	SH	IVALIK SM	ALL FINAN	CE BANK	CIF – SUP				
(for Exist				ENT INDIVIDUALS each Person / Joint					
Branch N	Name:								
Date : The Branch Manager, Branch : Sir/Madam, I hereby submit my details for the	Affix Applicant's Photograph Sign. Part on Photo								
CUSTOMER DETAILS: Type of Customer	T dit sirr note								
PREFIX		ublic Sr. C	itizen Min		Sign.				
NAME: FATHER/HUSBAND/GUARDIAN NAME MOTHER'S MAIDEN NAME: PRESENT ADDRESS:		I III BLOCK LETTER	cs and leave one sp	ace between words)					
Use for communication	STATE: MOBILE:			TEL:	PIN:				
PERMANENT ADDRESS : Same as above Use for communication	E-mail ID :								
STATE: PIN: PIN:									
(Please tick the appropriate box) EDUCATIONAL QUALIFICATION Upto Primary Graduate Professional Upto Sec./Higher Sec. Post-graduate Other									
OCCUPATION & Agr	ick the appropriate bit/Allied activity	Salaried Student		Self-employed Other Source	Please Specify				
Employer/Business Address									
ANNUAL INCOME Rs.									
> Annual Turnover (in case of Non-Salaried persons - Rs. in Lacs) Domestic Foreign Any Financial Interest in Foreign Countries/business relations abroad No Yes. Please give details: a. Nature/Type of business/financial relations and countries (Brief details)									
b. Do you expect remittances/funds from abroad in this account No Yes. Please give details :									

	House you live in Vehicle(s) own		l Li	ife Policy (S. Value)		Other Investment	Any other Assets			
S. D. D.	i. Owned	i. Car		Upto Rs. 1 la		i. Upto Rs. 1 lac	 			
ASSETS OWNED *Optional	ii. Rented	ii. Two Wheeler	ii.	Upto Rs. 2 la	С	ii. Upto Rs. 2 lac				
AS OV	iii. Employer's	iii. Other	iii.	iii. Upto Rs. 5 lac		iii. Upto Rs. 5 lac				
	iv. Ancestral	iv. None	iv.	Above Rs. 5	lac	iv. Above Rs. 5 lac				
						<u>, </u>				
Online Acce	ess Desired No	ot Desired F	Please Se	nd SMS Alert	s	Do Not Call				
IDENTIFICATION DETAILS	ON (Attach s	elf attested copies of	one primai	y and one se	condary o	document). Please prod	uce original for verification.			
	Passport	Driving License	Vote	er ID Card	Arı	med Forces ID Card	NREGA Job Card			
ARY IEN]	PAN Card	AADHAR Card		ard of any A	ccredited	Institution #				
SUN.	PAN Card ADHAR Card ID Card of any Accredited Institution # Valid only if the account is being opened in the name of Primary Card Holder whose photo is in the Ration Card. ID Card with Photo of an Accredited Institution including a letter from a recognized Public Authority or Public Servant verifying the									
	# ID Card with Photo of an Accredited Institution including a letter from a recognized Public Authority or Public Servant verifying the identity & residence of the customer which can establish identity/residence proof, to the satisfaction of the Bank.									
\	Utility Bills@			rth Certificate	•		16, TDS Certificate			
AR.	Ration Card		Regd. Lea				essional Licence with photograph			
OND	H		Ü	d Statement (within lac		r Doc.#			
SECONDARY	Trade Licence					· · · L	DOC.#			
	Certified Marriag			ment (with in		- ·	and pertaining to last three calender			
months. In case the with their husband, fi he/she is living that t # Other Documentar satisfaction of Bank.	utility bill or any other docu father/mother and son/daug the person desirous of oper ry evidence in support of re	ment accepted by the Bar phter as the case may be, ning his/her account with t sidential address, correctr	nk as addres is also acce the bank, is ness of whic	es proof is in the ptable as the ac living with him/l h can be ascert	e name of s ddress prod ner. ained inclu	ome close relative, i.e., wife fif it is accompanied by a code a letter from any recogni	e, son, daughter, parents, etc. who live declaration from the person with whom ized Public authority or employer, to the			
	ne of Bank/ FI/	Activity	Nature o	· ·		1	Asset Classification with			
	of Shivalik Bank	, touvity	Facility	Sanc. Limit						
1.										
2.										
I hereby declare t	that the information furr	nished above is true a	nd correct	to the best of	my know	ledge and nothing has	been concealed therein.			
Yours faithfully				Witness	•	of Thumb Impression)				
				Signature of the						
						Vitness				
(Signature/Thumb	Impression		A -l -l							
of the Applicant) (M and Female - RTI)			Address :							
,	JE DILIGENCE :	FC	OR OFFIC	E USE ONL	Y					
	neficial Owners									
				¬_						
Relationship	POA	Partner	Ļ	Prop.		Director	Karta			
	Co-parcener	Secretary		Treasurer	•	President	Other			
All KYC docui	ments checked and fo	ound complete	Yes		No		_			
Threshold Limit Rs. Verified/Accepted										
Classification	on of Account as	High Risk (C-3))	Med	ium Risk	(C-2) Lo	ow risk (C-1)			
Open the A	Account(s)	Reject (Give Reason	s)							
Signature of the	e Authorized Official					Sign	nature of the Branch Head			
Emp. Code					Emp. Code					