

Title	<input type="checkbox"/> Individual Applicant <input type="checkbox"/> Co Applicant-I <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor <input type="checkbox"/> Director-I <input type="checkbox"/> Other-I.....																			
Name* (Same as ID Proof)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Maiden Name (If any)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Spouse Name*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Father's Name*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Mother's Name*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Mother's Maiden Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender																			
Residential Status/Constitution	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National Overseas <input type="checkbox"/> Citizen of India <input type="checkbox"/> Person of Indian Origin																			
Are you an existing customer. If yes, provide Customer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
PAN Card/Form 60*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Director Identification Number (DIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Occupation*	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Politician <input type="checkbox"/> Student <input type="checkbox"/> Others/Not Categorised																			
If Salaried, Type of Organization (tick the relevant option)*	<input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <input type="checkbox"/> Multinational <input type="checkbox"/> Trust/Association/Society/Club																			
Nature Of Employment*	_____ (As per the type of organization selected above,mention the details of profession example:Director/Banker/Agent)																			
If Self Employed, Nature of Business (tick the relevant option)*	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Service Provider <input type="checkbox"/> Agriculture <input type="checkbox"/> Others																			
Description of Business*	_____ (As per the Nature of Business selected above, mention the details of Business example: Tour Operators/Trading of food products)																			
No. of Years in Business*	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months																			
Annual Income (Gross-In lakh)*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Source of Fund (tick the relevant option)*	<input type="checkbox"/> Salaried <input type="checkbox"/> Investment <input type="checkbox"/> Professional Fees <input type="checkbox"/> Business Earnings <input type="checkbox"/> Commission <input type="checkbox"/> Agriculture																			
Nationality (tick the relevant option)*	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Kindly mention nationality, if apart from Indian)																			
Community*	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Parsi <input type="checkbox"/> Jain <input type="checkbox"/> Others																			
Date of Birth*	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y																			
Email Address*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Mobile No.*	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
Category	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General         Other _____																			
Education	<input type="checkbox"/> Matriculate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Professional																			
Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married         Other _____																			
Number of Dependents	<input type="text"/> <input type="text"/>																			
Person with Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No																			

**Proof of Identity and Permanent Residence Address\***

PAN No.																													
Aadhaar No.																													
Election ID																													
Any Other KYC (Specify)																													
ID No.																													
Issued Place																													
Issued Date																													
Residence Address*																													
City/Town/Village*																													
District																													
PIN/Post Code							State/UT																						
Country																													
Nearest Landmark*																													
Type of Residence	<input type="checkbox"/> Self Owned		<input type="checkbox"/> Parental Owned		<input type="checkbox"/> Rental		<input type="checkbox"/> Residence Cum Office		Mortgaged		<input type="checkbox"/> Yes		<input type="checkbox"/> No																
If Self Owned Ownership	<input type="checkbox"/> Individual		<input type="checkbox"/> Joint																										
No. of Years in the Residence Address			Years				Months																						

**Current Address** **Same as Residence Address mentioned above** ☐

Current Residence Address*																													
City/Town/Village*																													
District																													
PIN/Post Code							State/UT																						
Country																													
Nearest Landmark*																													
Type of Residence																													
If Self Owned Ownership																													
No. of Years in the Current Residence address			Years				Months																						