

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	<input type="checkbox"/> 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																								
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*	<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/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*	<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*																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

Additional details required* (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

Witnesses (Thumb impression shall be attested by two witnesses)

1. Signature : _____ Name : _____ Address : _____ Place & Date : _____	2. Signature : _____ Name : _____ Address : _____ Place & Date : _____
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[illegible]

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