



Mahatma Fule Urban Cooperative Bank Ltd. Amravati

Know Your Customer (KYC) Application Form For - Individual Customer

Application Type : New Update CKYC Number :

Customer ID No. :

Customer Type : General Customer Senior Citizen Women HUF
 Physically Disabled Person * Minor Child

Account No. :

PHOTOGRAPH
Please affix your recent passport size Color photograph and sign across it

(Please fill this form in **ENGLISH** and in **Capital Letters.**)

A. IDENTITY DETAILS

*Full Name of the Applicant : Mr. Mrs. Smt. Miss / Ku.

Surname First Name Middle Name

*Father's / Spouse Name (Full Name) : Mr. Mrs.

Surname First Name Middle Name

*Mother's Name (Full Name) : Mrs. / Smt.

Surname First Name Middle Name

B. CONTACT DETAILS

*Mobile No. Phone No.

Email Id :

C. *ADDRESS DETAILS

1. Permanent Address : _____

City / Village : _____ TQ : _____ Dist : _____
State : _____ Country : _____ Pin Code:

2. Correspondence Address : _____

City / Village : _____ TQ : _____ Dist : _____
State : _____ Country : _____ Pin Code:

PROOF OF PERMANENT ADDRESS : UID Aadhaar Card Voter ID Ration Card *Passport
 *Driving Licence *Latest Electricity Bill Registered Lease Agreement *Latest Telephone Bill
 *Latest Gas Bill Others : _____
(Any One of the valid documents, *Not more than 3 months old) Validity Date of Proof

D. PERSONAL DETAILS

3	a. *PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b. UID Aadhaar No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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6. Specify the proof of Identity submitted : UID Aadhaar Passport Voter ID Driving Licence
 PAN Card Others (Please Specify) : _____

1.	a. *Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	b. Marital <input type="checkbox"/> Single Status : <input type="checkbox"/> Married <input type="checkbox"/> Divorcee <input type="checkbox"/> Widowed	c. *Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d. Place of Birth : <input type="text"/>
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2	*Status : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)	*Nationality : <input type="checkbox"/> dian <input type="checkbox"/> Other _____
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4. *Occupation : (please tick any one and give brief details)	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> State / Central Government Service <input type="checkbox"/> Business / Professional <input type="checkbox"/> Agriculturist / Farmer <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others : _____
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5 *Annual Income : Details (please specify)	<input type="checkbox"/> Below Rs 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> Above 25 Lakhs
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6. Education :	<input type="checkbox"/> Non Matric <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate
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7. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person

8. *Riligion: <input type="text"/>	Category : <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> NT <input type="checkbox"/> Other (Please Specify): _____
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9. Any other information: _____

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and 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 am/we are aware that I/we may be held liable for it.

Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place : _____	*Signature of Applicant <input type="text"/>
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FOR OFFICE USE ONLY

<input type="checkbox"/> (Originals Verified) True copies of documents received <input type="checkbox"/> (Self-Attested) Self Certified Document copies received (.....) Signature of the Authorised Signatory Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	For, Mahatma Fule Ur. Coop Bank Ltd. Seal / Stamp of the intermediary
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