

Mention Application Serial No. here

	Co-Appl	ican 🔄 / Partner	/ Director	/ Other	Details		
*Related Person Type	Individual Applicant Proprietor Partner Director Promoter Karta Trustee Court Appointment Official Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (please specify)						
*Details of Related Person	Addition Of Related Person Updated Related Person Deletion of Related Person						
CKYC Identifier							
Title							
	Prefix Firs	st Name	Middle Name		Last Name		
*Name (Same as ID Proof)						141 07 1460 0 V	
Maiden Name (If any)						Applicant Photograph	
*Spouse Name							
*Father's Name *Mother's Name						Please sign across the Photograph	
Mother's Maiden Name						the second second second	
*Gender	Male Female		Third Gender	Third Gender			
*Residential Status/Constitution:	Resident Individual Non Resident Indian Foreign National Overseas Citizen Of India Person Of Indian O				Person Of Indian Origin		
Existing Cust ID							
*PAN Card	Form 60 Furnished Y N						
* Director Identification Number (DIN) (In case Of Director)							
*Occupation	Salaried Self Employed Unemployed Retired House Wife Politician Student Others/Not Categorised						
*If Salaried, Type of Organization (tick the relevant option)	Pvt. Ltd. Public Ltd. Proprietorship Partnership firm Public Sector Government Multinational Trust/Association/Society/Club						
*Nature Of Employment	(As per the type of organization selected above, mention the details of profession example: Director/Banker/Agent)						
*If Self Employed, Nature of Business (tick the relevant option)	Manufacturer Trader Service Provider Information Technology Professional Service Provider Agriculture Others						
*Description of Business							
	(As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food p				rading of food products)		
*No. of Years in Business	Years Months						
*Annual Income (Only absolute and numeric value to be filled)	₹ (Total of all income declared)						
*Source of Fund (tick the relevant option)	Salaried Investment Professional Fees Business Earnings Commission Agriculture						
*Nationality (tick the relevant option)	Indian Other (Kindly mention nationality, if apart from Indian)						
*Community	Hindu Muslim Christian Sikh Buddhist Zoroastrian Parsi Jain Others						
*Date of Birth	DDMM	ΙΥΥΥΥΥ					
*Proof of Identity and Permanent Resider				-			
1. Certified copy of OVD or Equivalent e-o			hrough digital KY				
A. Passport Number	DDMM			Pa	ssport Expiry Date DDM	A Y Y Y Y	
B. Voter Id Card No.					<u> </u>	7	
C. Driving Licence							
D. NREGA Job Card							
E. National Population Register Letter							
F. Proof Of Possession Of Aadhaar							
2. E-KYC Authentication							
3. Offline verification of Aadhar							
4. GSTIN(Details)					Registration Date	M Y Y Y Y	

ESC 1935 - M 1935					
*Residence Address					
	City/Town/Village				
	District				
	State/U.T. Country Country				
No.of months in the Residence address	Years Months				
Proof Of Identity and Current Address	Same as Residence Address mentioned above				
	-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)				
A. Passport Number	D D M Y				
B. Voter Id Card No.					
C. Driving Licence	Driving Lic. Expiry Date				
D. NREGA Job Card					
E-National Population					
Register Letter					
F. Proof Of Possession of Aadhaar					
2. E-KYC Authentication					
3. Offline verification of Aadhaar					
4. Deemed PoA					
5. Self Declaration (Please fill additional	Annexure)				
*Current Residence Address					
	City/Town/Village				
	District PIN/ Post Code				
	State/U.T. Country				
No.of months in the Residence address	Years Months				
*Relationship With Applicant	Guarantor Beneficial Owner Authorised Signatory				
Tel (Off)					
Tel (Resi)					
*Email Address					
*Mobile No.					
Category	SC ST OBC General Others				
Education	Matriculate Undergraduate Graduate Postgraduate Orofessional Others				
Marital Status	Unmarried Married Others Number of Dependents *Person With Disability Yes No				
Customer Declaration					
I.FATCA-CRS Declaration					
(Please tick the applicable tax resident of					
	esident of any other country OR I am a tax resident of the country/ies mentioned in the table below: In the entity is a resident for tax purposes and the associated Tax Number below				
City of Birth*	Country of Birth*				
	ident 🔲 Business 🔄 Registered office				
Address Type for Tax Purposes* Res					
	n Identification Type (TIN or Address for Tax Purpose*				
	Identification Type (TIN or Other, please specify)^ Address for Tax Purpose* Communication Address Permanent Address Please note the address below				
Country# Tax Identification					
Country# Tax Identification					
Country# Tax Identification	Other, please specify)^ Communication Address Permanent Address Please note the address below Image: Communication Address Image: Communication Address Image: Communication Address Image: Communication Address				
Country# Tax Identification					

#To also include USA, where the individual is citizen/green card holder of USA ^ In case Tax Identification number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

II. All the clauses signed by the Applicant are also bound & to be abided by the Co Applicant.

III. All the terms and conditions agreed to by the Applicant under the application form submitted by the Applicant to the Bank (a copy of which has been made available to and read and understood by the Co-Applicant) are also applicable and to be abided by the Co Applicant.

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