

CUSTOMER IDENTITY FORM

(FOR NON-INDIVIDUALS)

(To be filled by applicant only)

BRANCH	•••••												Cust (To be										
Applicant's details								iggottion#S							D	ate_	Historication	LOCK TO SE	NAMES DESCRIPTION	STATE OF THE PARTY	CHEST AND	OTAL OTERNISM A	
Name in full																							
*Principal/Head Office Address : Plot/ House No. & Name								**Communication Address : Plot/ House No. & Name Colony															
	State							Colony Road CityState															
	PIN Telex							CountryPIN															
	E-Mail ID						Phone No. (with STD/ISD Code) Mobile E-Mail ID																
Constitution (Tick) Sole Proprietorship Partnership (without Sleeping Partner Society Private Limited Company Banking Company Public Sector Undertaking NGO Association								Partnership (with Sleeping Partner) Public Limited Company Charitable Organisation /Foundation Other(Specify)															
Date of Formation/ Incorporation	D	D	M	M	Y	Y	Y	Y	Regr	n. No bersh													
Occupation (Tick) Transport Wholesale Trade		Agricu Retail			ied Ac	tivity						sional (] Mai	nufa	actur	ing
PAN No	Yes le/Ran	-	No.									do not l											
Staff Name of Staff_ Related Emp. Code_						Place	of po	osting]		330025033			See 1 See . See									
Details of Proprietor/Partne account / all the Trustees /	ers (incl	uding Perso	sleep ns au	oing p	partner sed to) / Ka open	rta m & op	ajor erate	& Cope the a	oarce	ners	of HUF	/ all [Direct	ors	autho	orised	d to	o ope	1 & 0	per	ate t	he
	Signature																						
																						1	
	Signature										Customer 15												
Name : Shri/Smt./Ms.																			Custor	ner li	D		
Designation/Capacity	Signature)															
Name : Shri/Smt./Ms.																		(Custor	ner I	D		
Designation/Capacity	Signature										T						T						