Customer Information Form

Adarsh Co-operative Bank Ltd. Multistate

(For Bank Use Only)

Primary Applicant ID ☐☐☐☐☐☐☐☐ Branch Name Branch Code ☐☐☐☐

PERSONAL DETAILS OF JOINT APPLICANT/PROVIDER /PARTNER/DIRECTOR/KARTA/MANAGING COMMITTEE MEMBER ETC.

Name _____ TITLE FIRST MIDDLE LAST

Type of Member ☐ Normal ☐ Regular Membership ☐☐☐☐☐☐☐☐☐☐

Father's Name _____

Marital Status ☐ Single ☐ Married No of dependants ☐☐ Sex ☐ Male ☐ Female

PAN ☐☐☐☐☐☐☐☐☐☐ Date of Birth D D M M Y Y Y Y

Affix Latest Photograph With Sign.

Occupation ☐ Salaried ☐ Self Employed ☐ Business ☐ Retired ☐ Agriculture ☐ Student ☐ House Wife ☐ Other (Please specify)

Annual Income ☐ Below Rs. 1,00,000 ☐ 1,00,000-3,00,000 ☐ 3,00,000-5,00,000 ☐ above 5,00,000

Asset Code (If Applicable)_____

RESIDENCE ADDRESS

Current Residence :_____

_____City:_____ Pin :_____ State:_____

Telephone No._____STD Code_____Fax No._____

Mobile No. _____ E-Mail_____

Office :_____

_____City:_____ Pin :_____ State:_____

Telephone No._____STD Code_____Fax No._____

Alternate Mob. No. _____ E-Mail_____

Permanent Address:_____

Telephone No._____STD Code_____Fax No._____

E-Mail_____

DECLARATION BY APPLICANT

I confirm that all the details and information provided by me are correct and agree to inform bank of any changes in the information provided in this form or in related documents. I submit my consent and authorize the bank to use any of the above information as per prevailing law.

Date D D M M Y Y Y Y

Customer Signature

FOR BPU USE ONLY

Customer ID ☐☐☐☐☐☐☐☐☐

CSE SIGNATURE	DATE	MAKER	DATE
APPROVED BY (BM/OM)		CHECKER	