



NAGPUR NAGARIK SAHAKARI BANK LTD.

(MULTISTATE SCHEDULED BANK)

CUSTOMER INFORMATION FORM - RETAIL (CIF CREATION/AMMENDMENT)

APPLICATION TYPE: NEW UPDATE

- Please fill the form preferably in **BLACK** ink only
- Please fill the form in **CAPITAL LETTERS** only
- Please tick (v) the appropriate boxes
- Fields marked (*) are mandatory

BRANCH: _____

CIF ID: _____

DATE: _____

CKYC No.: _____

Customer Type: Normal Minor Guardian of Minor

Account No.: _____

(A) PERSONAL DETAILS

Full Name in CAPITAL LETTERS (In order of FIRST, MIDDLE, LAST NAME, leaving a space between words)

1. Full Name: * _____
(Same as ID proof)

2. Name of * Father Spouse

3. Mother's Name: * _____

4. Date of Birth: * _____ 5. Customer Type: * Individual Sr. Citizen Staff Ex-Staff

6. Gender: * Male Female Others 7. Marital Status: * Single Married Divorced Widowed

8. Name of Guardian: * _____
(In Case of Minor)

9. Relationship with Guardian: * _____

10. Nationality: * Indian NRI Others (Pl. specify) _____

11. Occupation Type: * **Service:** State Govt. Central Govt. Public Sector Undertaking Pvt. Sector
 Defence

Other Occupation: Agriculture Retired Teacher Share & Stock Broker Social Worker
 Insurance Agent Driver Fishing Housewife Real Estate Agent Politician
 Medical Prof Builder Jeweller Labour Import/Export Small Business
 Industrialist Journalist Transport Priest Law (Advocate) Tech. Consultant
 Pharmacist Doctor Nursing Salaried Architect/Engineer Pawn Shop
 CA/ICWA/CS/Taxation/Finance Others (Pl. Specify) _____

12. Name & Address of Employer / Organization: _____

Designation/Profession: _____ Nature of Business: _____

13. Annual Income: _____ Net Worth (Approx.): _____

14. Religion: * Hindu Muslim Christian Sikh Jain Zorastrians Others (Pl. Specify) _____

15. Category: * General OBC SC ST Others (Pl. Specify) _____

16. Person with Disability: Yes No If Yes, Pl Specify _____

17. Educational Qualification: * Up to 9th Class Passed 10th Class Passed 12th Class Passed
 Graduate (Gen.) Post Graduate (Gen.) Medical Graduate/PG Computer Degree/Diploma
 Engineering Graduate/PG Law Graduate/PG Illiterate MS/MBA/MCA
 CA/CS/ICWA/CFA Others (Pl. specify) _____

18. Please tick (v) applicable box: * Associated with foreign company/organisation/government/important Political Party Officials
 Relative of person Associated with foreign company/organisation/government/important Political Party Officials NONE

19. PAN No.: *

20. AADHAR No.: *

If NO PAN FORM 60/61: (If country of Tax Residence is not in India and in any other country or territory outside India then please fill FATCA details form)

(B) CONTACT DETAILS

1. Mobile No.: * Email: _____
 (with ISD Code)
 Tel. (Res): STD Tel. (Off):

(C) DETAILS OF IDENTIFICATION DOCUMENTS:

* Type of Documents	Document Number	Issuing Authority	Date of Issue	Expiry Date (If any)	Place of Issue

(D) ADDRESS DETAILS

***REGISTERED/PERMANENT ADDRESS**
 Address Type: Residential & Business Residential Business
 Building No./ Flat No./Building Name:
 Street/Road Area/Locality:

 City & District:
 State: PIN:
 Country:

***MAILING/COMMUNICATION/CORRESPONDANCE ADDRESS**
 Address Type: Residential & Business Residential Business Same as Above
 Building No./ Flat No./Building Name:
 Street/Road Area/Locality:

 City & District:
 State: PIN:
 Country:

(E) DECLARATION OF BENEFICIAL OWNERSHIP

I/We undersigned hereby confirms and declares that the following **natural person(s)** exercise control or ultimately have a controlling ownership interest of capital /profits/property or controlling through voting rights, agreement, arrangement etc. Yes No

If yes, please fill the details-

1. Name & Address of Beneficial owner/controlling natural person(s) _____

 2. Date of Birth _____ 3. Beneficial Owner KYC (PAN) _____

 Name and signature of Applicant

(F) DECLARATION CUM UNDERTAKING CUM SELF DECLARATION

1. I have read the copy of Terms & Conditions of the Account Opening Form given to me. The Terms & Conditions have been explained to me and having understood, I accept the same.
2. I hereby declare that I have submitted the Aadhar Card issued by UIDAI voluntarily for identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002.
3. I hereby consent that the Bank may verify the same with the UIDAI and authorise expressly to release the identify and address through biometric /OTP based authentication to the Bank. Yes No (E-KYC authentication and Aadhar seeding is mandatory for availing DBT benefit.)

* Please Paste
Recent Passport
Size Photo

(Do Not Staple)

Full Name of Applicant

Signature/Thumb Impression of the Applicant

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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(G) FOR OFFICE USE ONLY

Documents received Self-certified Verified from Original

1. Self-certifications, documents & photographs received as a part of account opening process have been verified and found correct.
2. Certified that copy of Terms & Conditions signed by Customer obtained.
3. Certified that implications & conditions for the operation of the account have been explained to the depositor (only in case of Illiterate Applicant)
4. Applicant has/have signed the form in my presence.
5. Form No. 60/61 duly filled verified and enclosed (If PAN No. is not available.)
6. I hereby certify that this Customer Information Form is complete in all respects.

Risk Category: * High Medium Low

Permitted to open CIF:

Checked found in order (Bank Official)

Approved by Branch Manager

Name & Designation: _____

Name: _____

Stamp & Signature: _____

Stamp & Signature: _____