

Branch _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Customer No.

--	--	--	--	--	--	--	--	--	--

 Account No.

--	--	--	--	--	--	--	--	--	--

 Account Type _____

Personal Information Sheet (to be filled in by Account holder / Joint A/c holder / Guardian)

(This information will be kept strictly confidential.)

Name : Mr. Mrs. Miss. Master

--	--	--	--

Surname **First Name** **Middle Name**

Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Pan No.

--	--	--	--	--	--	--	--	--	--

Attach Documentary evidence for Minor/ Senior Citizen (above 60 years)

Residential Address:

City: _____ Pin No. _____ State: _____

Tel. No. _____ Mobile No. _____ Email: _____

Office Address:

City: _____ Pin No. _____ State: _____

Tel. No. _____ Email: _____

Religion : _____ Caste : _____ Country: _____

Marital Status : Single Married No. Of Children : _____

Education : Non-SSC SSC / HSC Undergraduate Graduate Post. Grad.
 Professional

Occupation : Salaried Business Retired Student Housewife
 Self-Employed / Professional Other

If salaried, employed with

Public Ltd. Co. Pvt. Ltd. Co,
 Govt. Sector Multinational
 Others _____

Name of the Employer _____

Grade:

Non-Management Junior Mgmt.
 Middle Mgmt. Top Mgmt.

If Self Employed, Profession :

CA Engineer Doctor
 Trader Lawyer Consultant
 Software Other

If in Business:

Public Ltd. Pvt. Ltd. Partnership
 Proprietorship Trust Others

Monthly total family Income (approx.) Rs.:

Upto Rs.5000 5001-10000 10001-20000
 20001-30000 30001-50000 above 50000

Banking Relations with other Banks:

Name of the Bank _____ Branch _____ A/c. No.

--	--	--	--	--	--	--	--

 Name of the Bank _____ Branch _____ A/c. No.

--	--	--	--	--	--	--	--

 Debit / Credit Card No. Bank : _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Debit / Credit Card No. Bank : _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (16 digit card number)

Passport No.

--	--	--	--	--	--	--	--

Issued date at : _____ Date of expiry: _____

Asset Ownership

Consumer Durable Ownership : Computer Microwave LCD Television
 Digital Camera DVD Player Home Theatre Sytem
 Projection Television Airconditioner
Vehicle Ownership : Car Two wheeler None Both

Car Model & Make : _____

The house you currently live in : Rented Ownership
 Company provided Purchased against a Loan

Types of Loans	Loan facilities whether availed	Number of years since you last availed the loan	In the next 6 months do you intend availing any of these loans?
1. Car	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Housing	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Consumer Durable/PC	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Business	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Loan against shares	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Insurance Policy	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Travel Abroad	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Educational Loan	: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	<input type="checkbox"/> Yes <input type="checkbox"/> No

How you came to know about us ? _____

Any other information you wish to share with your Bank: _____

You may send promotional material - Yes / No

I affirm that, information furnished herein above is true and authentic to the best of my knowledge.

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature

