

Date: 

## INDIVIDUAL CUSTOMER PROFILE FORM

(Use separate form for primary applicant and for each joint holders)

1. Account No.
2. Apex/  
Client ID.
3. CKYC No.
4. Branch

I. Data fields	II. Information to be updated
1. Name of Customer (As Per KYC Document)	Mr./Mrs./Ms./Rev. Fr/Rev. Sr./Dr <input type="text"/>
2. Father's Name	Mr. <input type="text"/>
3. Mother's Name	Ms./Mrs. <input type="text"/>
4. Are You a Staff of CSB	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, EMP CODE <input type="text"/>
5. Customer Category	General <input type="checkbox"/> OBC <input type="checkbox"/> SC/ST <input type="checkbox"/> Others <input type="checkbox"/> Date of Birth (DD/MM/YY) <input type="text"/>
6. Place and Country of Birth	<input type="text"/>
7. Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/> If Married, Spouse Name <input type="text"/>
8. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
9. Religion	Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Buddhist <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Parsee <input type="checkbox"/> Bhahai <input type="checkbox"/> Others <input type="checkbox"/>
10. Citizenship/Nationality	Indian Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Specify <input type="text"/>
11. Residential Status	Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National <input type="checkbox"/>
12. Disability, If Any	Physically Challenged Yes <input type="checkbox"/> No <input type="checkbox"/> Mentally Challenged Yes <input type="checkbox"/> No <input type="checkbox"/> Both (Physical & Mental) Yes <input type="checkbox"/> No <input type="checkbox"/> Visually Impaired Yes <input type="checkbox"/> No <input type="checkbox"/>
13. FATCA/CRS Submitted (Mandatory for NRI)	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
14. Mobile Number	1. Country Code <input type="text"/> Number <input type="text"/> 2. Country Code <input type="text"/> Number <input type="text"/>
15. Email ID (IN BLOCK LETTERS)	<input type="text"/>
16. Occupation	Service <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Professional <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> If other, Specify <input type="text"/>
17. Source of Income	Salaried <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Pensioner <input type="checkbox"/> Other <input type="checkbox"/> If other, Specify <input type="text"/>
18. Organization Name (Mandatory for Salaried Persons)	<input type="text"/>
19. Annual Income	Below Rs.1 Lakh <input type="checkbox"/> Rs.1 to 5 Lakh <input type="checkbox"/> Rs.5 to 10 Lakh <input type="checkbox"/> Rs.10 to 25 Lakh <input type="checkbox"/> Above Rs.25 Lakh <input type="checkbox"/>
20. Educational Qualification	Illiterate <input type="checkbox"/> If literate, specify Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professional <input type="checkbox"/> Others <input type="checkbox"/> If other, Specify <input type="text"/>

21. PAN No./Form-60 (Attach)

22. Please Tick If Applicable Politically Exposed Person  
 Domestic  Foreign  Not Applicable   
 If any other information (Specify)

23. Permanent Address (Address as Per KYC Document)

24. Pin Code (Mandatory for Indian Address)

25. Permanent Address Type  
 Residential  Business  Office

26. Address Proof Type (Attach)  
 Aadhaar  Voter ID  Driving Licence  Passport  OCI  NREGA   
 NPR  Utility Bill

27. Overseas Address (Mandatory for NRI)  
 Same as Permanent Address: Yes  No   
 If no, Specify:

28. Pin Code

29. Mailing Address (Address as Per KYC Document)  
 Same as Permanent Address: Yes  No   
 If no, Specify:

30. Pin Code

**Proof Address:**

If OVD ( Other than Aadhaar) doesn't have local address (Certified copy of any one of the following deemed OVDs to be submitted)

Utility Bill / Municipal Tax Receipt / Pension Payment Order / Letter of Allotment of Accommodation from Employer Issued by State / Central / Govt. / Statutory Regulatory Bodies / Public Sector Undertakings / Scheduled Commercial Banks / Financial Institutions / Listed Companies

<p>Customer's declaration: I confirm that the accounts mentioned in your letter belong to me. I also hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein, immediately. I hereby consent to receiving information from the Central KYC Registry to my SMS/Email. The Aadhaar Number (if submitted), is with explicit consent. I am also aware that any change in my existing Mobile Number and/or Email ID shall also be made effective for my Mobile or/and Net-Banking facilities (as applicable). I also hereby affirm and declare that my correspondence address is as furnished under item-29 above. I also understand that the address verification letter sent by the Bank to the said address, If returned undelivered may result in the Bank at its discretion, stopping operations in my account, without further notice.</p> <p>Name of Customer : _____</p> <p>Signature of Customer: _____</p>	<p>Paste Recent Colour Photograph</p>
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FOR BRANCH/OFFICE USE	
KYC Details/Customer Signature Verified and Found Correct	
<p>Customer Risk Categorisation:</p> <p>Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>Date <input type="text"/></p>	<p>EMP Name: _____</p> <p>EMP Code: _____ Designation: _____</p> <p>EMP Signature: _____</p>