ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUAL (PART -I) CUSTOMER INFORMATION SHEET (CIF Creation/Amendment) (In case of joint accounts, Part -I(CIF Sheet) to be taken for each customer)  Branch Name:  Branch Name:
Fields marked asterix (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature  (For office use only)  Customer ID: Application type: New Update  Bank/Branch to affix rubber stamp of name and code no.
Account No.:  Account type: Normal Small (For low risk customers)  CKYC No.: (Mandatory for CKYC update request)
Existing Customer ID: (If applicable)
Name*:
Date of Birth*: D D M M Y Y Y Y Gender* Male Female Transgender Marital Status* Married Unmarried Others  Prefix  Name of Fight Of the Control of Figh
Name of Father/Mother
No. of Dependents No. of Dependents No. of Dependents
Illiterate
2 Contact Details (All communications will be sent on provided Mobile No./Email-ID)
Mobile No.  Alternate Mob. No.  S T D Tel.(Off): Tel.(Res):  Tel.(Res):
3 Proof of Identity/Address (Please tick the appropriate Box (any one ID type) and give details)*  A-PASSPORT B-VOTER'S IDENTITY CARD C-DRIVING LICENCE D-UID(AADHAR) ANY OTHER
E-NREGA JOB CARD F-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME & ADDRESS  S- Simplified Measures Account Document (Type code)  Document code Description  Ol Identity card with applicants photograph issued by Central/State Government Departments, Statutory/Regular authorities/Public sector undertakings, scheduled commercial banks and public financial institutions
O2 Letter issued by a gazetted officer, with a duly attested photograph of the person
Document No/Identification Number*  Issue Date:*  D D M M Y Y Y Y Expiry Date (If applicable):*  D D M M Y Y Y Y Y

4 Address details   Current   Permanent   Overseas
Address type* Residential/Business Residential Business Registered Office Unspecified
Address*
City/Village*: District*: District*:
State:* Pin:*
5 Address details   Correpondence   Local   Same as Current/Permanent Address
Address type* Residential/Business Residential Business Registered Office Unspecified
Address*
City/Village: District*:
State:* Pin:*
6 If the Proof of Address(OVD) provided does not contain current address-please provide any of the documents below.
Utility Bill PPO/FPPO Property or Municipal tax receipt
Letter of allotment of accomodation issued by employer/issued by State or Central Government departments, statutory or regulatory bodies, Public sector
undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accomodation.
Document No Date: D D M M Y Y Y Y
7 DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION
I have read the copy of Terms and Conditions of the Account Opening given to me. The Terms and Conditions have been explained to me/us and
having understood, I accept the same.
1 I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002
2 I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address
through biometric authentication to the Bank YES NO
PHOTO*
Signature/Thumb impression of the Applicant
Please Paste
Recent passport Size
(Do not Staple)
Place: D D M M M Y Y Y Y
0 FOR OFFICE LISE/ATTESTATION Decomposite associated Californified True comics Nature
8 FOR OFFICE USE/ATTESTATION Documents received Self certified True copies Notary
Whether self-certification & documents received as part of account opening process have been verified and found correct YES/NO (Branch to proceed with opening only when certification is (YES))
Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)
Depositor is Illiterate Blind Staff S T A F F P F Risk Category:* High Medium Low
Details of one or two identification marks, if any, such as a mole or scar (mandatory for illiterate applicant)
In person verification carried out and Signature/LTI of the applicant verified by:
Official Name:  PF No: S T A F F P F Designation
Date: d d m m y y y y SS No Signature