Branch Code	CSB Customer ID (if available)			Date (dd/mm/yyyy)	
Name of Customer Title (Mr./ Mrs./ Miss)	F I R S T	N A M E	M I D D	L E N A M E	L A S T N A M E

Additional Details

Can you tell us a little more about yourse
1. How best would you describe your relationship with CSB
First time interaction
I have a prior banking experience with CSB
My friend/relative banks/had banked with CSB
☐ I have a friend/relative working here
☐ I work here
2. Would you be interested in any of the below financial products in the next 3 months
Home loan
Personal loan
Loan Against property
Life insurance
General insurance
Accident Protection Plan
Forex related services
National Pension Scheme (NPS)
3. About your residence
Own House / Apartment
Rented House
Ancestral House
Company Provided House
4. Are you insured?
Life Insurance Yes No
Provided by
Sum assured (₹)
Health Insurance
Provided by
Renewal Month
Vehicle Insurance Yes No
Provided by
Renewal Month
5 What also do you hardy with?
5. Who else do you bank with?
Bank 1
Bank 2
Bank 3
6. I am interested in opening a Recurring Deposit A/c with the Bank Yes No