

KNOW YOUR CLIENT (KYC) APPLICATION FORM

Please fill this form in ENGLISH and in BLOCK LETTERS.

1. Account Name: A/C No.

--	--	--	--	--

2. Occupation: Name of Occupation
Occupation Details, if Service or Others:
If Business, Name of Business:
Name of Product: Business Area

3. Expected Yearly Deposit & Withdrawal: - Individual

--

Company

--

4. Source of Income / Fund: - Individual

--

 Company

--

5. Whether verification of identity of the client has been satisfactorily completed: Yes No

6. Whether the address of the customer is verified? Yes No

7. If the answer is yes, how the address was verified?

8. Politically Exposed Persons (PEPs):
a) Whether approval was taken from senior Management? Yes No
b) Source of asset
c) Whether interview of the customer was taken in person: Yes No

9. If company, Name of account operator:
Position in the Company:
(Relationship with the Company)

10. Detail information of principal beneficial / influential person (Information on share holders / Directors who hold 20% or more shares in the company and on whose instruction the signatories of the account are act or may act.):
.....

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and 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.

Signature of the Applicant
Date: _____ (dd/mm/yyyy)

FOR OFFICE USE ONLY

11. Category of Client (Risk Scenario): SDD EDD

12. Overall risk Assessment: Risk Grading

--

13. Name of Account Opening Officer: S. ID No.....

Signature of A/C open and identified by
Date:

Signature of verified by
Date:

Information Reviewed and Updated by:

Signature:	Date:	Signature:	Date:
Name:	Position:	Name:	Position:

Please fill SL No. 1, 2, 3, 4 & Signature of the Applicant.