



CUSTOMER IDENTIFICATION FORM

* 1. Name of Customer : Mr. Mrs. Ms.
 Type of Customer : General Staff Retired Staff Senior citizen

* Member No: _____

2. Date of birth _____ Age _____ Male Female

3. Marital Status : Married Single
 If Married details of spouse Widow Divorced Others

Name Date of birth

Occupation

4. Educational Qualifications

Illiterate Pre matriculate Matriculate Intermediate Graduate Post Graduate
 Professional Others

* 5. Occupation

Student Salaried Self Employed Business Retired Daily Wages

Agriculturist Ex-Serviceman House wife Others

If Professional / Self employed

Doctor Engineer Lawyer CA Others

6. Present Accommodation

Own Rental Employer provided Ancestral/ Family Others

7. Name of Father Name of Mother

Occupation Occupation

8. Permanent Address

.....
 Pin Code

Present Address

..... Pin Code

Official Address

..... Pin Code Tel. No. Res: Office

Mobile No.

Email ID

9. Physically Handicapped Yes No

10. ADHAR No. _____ VOTER ID CARD No _____

GIR/ PAN No. _____ or Form 60 Form 61

11. Religion Hindu Muslim Christian Others

12. Community SC ST OEC OBC Others

13. Identity Proof Attached PAN Card Aadhar Passport Photo ID Card

Voter ID Card Driving Licence Govt. /Defense ID Card Employee Card

Identity Proof No. Issued at Issued Dt. Exp. Dt.

Identity Proof No. Issued at Issued Dt. Exp. Dt.

Identity Proof No. Issued at Issued Dt. Exp. Dt.

14. Address proof ADHAR Electricity Bill Telephone Bill Ration Card Salary slip
 Bank Account statement Credit Card Statement Others

15. Vehicles Owned Two wheeler Car Others

16. Source of Funds

17. Monthly Income

Upto Rs. 5,000 Above 5,000 upto 10,000 Above 10,000 Upto 25,000
 Above 25,000 Upto 50,000 Above 50,000 Upto 1,00,000 Above 1,00,000 Upto 2,00,000
 Above 2,00,000

18. Annual Turn Over

19. Dealing with other Banks

Name of the Bank and Branch	Type of Account / Facility			
A.	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> OD/CC	<input type="checkbox"/> Loan
B.	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> OD/CC	<input type="checkbox"/> Loan
C.	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> OD/CC	<input type="checkbox"/> Loan

20. Existing credit facility in Mayyil Service Co-op: Bank

Agr. Loan Personal Loan Car Loan Business Loan
 Edu. Loan Housing Loan Consumer Loan Gold Loan

21. Total Assets (in lacs)

Total Liabilities (in lacs)

House / Flat

OD/CC

Landed property

Bank Loan

Jewels

Private borrowings

Shares

Vehicles

Others

Total

I hereby declare that the information furnished above by me is true to the best of my knowledge and belief.

Place

Date

Name & Signature of the applicant

<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 100px; display: flex; align-items: center; justify-content: center;"> (Photography) </div>	<p>For Branch use only</p> <p>CUSTOMER ID <input style="width: 100px; height: 15px;" type="text"/></p> <p>RISK CATEGORY <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH</p>
<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 30px; display: flex; align-items: center; justify-content: center;"> Specimen Signature </div>	<p>Verified all documents attached with originals and the correctness of the information furnished above, as per KYC/AML guidelines.</p>
<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 30px; display: flex; align-items: center; justify-content: center;"> Specimen Signature </div>	
<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 30px; display: flex; align-items: center; justify-content: center;"> Specimen Signature </div>	
<p>Place _____</p> <p>Date _____</p>	<p style="text-align: center;">Authorized Signatory _____</p> <p style="text-align: center;">Branch Manager _____</p>