KNOW YOUR CUSTOMER

M.NO:

1) NAME:

PHOTO

2) S/O,D/O,W/O:

3) ADDRESS:

4) PAN NO: FORM NO 60/61

5) AADHAR NO:

6) PH. NO: MOB.NO:

7) DOB: AGE:

8) EDUCATIONAL QUALIFICATION:

9) OCCUPATION: (Service/Retired/Self-employed/Home maker/Others specify)

10) ANNUAL INCOME:

11) REFRENCE:

a) b)

MOB. NO: MOB.NO:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE ARE TRUE AND I HAVE SUBMITTED ALL THE NECESSARY DOCUMENTS TO THE SOCIETY AS REQUIRED.

PLACE:

DATE: SIGNATURE

FOR OFFICE USE:

CERTIFIED THAT ALL THE DOCUMENTS SUBMITTED BY THE PARTY WERE COMPARED WITH THE ORIGINALS AND THE DOCUMENTS SUBMITTED BY THEM/HIM/HER ARE ADEQUATE TO COMPLY WITH THE KYC NORMS.

BRANCH MANAGER