TO BE FILLED IN BLOCK LETTERS

MODEL CO-OP. BANK LTD.

CUSTOMER PROFILE (FOR INDIVIDUALS)

(TO BE OBTAINED FROM CUSTOMER AT THE TIME OF OPENING OF AN ACCOUNT OR DURING KYC UPDATION)

*CUSTOMER NO. DATE

GROUP CUSTOMER NO.

CKYC IDENTIFIER NUMBER ALLOTTED

*GENDER : ☐ MALE ☐ FEMALE ☐ TRANSGENDER

	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME
*NAME MR./MRS./MISS/ (Name should tally with ID Proof)				
*MAIDEN NAME (OPTIONAL)				
**MOTHER NAME				
**FATHER/SPOUSE NAME				

FATHER'S NAME REQUIRED COMPULSORILY WHERE FORM 60 IS PROVIDED.

*ADDRESS : PERMANENT PIN CODE

*ADDRESS : LOCAL PIN CODE

*DATE OF BIRTH : *MARITAL STATUS : ☐ MARRIED ☐ UNMARRIED ☐ OTHERS

*TEL NUMBER : (MOBILE) LANDLINE

E-MAIL: PAN / FORM 60

*OCCUPATION TYPE: (ANY ONE)

1) SERVICE ☐ PRIVATE SECTOR ☐ PUBLIC SECTOR ☐ GOVT. SECTOR DESIGNATION :

2) OTHERS

A) ☐ SELF EMPLOYED (DETAILS - ELECTRICIAN / PLUMBER / OTHER)

B) RETIRED / HOUSEWIFE / STUDENT / OTHER

C) ☐ PROFESSIONAL : DOCTOR/ARCHITECT/CA/CS/I.T./ENGINEER/LAWYER/OTHER

D) ☐ BUSINESS: I) (PRODUCT/MFR/TRDG/CONSULTANCY/SERVICE PROVIDER/OTHER

II) PRODUCT / SERVICE

ANNUAL INCOME : RS.

3) FATCA DECLARATION : IS YOUR COUNTRY OF TAX RESIDENCY OTHER THAN INDIA - YES/NO.

IF YES, SPECIFY THE COUNTRY OF TAX RESIDENCY

TAX PAYER IDENTIFICATION NUMBER

IDENTIFICATION TYPE (TIN OR OTHER)

I HEREBY DECLARE THAT THE ABOVE INFORMATION FURNISHED ABOVE BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE.

NAME : SIGNATURE :

ON BEHALF OF # IN CASE OF MINOR'S ACCOUNT

*MANDATORY **ANY ONE

FOR OFFICE USE

RECEIVED AND CBS UPDATED BY :

NAME DESIGNATION

SIGNATURE DATE

AUTHORISED BY: NAME DESIGNATION

SIGNATURE DATE