

## Central KYC Individual Customer Profile Form (Use separate form for primary applicant & for each joint holder/s)

(Office Use Only)	Branch	Code	D	D	M	M	Y	Y	Y	Y	Purpose*	Account Opening	KYC updation	(For reactivating an inoperative account, perform a transaction in the account within 7 days from the date of KYC updation)					
CSB Client Type*	<input type="checkbox"/> New Client	<input type="checkbox"/> Existing									Apex Client ID	CKYC No. (if available)				Ref No.			

**Instructions for filling the form**  
 1. Please fill in BLOCK letters only. Tick(✓) the appropriate boxes and leave one box blank between words. 2. Please submit address proof for present/permanent address taken into account. 3. Fields marked with an asterisk (\*) are mandatory. 4. Use a separate CKYC Customer Profile Form for each joint holder. 5. At least one mobile number & refer attached sheet. 6. For ISO country code, refer attached sheet. 7. Pin/Postcode is not mandatory if the country is other than India. 8. For KYC updation applications, CSB client ID is mandatory. 9. CKYC number is to be mentioned, if available.

**Personal Details\***

Name of Individual*	Title (Mr./Mrs./Miss)																										
as in ID Proof (leave 1 box blank between first name, middle name & last name)																											
Maiden Name (if any)*																											
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	Are you an employee of CSB										<input type="checkbox"/> No	<input type="checkbox"/> Yes	Emp. Code											
Residential Status*	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident Indian (NRI)	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin (PIO)																							
Father's Name*																											
Mother's Name*																											
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Place of Birth*																		
Citizenship*	<input type="checkbox"/> Indian	<input type="checkbox"/> Others																									
Aadhaar No.											Aadhaar No. to be seeded with account number (for DBT)															<input type="checkbox"/> Yes	<input type="checkbox"/> No
PAN											or	Form 60 (If PAN is not available please furnish form-60)										TRC or Certificate of Residence & Form 10F <small>(Compulsory in the case of NRO accounts, for availing benefit of lower tax deduction at source on interest under an applicable double taxation avoidance agreements)</small>					
DIN/DPIN Format	(Mandatory if customer is a director of a company)																										
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others																								
If Married, Name of Spouse																	Wedding Date		D	D	M	M	Y	Y	Y	Y	

**Contact Details\*** (Communication will be done on furnished mobile number & e-mail ID)

Ph. No.	ISD Code	Primary Mobile Number	ISD Code	Additional Mobile Number	STD Code	Residence/Office																			
Primary E-mail ID*	(in block letters)																								
Additional E-mail ID																									

**Permanent Address** (Certified copy of valid proof of address needs to be submitted)

Address type*	Residential/Business	Residential	Business	Office	Others																				
Line-1*																									
Line-2																									
Line-3																									
City/Town/Village*																District*									
State/UT*																Pin/Postal Code*									
Country*																ISO-3166 Country Code*									

**Overseas Address** (Applicable only for NRI/PIO/Foreign National - Certified copy of valid proof of address needs to be submitted)

	<input type="checkbox"/>	Tick(✓) if same as Permanent Address																							
Address type*	Residential/Business	Residential	Business	Office	Others																				
Line-1*																									
Line-2																									
Line-3																									
City/Town/Village*																District									
State/Province/Region*																Postal/Zip Code*									
Country*																ISO-3166 Country Code*									

**Correspondence/Local Address** (OVD to be submitted for proof of communication address, in case KYC furnished is other than Aadhaar)

	<input type="checkbox"/> Tick(✓) if same as Permanent Address	<input type="checkbox"/> Tick(✓) if same as Overseas Address
Address type*	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Office <input type="checkbox"/> Others	
Line-1*		
Line-2		
Line-3		
City/Town/Village*	District*	
State/Province/Region*		Pin/Postal Code*
Country*		ISO-3166 Country Code*

**Proof of Address & Identity\*** (One self attested copy of any one of the following KYC documents needs to be submitted for residents. NRIs to furnish copy of passport)

<input type="checkbox"/> Aadhaar Card/Letter	<input type="checkbox"/> Voter's ID Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> Passport	<input type="checkbox"/> MNREGA Job Card	<input type="checkbox"/> Others
KYC Document No.:					(Any document notified by Central Govt./Regulator)
Issued at:		Issue Date:		Expiry Date:	
		D D M M Y Y Y Y		D D M M Y Y Y Y	
Proof of Local Address*: If OVD (other than Aadhaar) does not have local address (Certified copy of any one of the following deemed OVDs to be submitted)					
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Municipal Tax Receipt	<input type="checkbox"/> Pension payment Order (PPO)	<input type="checkbox"/> Letter of allotment of accommodation from employer issued by State/Central/Govt./Statutory or Regulatory Bodies/Public Sector Undertakings/Scheduled Commercial Banks/Financial Institutions/Listed Companies		
For NRIs/PIOs*: <input type="checkbox"/> Visa <input type="checkbox"/> Residence Permit <input type="checkbox"/> OCI/PIO Card <input type="checkbox"/> Employment Contract/ID Card <input type="checkbox"/> Other Documents (Please specify)					
Document Number:		Issue Date:		Expiry date	
		D D M M Y Y Y Y		D D M M Y Y Y Y	
Place/Country of Issue:					

**Tick(✓) ☐ If you are a resident outside India for Tax Purposes**

<b>Additional details required*</b> (Mandatory only if ticked above)	ISO-3166 Country Code of Jurisdiction of Residence*
Tax Identification Number (TIN) or Equivalent (if issued by jurisdiction)*	
Place/City of Birth*	ISO-3166 Country Code*
TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "functional equivalent"), the same may be reported. (Examples of that type of number for individuals include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)	

**Address in the Jurisdiction where applicant is resident\*** (if applicant is resident outside India for tax purposes)

<input type="checkbox"/> Tick(✓) if same as Permanent Address mentioned overleaf	<input type="checkbox"/> Tick(✓) if same as Overseas Address mentioned overleaf	<input type="checkbox"/> Tick(✓) if same as Correspondence/Local address mentioned above
Line-1*		
Line-2		
Line-3		
City/Town/Village*	District*	
State/Province/Region*		Pin/Postal Code*
Country*		ISO-3166 Country Code*

**Additional Details** (wherever applicable)

Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Others
Category*	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Weaker Section (Specify)
Educational Qualification	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professional (CA,CS,CMA,Others) <input type="checkbox"/> Illiterate
Physically Challenged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mentally Challenged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Income*	<input type="checkbox"/> Below (<) 1 Lakh <input type="checkbox"/> 1 Lakh to <5 Lakh <input type="checkbox"/> 5 Lakh to < 10 Lakh <input type="checkbox"/> 10 Lakh to < 25 Lakh <input type="checkbox"/> 25 Lakh & above
Occupation Type*	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture
	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others
Customer Category	<input type="checkbox"/> TCSP-Trust and Company Service Providers <input type="checkbox"/> Car & Luxury Goods Dealer <input type="checkbox"/> Stock Brokers <input type="checkbox"/> Scrap Dealers
	<input type="checkbox"/> Chartered Accountant and CA firms <input type="checkbox"/> Notaries <input type="checkbox"/> Other Independent Legal Professionals and accountants
	<input type="checkbox"/> Real Estate Agents & Brokers <input type="checkbox"/> Contractors <input type="checkbox"/> Dealers in Precious Metals or Stones
	<input type="checkbox"/> Others
Source of Income*	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Professional/Self-Employed <input type="checkbox"/> Agriculture <input type="checkbox"/> Pension <input type="checkbox"/> Others

Colour Photo of Applicant

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