



CITIZEN CREDIT CO-OPERATIVE BANK LTD

(A Scheduled Multi-State Bank)
REGD. NO. MSCS/CR/75/98 DT. 20-1-98

CUSTOMER INFORMATION FORM (Non-Individuals)

Customer Constitution	Proprietorship	Partnership	Pvt. Ltd. Co	LLP	HUF	
	State Govt. Body	Society	Association		Trust	Others

Account Details

*Each Joint Applicant/Guardian should fill up separate Personal Information Sheet

Name M/s. _____

Date of Incorporation

D	D	M	M	Y	Y

 Registration No. _____

Share Holder No.

--	--	--	--	--	--

 City _____ Authority _____

PAN No.

--	--	--	--	--	--	--	--	--	--

 CIN No. _____

Contact Details

Registered Office:

Flat / Door / Block No.: _____

Name of Premises / Building / Village: _____

Road / Street / Lane / Post Office: _____

Area / Locality / Taluka / SubDivision: _____

City _____ District _____ State _____

Pin code _____ Country _____ E-mail _____

Phone No

--	--	--	--	--	--	--	--	--	--

 Mobile

--	--	--	--	--	--	--	--	--	--

Mailing Address :

Flat / Door / Block No.: _____

Name of Premises / Building / Village: _____

Road / Street / Lane / Post Office: _____

Area / Locality / Taluka / SubDivision: _____

City _____ District _____ State _____

Pin code _____ Country _____ E-mail _____

Phone No

--	--	--	--	--	--	--	--	--	--

 Mobile

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Other Details

Nature Of Business ☐ Import/Export IEC Code _____ Value (Rs. Lacs) _____

<input type="checkbox"/> NBFI	<input type="checkbox"/> Stock Brokerage	<input type="checkbox"/> Gas Stations	<input type="checkbox"/> Car/Boat/Plane Dealership	<input type="checkbox"/> Electronics
<input type="checkbox"/> Travel Agency	<input type="checkbox"/> Used Car Sales	<input type="checkbox"/> Telemarketers	<input type="checkbox"/> Telecommunication Service	<input type="checkbox"/> Pawnshops
<input type="checkbox"/> Auctioneers	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Law Firms	<input type="checkbox"/> Notaries	<input type="checkbox"/> Accountants
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trader	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Secretarial Firms	<input type="checkbox"/> Gambling
<input type="checkbox"/> Money Service Business	<input type="checkbox"/> Embassies/Consultants	<input type="checkbox"/> Off-shore Corporation/Business		
<input type="checkbox"/> Venture Capital Companies	<input type="checkbox"/> Trusts/Charities/NGO/NPO	<input type="checkbox"/> Dealers in High Value or Precious Goods		
<input type="checkbox"/> Investment or Money Management Company	<input type="checkbox"/> Arms manufactures/dealers	<input type="checkbox"/> Other (please specify) _____		

Details Of Activity

Annual Turnover

<input type="checkbox"/> < 50,000	<input type="checkbox"/> 50,000 -1,00,000	<input type="checkbox"/> 1,00,000-3,00,000
<input type="checkbox"/> 3,00,000-5,00,000	<input type="checkbox"/> 5,00,000-10,00,000	<input type="checkbox"/> > 10,00,000

Vehicle Owned

<input type="checkbox"/> Two Wheeler	<input type="checkbox"/> Four Wheeler
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Registered Address Type

<input type="checkbox"/> Owned	<input type="checkbox"/> Rented / Leased
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- ☐ We declare that we do not enjoy any credit facilities with any bank.
- ☐ We enjoy the following credit facilities with other banks at present.

Bank Name	Branch Name	Type Of Facility	Amount

KYC Details

Features	Documents
Accounts of individuals	Please tick the documents submitted
Proof of Identity	Passport PAN card Voter's Identity Card Driving license Identity card (subject to the bank's satisfaction) Letter from a recognized public authority or public servant verifying the identity and residence of the customer to the satisfaction of bank
Proof of Address	Telephone bill Bank account statement Letter from any recognized public authority Electricity bill Ration card Letter from employer (subject to satisfaction of the bank) Other Document _____
Accounts of companies	Certificate of incorporation and Memorandum & Articles of Association Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account Power of Attorney granted to its managers, officers or employees to transact business on its behalf Copy of PAN allotment letter Copy of the telephone bill
Accounts of partnership firms	Registration certificate, if registered Partnership deed Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf Any officially valid document identifying the partners and the persons holding the Power of Attorney and their addresses Telephone bill in the name of firm/partners
Accounts of trusts & foundations	Certificate of registration, if registered Power of Attorney granted to transact business on its behalf Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/ directors and their addresses Resolution of the managing body of the foundation/association Telephone bill

Specimen Signature(s)

AUTHORIZED SIGNATORIES

DESIGNATION

SIGNATURE(S)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Place : Date :

For Bank Use Only

Customer ID :

Date :

KYC AND RISK PROFILE CERTIFICATION

No	Proof Type	Name of the doc	Number	Issuing authority	Place of issue	Date of issue	Expiry date
1	Business Proof						
2	Business Proof						

KYC Certification

We have perused the Original Documents and as per KYC norms all are correct. Further to know about the customer we have enquired locally and /or we personally visited the places of addresses given by the customer to ascertain the correctness. All the signatories have signed before me. I authorize opening of the account. Also we certify that according to the nature of Business/activity, this account may be treated under the below selected risk category.

RISK LEVELLOWMEDIUMHIGH

I also confirm that the form has been signed by the applicant in my presence.

Name of Bank Official :

Place :

Date :

Signature of Bank Official