



THE FINANCIAL CO-OPERATIVE BANK LTD.

Regd. Office: 3044 Abhishek Textiles Market, Ring Road, Surat.
Phone No. 2360433 to 2360435

Website : www.fincobank.com,

Email : fincobank@yahoo.co.in

Customer Information Form For Individual

Date : _____

CIF No. _____

For Office use only

(To be filled by financial institution)

Application Type*

New Update

KYC Number

_____ (Mandatory for KYC update request)

Account Type*

Normal Simplified (for low risk customer) Small

1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID Proof)	_____	_____	_____	_____
Maiden Name (if any*)	_____			
Father's / Spouse's Name*	_____	_____	_____	_____
Mother's Name*	_____	_____	_____	_____
Date of Birth*	_____	Birth Place :	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> O-Other	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> O-Other	
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Other		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Other (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> House wife <input type="checkbox"/> Student			
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-not Categorized		
Bank Share Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Folio :	Signature	Thumb Impression

2. CONTACT DETAILS (all Communication Will Be Sent On Provided Mobile No./Email Id)

Mobile	_____	Tel. (Res)	_____	Mobile	_____
FAX	_____	Email ID*	_____		

3. PROOF OF IDENTITY (PoI)

<input type="checkbox"/> A-PAN Card	_____	<input type="checkbox"/> B-Voter Id Card	_____
<input type="checkbox"/> C-UDI (Aadhaar)	_____	<input type="checkbox"/> D-NREGA Job Card	_____
<input type="checkbox"/> E-Passport Number	_____	Passport Expiry Date	_____
<input type="checkbox"/> F-Driving Licence	_____	Driving Expiry Date	_____
<input type="checkbox"/> Z-Other (any document notified by the central government)	_____		
<input type="checkbox"/> S-For Simplified Account	_____	Document No.	_____
<small>(ID issued by Central / State Govt./ Statutory / Regulatory Authority / Public Sector Under taking / Sac. Commercial Bank / Public / Financial Institute letter issued by Gazetted Officer)</small>			
<input type="checkbox"/> S-Small Account	_____		

4. PROOF OF ADDRESS (PoA)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhar)	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card
Simplified Account	<input type="checkbox"/> Customer No. as per Utility Bill	_____	Bill Date		
	<small>(Electricity / Post Paid Mobile / Telephone / Piped Gas / Water Bill) (Not more than 2 months old)</small>				
	<input type="checkbox"/> Tenement No. as per Municipal Tax Bill / Receipt	_____	Date		
	<input type="checkbox"/> Others	_____	Date		
	<small>(Bank Account Statement / Pensioner Statement / Leave and Licence Agreement)</small>				

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

Flat/House/Block No.	<input type="text"/>	Building/Premises//House Name	<input type="text"/>
Road/Street/Post Office	<input type="text"/>		
Locality/landmark/Panchayat	<input type="text"/>	City / Town / Village*	<input type="text"/>
District	<input type="text"/>	Zip/Post Code*	<input type="text"/>
		ISO 3166 Country Code*	<input type="text"/>

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

Same As Current / Permanent / Overseas Address Details

Flat/House/Block No.	<input type="text"/>	Building/Premises/House Name	<input type="text"/>
Road/Street/Post Office	<input type="text"/>		
Locality/landmark/Panchayat	<input type="text"/>	City / Town / Village*	<input type="text"/>
District	<input type="text"/>	Zip/Post Code*	<input type="text"/>
		ISO 3166 Country Code*	<input type="text"/>

5. Financial Details*

Annual Income Below 50,000 50,001 to 1 Lac 1 Lacs to 5 Lacs 5 Lacs to 10 Lacs 10 Lacs to 25 Lacs Above 25 Lacs

Education ILLIT ERATE Below Std. 10* Std 12* Std 12* Bachelor Degree Master Degree Professional

Social Attribute Political Person Relation with Political Person None

6. DETAILS OF RELATED PERSON / INTRODUCTION

Addition of Related Person Deletion of Related Person KYC Number Pf. Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative CIF

Prefix First Name Middle Name Last Name

Name*

7. Dealing With other Bank

Bank Name	<input type="text"/>	Branch Name	<input type="text"/>	Account Type	<input type="text"/>
Existing Loan/Credit Card Facility	<input type="text"/>				
With Other Bank (Please Specify)	<input type="text"/>				

8. Assets

House	Vehicle	Life Insurance	Other Investment
<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Family <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Four Wheeler <input type="checkbox"/> None	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. REMARKS (if any)

<input type="text"/>
<input type="text"/>

10. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting. I/We am/are aware that may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent of receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - -

Place :

Signature / Thumb impression of Applicant

11. ATTESTATION / FOR OFFICE USE ONLY

Document Received Certified True Copy Notry

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification Done Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Risk Categorisation

High Medium Low

INSTITUTION DETAILS

Name **The Financial Co-Operative Bank**

Code

(Employee Signature)

(Institution Stamp)