



# The Kalupur Commercial Co-op. Bank Ltd.

SINCE : 1970

Multi State Scheduled Bank

Head Office : 'Kalupur Bank Bhavan', Nr. Income-Tax Circle, Ashram Road, Ahmedabad 380014  
27582020 to 26 info@kalupurbank.com www.kalupurbank.com

## CUSTOMER FORM - CORPORATE

For Office use only :	KYC No. :
Branch Name :	Branch Code : CIF ID :

1. Full Name :
2. Constitution : ☐ Proprietor ☐ Partnership ☐ Private Ltd. ☐ Public Ltd. ☐ HUF ☐ LLP ☐ Trust ☐ Association  
☐ Co-Operative Soc. ☐ Bank ☐ Financial Institutions ☐ Gov. PSU ☐ Liquidator ☐ FPI Category I  
☐ FPI Category II ☐ FPI Category III ☐ Other
3. Contact Person Name :  
Phone No. :
4. Registration No. :
5. Date of Incorporation : D D M M Y Y Y Y
6. Business Commencement Date : D D M M Y Y Y Y
7. PAN :
7. a) Place of Incorporation/Formation
8. Average Annual Turnover :
9. Expected Annual Income :
10. Nature of Business :
11. Document Details :

Sr.	Type of Doc.	Doc. No.	Place of Issue	Date of Issue	Valid up to	Issuing Authority
1						
2						
3						
4						
5						
6						
7						

12 A. Registered Address:

City : State : Postal Code : Country :

12 B. Mailing / Local Address ☐ Same as above

City : State : Postal Code : Country :

13. Mobile 1: Mobile 2: Fax:

Office : Residence :

14. Email : @

### 15. Name of the Proprietor / Partners/ Directors/ Karta / Authorized Signatories to Operate A/c

Sr.	Name	Relation	CIF ID
1.			
2.			
3.			
4.			
5.			

18. Please provide details of Account / Credit Facilities with other banks.

I/we certify and declare that the information furnished herein is correct to the best of my/our knowledge and belief. I/we undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.

I/we authorise, The Kalupur Commercial Co-op. Bank Ltd. & give my/our consent to use, update, share and download my/our KYC/Personal details with Central KYC registry. I/we declare that provided mobile number belongs to me/us or my/our immediate family member. I/we also agree for verification of the mobile number by bank with the MNRL ( Mobile Number Revocation List ) or any other database under any other prevailing Act in whatsoever manner. I/we understand that the bank may take appropriate action if any discrepancies are found.

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Date : DDMMYY

[illegible]

Signature : \_\_\_\_\_