



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-INDIVIDUALS

Please
affix your
latest Passport
Size Photograph
here

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

Please Select title ☒ as applicable ☐ Miss ☐ Mr ☐ Mrs ☐ Sir / Madam

First

Middle

Last

1. Full Name :

Father/Spouse Name:

Mother Name :

Maiden Name :

2. Gender :

☐

Male

☐

Female

☐

Transgender

3. Date of Birth :

DD MM YYYY

4. Place of Birth :

5. Minor Declaration Guardian : CIF ID :

CKYC No.

Type of Guardian :

☐

Father

☐

Mother

☐

Court Appointed (Enclose copy of court order)

Full Name of Guardian ☐ Mr. ☐ Ms.

I hereby declare that the date of birth of the minor who is my _____ is _____ / _____ / _____ and I am his / her natural and lawful guardian / guardian appointed by court order, dated _____ / _____ / _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I shall indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date :

DD MM YYYY

(Signature of Guardian)

6. Resident Status : ☐ Resident ☐ Non Resident ☐ Foreign National ☐ Person of Indian Origin

If Non-resident, date of Non-resident :

DD MM YYYY

7. Politically Exposed Person (PEP) / Related to PEP : ☐ No ☐ Yes

8. Physically Challenged : ☐ No ☐ Yes

9. Constitution : ☐ Individual ☐ Minor ☐ Basic Individual

10. PAN :

XXXXXXXXXX

10 A. AADHAR NO. :

XXXXXXXXXX

11 A. Mailing / Local / Correspondence Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub-Division

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

11 B. Permanent / Local / Foreign Address

☐

Same as above

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub-Division

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

12. Mobile 1:

Mobile 2:

Fax:

Office :

Residence :

13. Email :

@

14. Document Details :

Sr.	Type of Doc.	Doc. No.	Place of Issue	Date of Issue	Valid up to	Issuing Authority	I/ A/ I+A
1	Aadhar Card No						
2	PAN						
3	Passport						
4	Voter ID						
5	Driving License						
6							
7							

(I = Identity Proof, A= Address Proof, I+A=Identity & Address Proof)

15. Nationality : 16. Cast : ☐ Hindu ☐ Jain ☐ Muslim ☐ Parsi ☐ Christian ☐ Sikh ☐ Buddhist ☐ Bhahai ☐ Zoroastrian ☐ Other _____17. Marital Status : ☐ Single ☐ Married ☐ Other _____18. Qualification : ☐ Under SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ ProfessionalName of School/University : 19. Occupation : ☐ Private Sector Service ☐ Public Sector ☐ Government Sector ☐ Self-Employed ☐ Retired ☐ House wife
☐ Pensioner ☐ Student ☐ Unemployed ☐ Other _____If Self-Employed: ☐ Doctor ☐ Engineer ☐ CA/CS ☐ Businessman ☐ Investor ☐ Architects ☐ Advocate ☐ Other _____

Name and Address of firm / Company : _____

Date of Incorporation or in the business since : _____

If Employed : Designation : Name of Employer : 20. Expected Annual Income : 21 Average Annual Turnover : Net Worth (As on)Rs.

22. Please Provide details of Account /Credit Facilities with other banks.

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

I certify and declare that the information furnished herein is correct to the best of my knowledge and belief. I 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 am aware that I may be held liable for it.

I hereby declare that there is no change in existing status of my KYC and Address information which was provided at the time of opening the account/last KYC updation and give my consent to use this customer form to complete REKYC (Periodic Updation).

I authorise, The Kalupur Commercial Co-op. Bank Ltd. & give my consent to use, update, share and download my KYC/Personal details with Central KYC registry. I declare that provided mobile number belongs to me or my immediate family member. I 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 understand that the bank may take appropriate action if any discrepancies are found.

Customer Signature : _____

For Office Use Only :Classification : ☐ Low ☐ Medium ☐ HighDate

I hereby certify that this customer opening form is complete in all respect and relevant documents have been obtained and verified with original documents.

Enclosure details by Branch :No. of KYC Documents enclosed : (☐ Self Certified ☐ True copies ☐ Notarised)CPC request No. :

Name : _____

Employee ID : _____

Designation : _____

Signature : _____