specify: .....

**Nature of Business:**  Trading  Industry  Service  Others, Please Specify: .....

**Name, Designation & Address of the Office Currently Working/Which You Own**

S.N.	Name of Organization	Address	Designation	Estimated Annual Income/Remuneration
1				
2				
3				
	Other Income Source			

**Total Annual Turnover if involved in Business**

Up to 1M  Up to 5M  Up to 10 M  Up to 50 M  Up to 100 M  
 Up to 200 M  Above 200 M

**Estimated Transaction Volume in the account per year (Sum of Debit & Credit)**

Up to 1M  Up to 2.5M  Up to 5 M  Up to 10 M  Above 10 M

**Estimated Number of Transaction in the account per year (Sum of Debit & Credit)**

Up to 25 transaction  Up to 50 Transaction  Up to 100 transaction  200 & above transaction

**Account with other Banks or Financial Institution**  No  Yes, Name of BFI .....

**Have you been charged for any criminal offense in the past ?**  No  Yes

**Do you have Beneficial Owner ?**  No  Yes

If yes, Name of Beneficial Owner name and relationship with you

Name: ..... Relation .....

(Beneficial Owner is also required to fill separate KYC Form)

**Are you politically exposed person (PEP), or associate of PEP ?**  No  Yes

**Are you a U.S. Resident, Citizen or Green Card Holder ?**  No  Yes

If yes, Please provide self-declaration in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA)

**Location Map of your Present Residence from nearest prominent landmark**

N

*I hereby declare that the information furnished above and document provided to the Bank are true & correct and I take the responsibility in case of any false information and documents. I hereby confirm that the transactions conduct in the account is not connected with the terrorism, drug trafficking, human trafficking, organized crime and other illegal activities. I hereby agree to notify the bank within 30 days in case of any changes in above mention information and provided documents and I take the responsibility for any consequences arising out of the same.*

**Thumb Impression**

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Right

Left

Account Holder Signature

Date:

**For Bank's Use**

Name check in UN Sanction/OFAC/Available PEP List:  Yes  No  
 Multiple same natures of account & Multiple Customer ID Check:  Yes  No  
 Account Risk Grading:  High Risk  Medium Risk  Low Risk

Information Update in Core Banking system  
 Yes  No  
 Update Date:.....  
 Account Next Review Date: .....

Remarks/Information if any:

.....  
Checked By

.....  
Reviewed By