

**CUSTOMER IDENTIFICATION FORM FOR RESIDENT INDIVIDUALS**

(For New Customers only)

Separate form to be filled up by Each Person/ Joint Holder

Branch Name :

Cust. ID :

1. Tran ID \_\_\_\_\_  
 2. Entered by \_\_\_\_\_  
 3. Checked by \_\_\_\_\_

Date :

**Type of Customer**

Public  Sr. Citizen  Minor  Staff

**CUSTOMER DETAILS:**

PREFIX (Please fill the form in **BLOCK LETTERS** and leave one space between words)

NAME :

MAIDEN NAME : (if any)

FATHER'S NAME :

MOTHER'S MAIDEN NAME :

HUSBAND/GUARDIAN NAME : (if applicable)

PRESENT ADDRESS :

Use for Mailing

LANDMARK :

CITY :  STATE :

PIN :

MOBILE  TEL :

E-Mail ID :

PERMANENT ADDRESS :

Same as above

Use for Mailing

LANDMARK :

CITY :  STATE :

PIN :

(Please tick the appropriate box)

PAN NUMBER  FORM 60  or  GENDER  M  F  T MINOR\*\*  Y  N NATIONALITY  INDIAN  Other  RELIGION

AADHAAR NO.  RESIDENTIAL STATUS Resident Individual

DATE OF BIRTH  MARRIED  Y  N DATE OF MARRIAGE  CATEGORY GEN  SC  ST  OBC  OTHERS

# Senior Citizen, Minor please provide proof of Date of Birth \*\* If Minor , please fill up minor declaration section

Name	<input type="text"/>
Specimen Signature Applicant must sign in the presence of Bank's officials	<input type="text"/>

Affix Applicant's  
Photograph  
Sign part on photo

**EDUCATIONAL QUALIFICATION**

(Please tick the appropriate box)

Upto Primary       Graduate       Professional  
 Upto Secondary/Higher Secondary       Post-graduate       Other

Please Specify **OCCUPATION (Source of Income)**

(Please tick the appropriate box) In case of self employed/other source, please specify

Agri/Allied activity       Salaried (Pvt./Pub./Gov.)       Pensioner/Retired  
 Business/Trade       Student       Housewife       Self-employed

 Other Please Specify Proprietor/Partner/Director/Office bearer in any firm / Company / Trust / Society / Association  No.  Yes. Please give details

Employer/Business(Name &amp; Address)

**INCOME DETAILS****Annual Income (Rs.)**Annual Turnover (Non-Salaried persons - Rs. in Lakhs)  Domestic  ForeignAny financial interest in foreign countries/Business relation abroad  No  Yes.

Please give details: Nature/Type of business/financial relations and countries.

**ASSETS OWNED**  
\*Optional

House you live in	Vehicles (s) owned	Life Policy (S. Value)	Other Investment	Any other Assets
i. Owned	i. Car	i. Upto Rs. 1 lac	i. Upto Rs. 1 lac	
ii. Rented	ii. Two Wheeler	ii. Upto Rs. 2 lac	ii. Upto Rs. 2 lac	
iii. Employer's	iii. Other	iii. Upto Rs. 5 lac	iii. Upto Rs. 5 lac	
iv. Ancestral	iv. None	iv. Above Rs. 5 lac	iv. Above Rs. 5 lac	

Please give Credit Card/Debit Card details, if any, along with name of issuing bank (\*Optional) :

Share Holder of Shivalik Bank  No  Yes. Mem. No.  Relative of Shivalik Bank's Director  No  Yes  Director Name**Dealing with other Bank/FI/Branch of SSFB if any:** No  Yes  If yes, please give following details. Attach separate sheet if required

S No.	Name of Bank/FI/ Branch of Shivalik Bank	Type of A/c	Facility Availed	Loan/Limit Availed		Balance Limit (As on)	Remarks (Asset clarification)
				Amt.	Date Since		
1.							
2.							
3.							

**IDENTIFICATION DETAILS**

(Attach self attested copy of one Photo ID and One Address proof). Please produce original for verification.

**PHOTO ID**

AADHAAR Card       Voter ID Card       PAN Card       Passport       M M Y Y       Driving License       M M Y Y  
 Govt. Defence ID Card or PPO       NREGA JOB Card       Photo ID Proof of Post Off./Univ./Reputed Org (subject to satisfaction of bank)

**ADDRESS PROOF**

Utility Bills @       Certified Marriage Certification       Credit Card Statement (within last 30 Days)  
 Ration Card       Certified Birth Certificate       Form 16, TDS Certificate  
 Trade Licence       Regd. Lease Deed       Bank Statement/Post Office Pass Book (with in last 60 Days)  
 Passport       Voter ID Card       AADHAR Card       Other Doc.#

@ Utility Bills viz, Electricity Bill, Telephone Bill (landline only), LPG connection receipt, Water Bill with name and address of the customer, pertaining to last two calendar months. In case the utility bill or any other document accepted by the Bank as address proof is in the name of some close relative, i.e., husband, father/mother and son/daughter with whom applicant wife, son daughter, parents, as the case may be is staying, it may also be acceptable as the address proof if it is accompanied by a declaration from the person with whom he/she is living, that the person desirous of opening his/her account with the bank, is living with him/her.

# Other Documentary evidence if support residential address, correctness of which can be ascertained include a letter from any Accredited institution/recognized Public authority or employer, to the satisfaction of Bank.

I hereby declare that the information furnished above is true and correct to the best of my knowledge and nothing has been concealed therein.  
Witness in case of thumb impression.

Yours Faithfully

Name	
Address	
Signature	

**Signature of Applicant**  
For illiterate thumb impression (Male-LTI and Female RTI)

### DECLARATION IN CASE OF MINOR'S ACCOUNT

I hereby declare that I am the Father/Mother/guardian appointed by the court order (Copy enclosed) of Master/Miss \_\_\_\_\_ (Minor)

A) I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority and operation in the account done by me shall be for the benefit of Minor Son/Daughter/\_\_\_\_\_. (Guardian operated Minor a/c)

OR

B) I hereby authorize my Son/daughter to open saving banks a/c in his/her name and operate the said a/c as per Banks rule. I undertake to indemnify the Bank at all times against all suits, losses, claims etc which the Bank may incur on account of allowing Master/Miss \_\_\_\_\_ to operate the said savings Bank a/c. (Self Operated Minor a/c of age 10 years and above)

Name of Guardian : \_\_\_\_\_ (Relation.....)

Address : \_\_\_\_\_

Signature of the Guardian

#### CUSTOMER DUE DILIGENCE :

#### FOR OFFICE USE ONLY

1. Ultimate Beneficial Owner

Relationship :  Self     Partner     Prop.     Director     Karta / Co-parcener  
 Secretary     Treasurer     President     POA     Others Please Specify

2. Applicant interviewed and purpose of opening of account ascertained (description)

3. All KYC documents Checked and found complete  Yes     No

For PAN Card  Yes     No  
<https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html>

For Voter ID Card  Yes     No  
<https://electoralssearch.in/>

For Aadhaar Card  Yes     No  
<https://uidai.gov.in>

#### Telephonic Verification

I confirm that the detail of the Customer and Mobile No.  has been checked and found matched as per the CIF

Emp. Code

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

#### 4. Risk Rating

Parameters	Low	Medium	High
<b>Income (Salaried)</b> Please Specify	<input type="checkbox"/> Below 10 Lacs Rs.....	<input type="checkbox"/> 10-50 Lacs Rs.....	<input type="checkbox"/> Above 50 Lacs Rs.....
<b>Turnover (Business)</b> Please Specify	<input type="checkbox"/> Below 50 Lacs Rs.....	<input type="checkbox"/> 50-300 Lacs Rs.....	<input type="checkbox"/> Above 3 Cr. Rs.....
<b>Occupation</b>	<input type="checkbox"/> Students <input type="checkbox"/> Salaried Employees <input type="checkbox"/> Pensioners <input type="checkbox"/> Small/Retail trader <input type="checkbox"/> Self employed person <input type="checkbox"/> Farmer <input type="checkbox"/> Retired Emp. (Sr. Citizen) <input type="checkbox"/> Govt. dept./PSUs <input type="checkbox"/> Schools/Colleges <input type="checkbox"/> Local Authorities  Others (Please Specify) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<input type="checkbox"/> Doctors <input type="checkbox"/> Societies <input type="checkbox"/> Company  Others (Please Specify) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<input type="checkbox"/> Real Estate <input type="checkbox"/> Jewellers <input type="checkbox"/> Lawyers <input type="checkbox"/> CA Firms <input type="checkbox"/> Petrol pump <input type="checkbox"/> Trust <input type="checkbox"/> Stock Broker <input type="checkbox"/> NGO's <input type="checkbox"/> Arms/bullions <input type="checkbox"/> PEP  Others (Please Specify) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>
<b>Presently Staying In</b>	<input type="checkbox"/> Own House	<input type="checkbox"/> Rented House	
<b>General</b>	SHG/Small & Basics Savings A/c		
<b>Highest Risk Categorization</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Risk categorisation should be selected based on the Highest risk rating using the above criteria. For further details please refer circular on KYC/Risk categorization

**Risk Rating**     Low risk     Medium risk     High risk

Allowed opening the account     Reject (Give Reason)

We hereby certify that We have performed the necessary due diligence check on the customer and found the customer background satisfactory based on the above information. We approve the acceptance of the customer

Signature of the Authorized Official  
Emp. Code

Signature of the Branch Head  
Emp. Code

