



INFORMATION SHEET FOR SAVINGS BANK/CURRENT ACCOUNT
(To be obtained for each individual separately)

Sri./Smt.
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We solicit the following details in order to serve you better and offer our products & services more suitable to your requirements:

CUSTOMER ID	CUSTOMER IC	ACCOUNT NO.
First Name:	Middle Name:	Last Name:
Father's/Husband's Name:		
Office Address: <i>Line 1</i>	Office Address: <i>Line 1</i>	
<i>Line 2</i>	<i>Line 2</i>	
<i>Line 3</i>	<i>Line 3</i>	
City District	City District	
State	State	
Pin Code	Pin Code	
Communication to be sent to: Office Address <input type="checkbox"/> Permanent Address <input type="checkbox"/>		
Date of Birth(DD/MM/YYYY): / /	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Blood Group:	
Religion:	Category: SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> OBC <input type="checkbox"/> OTHERS <input type="checkbox"/>	
Minority Community: Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Parsi <input type="checkbox"/> Zoroastrian <input type="checkbox"/>		
Educational Qualification: Non Matric <input type="checkbox"/> HSC/SSC <input type="checkbox"/> Under-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate <input type="checkbox"/>		
Occupation: Salaried <input type="checkbox"/> Business <input type="checkbox"/> Self Employed/Professional <input type="checkbox"/> (Pl. specify doctor, engg, etc) Student <input type="checkbox"/> Agriculture/Allied <input type="checkbox"/> Retired <input type="checkbox"/> Retired <input type="checkbox"/> (specify) Company Name :		
Marital Status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/>		No. of dependents: Children Others
Name of the spouse:		
Spouse Educational Qln.: Non-Matric <input type="checkbox"/> HSC/SSC <input type="checkbox"/> Under-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>		
Occupation of the spouse:.....		
Whether member of any club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details like Lions club, Rotary Club etc		
Whether an Ex-serviceman	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Identification Type:				Number/Details:			
Passport	<input type="checkbox"/>	Ration Card	<input type="checkbox"/>				
Driving Licence	<input type="checkbox"/>	Voter ID	<input type="checkbox"/>				
Income Category		60000-	1.2 to	1.8 to	3 to	Above	
(Annual) (Rs.): Upto 60,000		<input type="checkbox"/>	1.2 lac	<input type="checkbox"/>	1.8 lacs	<input type="checkbox"/>	3 lacs
		<input type="checkbox"/>	5 lacs	<input type="checkbox"/>	5 lacs	<input type="checkbox"/>	
Annual Turnover (Applicable to CA):							
Do you own: House <input type="checkbox"/> Two-Wheeler <input type="checkbox"/> Car <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer <input type="checkbox"/> Air-conditioner <input type="checkbox"/>							
PAN/GIR No.:				OR Form 60	<input type="checkbox"/>	Form 61	<input type="checkbox"/> submitted
Phone No/s. with STD Code (Off)				Phone No/s. with STD Code (Res)			
Fax No.:				Mobile No.:			
E-mail ID:							
Type of Accommodation:		Owned <input type="checkbox"/>	Office provided <input type="checkbox"/>	Rented <input type="checkbox"/>			
Age wise bifurcation of family members	Up to 10 years	11 to 20 years	21 to 30 years	31 to 40 years	41 to 50 years	51 to 60 years	Above 60 years
Male							
Female							
Whether relatives settled abroad: If yes, please provide full details with names & addresses				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Visits abroad in last 3 years (number of visits)							
Your other banking arrangements If yes, name of the bank & branch: Type of account/facilities:				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Credit facilities enjoyed:				Vehicle Loan	<input type="checkbox"/>	Consumer Loan	<input type="checkbox"/> housing loan
				Term Loan	<input type="checkbox"/>	Overdraft	<input type="checkbox"/>
Do you have credit card/s: If yes, details to be furnished				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Cancard	<input type="checkbox"/>	Others	<input type="checkbox"/>

Please tick the appropriate box provided

Place:

Date:

Signature of customer

Countersigned by branch-in-charge