

ARIHANT BANK
SHRI ARIHANT CO-OP. BANK LTD.

CUSTOMER INFORMATION FORM

TO BE FILLED IN BLOCK LETTERS

CIF No.:

Title / Name of the Account

Salutation : Mr. / Mrs. / Miss / Master / M/s.

First Name

Middle Name

Surname

Form 60

Form 61

DOB or Date of Incorporation

Age

PAN No.

Mobile

Email :

Present Address

City

Pin

State **M a h a r a s h t r a**

Mobile

Tele No.

Business / Office Address

City

Pin

State **M a h a r a s h t r a**

Mobile

Tele No.

Religion : _____ Marital Status : _____ Caste : _____ Gender : **M / F**

Education : Non-SSC / SSC / HSC / Under Graduate / Graduate / Post Graduate / Professional

Occupation : Retired / Student / House Wife / Minor / Institute / Pensioner / Service / Business

Salaried - Employed with Public Ltd./Pvt. Ltd. / Govt. / MNC/ Other (Specify) _____
 Specific Designation if any _____

Business : Proprietor / Partnership / Pvt. Ltd. / HUF / Public Ltd. / Trust / Others _____

Self Employed : CA / Engineer / Doctor / Lawyer / Consultant / Software / Trader / Others _____

Details of Accounts with other Bank if any _____ A/c. No.

Identification details : Attach copies of documents)

i) Passport /ALONE where the address on the Passport / Aadhar Card is the same as the address mentioned above

ii) Any one document from each of the undernoted two columns for photo-identity and proof of address.

Proof of Identity

- Passport (where the address differs)
- Voter ID Card
- PAN Card
- Govt. / Defence ID card
- ID card of a reputed employer
- Driving License
- Photo ID card issued by State / Central Govt

Proof of Address

- Credit Card Statement with Credit Card
- Salary slip (with address)
- Income tax/Wealth tax assessment order
- Electric Bill Ration card
- Landline Tele. Bill Bank Pass Book A/c. statement
- Letter from any recognized Public authority
- Letter from reputed employer

I affirm that, information furnished here in above is true and authentic to the best of my knowledge. I agree to terms & conditions over leaf*

Signature _____

Date : _____

Photo

Witness 1)

2)

Introduction: I certify that I know the above applicant for last.....months / years. I confirm his / her / their occupation and address as stated in this application as above.

Introducer's Signature : _____ CIF No

Introducer Name & Address _____

For Office Use

Letter of thanks sent to customer / Introducer on

D D M M Y Y Y Y

Acknowledgement Received from the Customer / Introducer on

D D M M Y Y Y Y

Officer's Signature

Liberalised KYC norms for opening Small Accounts

A photograph of the account holder and self-certification of address is necessary. In such case, balance in the account at any point of time will be limited to Rs. 50,000/- and total transactions to Rs. 2,00,000/- in a year.

As I do not possess any of the documents i.e. Proof of Identity / Address, I certify that the address mentioned by me in the CIF is true and correct. I also understand that the balance in the account at any time will be limited to Rs. 50,000/-* and total transactions to Rs. 2,00,000/-* in a year. As and when the balance or total transactions exceed these limits, Shri Arihant Co-operative Bank Ltd. will treat the account as a normal Savings Bank Account and normal Know Your Customer (KYC) procedure, as mentioned above will be followed. I undertake to submit required documents to Shri Arihant Co-operative Bank Ltd.. In the event of non-compliance, Shri Arihant Co-operative Bank Ltd. has the right to freeze/close the account.

Declaration regarding Other Bank Accounts

Customers Signature

I/We declare that :

- i) I/We do not enjoy any credit facilities with any Bank.
- ii) I/We enjoy the following credit facilities with other Banks at Present.

Name of the Bank	Name of facility	Amount
1.		
2.		

I/We agree to comply with and be bound by the Bank's Rules (as amended from time to time) for the conduct of such account.

We authorize the Bank to collect bills, cheques, etc. for and on behalf of us and undertake to abide by & be bound by the Terms & Conditions in this behalf, mentioned below.

Signature

For Information of Customers

Account opening contains 2 parts :-

- 1) CIF - Customer Information Form
- 2) AOF - Account Opening Form

CIF is to be filled in by all individual/Institute/Joint Holders/Share Applicant, who wish to open an account, which will act as Master Data. After a CIF No. allotted to him/her/them, AOF will have to be filled for every a/c to be opened like SB, CA, Term Deposit, OD, CC etc.

Customers are required to submit following :

- A. Self-attested photocopies of the following (supporting) documents are required to be attached with the application. Originals thereof will have to be produced for verification.
 - i) Income Tax Permanent Account Number (PAN) card. In case PAN is not issued, Form 60/61 has to be submitted.
- B. In case of illiterate customers, Left Thumbs Impression (LTI) to be affixed and witness.
- C. For opening of account of minors, where proof of identity/address is not available, the same will be provided by the Father/Mother (Natural Guardian).

All alterations should be initiated

It is necessary that the authority given by the Resolution shall be in accordance with the powers provided by the Articles of Association of the Company.

PERSONAL DETAILS OPTIONAL

Monthly total family income (approx.) Rs. : Upto Rs. 5000 5001 - 10000 10001-20000 20001-30000 30001-50000 above 50000

Name of Employer in case of Salary earner _____ Joining Date of Current employment _____

Employer's Office address _____

Assets :

Vehicle	<input type="checkbox"/> Car	<input type="checkbox"/> Two-wheeler	<input type="checkbox"/> Other	<input type="checkbox"/> None
House you live in	<input type="checkbox"/> Ancestral	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Employer's
Life insurance Policy	<input type="checkbox"/> Upto Rs. 1 lac	<input type="checkbox"/> Upto Rs. 2 lacs	<input type="checkbox"/> Upto Rs. 5 lacs	<input type="checkbox"/> Above Rs. 5 lacs
Other Investments	<input type="checkbox"/> Upto Rs. 1 lac	<input type="checkbox"/> Upto Rs. 2 lacs	<input type="checkbox"/> Upto Rs. 5 lacs	<input type="checkbox"/> Above Rs. 5 lacs

Existing Credit Facilities Availed :

Car Loan	Yes / No	<input type="checkbox"/> Housing Loan	Yes / No
Consumer Loan	Yes / No	<input type="checkbox"/> Against Security	Yes / No
Business / Agriculture	Yes / No	<input type="checkbox"/> Education Loan	Yes / No

FORM 60

(See third proviso to of rule 114BB)

Forms of Declaration to be filed by a person who does not have either a permanent account number or General Index Register Number and who makes payment in cash in respect of transaction specified (A) to (H) of rules 114B

1. Full name and Address of declarant _____

2. Particulars of Transaction

3. Amount of the Transaction

4. Are you assessed to tax? Yes/No

5. If yes

- i) Details of Ward/Circle/Range where the last return of income was filed
- ii) Reasons for not having permanent account number/General Index Register Number.

6. Details of the documents being produced in support of address in column (1)

DECLARATION

I, Mr./Mrs./Miss _____ do hereby declare that what is stated above is true to the best of my knowledge as on today, the _____ day of _____ 20 _____

Date : _____

Place : _____

Signature of the declarant

Officer/Branch Manager

CG-10000-10/12