



THE UMRETH URBAN CO-OP. BANK LTD.

Since 1948

UMRETH BRANCH : Panchvati, Umreth - 388220 Dist. Anand.

Phone : 02692-276006 E-mail : info@umrethurban.com Website : www.umrethurban.com

CUSTOMER FORM - INDIVIDUALS

Please affix your latest Passport Size Photograph here

For Office use only : CIF ID : CKYC No. :

Branch Name : Branch Code :

Please Select title as applicable Miss Mr Mrs Sir / Madam

First Middle Last

1. Full Name :

Father/Spouse Name :

Mother Name :

Maiden Name :

2. Gender : Male Female Transgender

3. Date of Birth : 4. Place of Birth :

5. Minor Declaration Guardian : CIF ID : CKYC No. :

Type of Guardian : Father Mother Court Appointed (Enclose copy of court order)

Full Name of Guardian Mr. Ms.

I hereby declare that the date of birth of the minor who is my _____ is _____ / _____ / _____ and I am his / her natural and lawful guardian / guardian appointed by court order, dated _____ / _____ / _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I shall indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date : (Signature of Guardian)

6. Resident Status : Resident Non Resident Foreign National Person of Indian Origin

If Non-resident, date of Non-resident :

7. Politically Exposed Person (PEP) / Related to PEP : No Yes 8. Physically Challenged : No Yes

9. Constitution : Individual Minor Basic Individual

10. PAN : 10 A. AADHAR NO. :

11 A. Mailing / Local Address for Non-Resident

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub-Division

Town / City / District

State / Union Territory Pincode / Zip code Country Name

11 B. Address Details : (Permanent / Foreign Address for Non Resident) Same as above

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub-Division

Town / City / District

State / Union Territory Pincode / Zip code Country Name

12. Mobile 1 : Mobile 2 : Fax :

Office : Residence :

13. Email : @

14. Document Details :

Sr.	Type of Doc.	Doc. No.	Place of Issue	Date of Issue	Valid up to	Issuing Authority	I/ A/ I+A
1	Aadhar Card No						
2	PAN						
3	Passport						
4	Voter ID						
5	Driving License						
6							
7							

(I = Identity Proof, A= Address Proof, I+A=Identity & Address Proof)

15. Nationality : _____

16. Cast : Hindu Jain Muslim Parsi Christian Sikh Buddhist Bahai Zoroastrian Other _____

17. Marital Status : Single Married Other _____

18. Qualification : Under SSC SSC HSC Graduate Masters Professional

Name of School/University : _____

19. Occupation : Private Sector Service Public Sector Government Sector Self-Employed Retired House wife
 Pensioner Student Unemployed Other _____

If Self-Employed: Doctor Engineer CA/CS Businessman Investor Architects Advocate Other _____

Name and Address of firm / Company : _____

Date of Incorporation or in the business since : _____

If Employed : Designation : _____ Name of Employer : _____

20. Average Annual Turnover : _____ Net Worth (As on DD MM YYYY)Rs. _____
 (only for self employed)

21. Expected Annual Income : _____

22. Please Provide details of Account /Credit Facilities with other banks.

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

I certify and declare that the information furnished herein are correct to the best of my knowledge and belief. 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. I authorise, The Umreth Urban Co. Op. Bank Ltd. to use, update, share and download my Personal details with Central KYC Registry.

Customer Signature : _____

For Office Use Only :

Classification : Low Medium High

Date DD MM YYYY

I hereby certify that this customer opening form is complete in all respect and relevant documents have been obtained and verified with original documents.

Enclosure details by Branch :

No. of KYC Documents enclosed : _____ (Self Certified True copies Notarised)

CPC request No. : _____

Name : _____

Employee ID : _____

Designation : _____

Signature : _____