



# इंद्रायणी को-ऑप. बँक लि. पिंपरी.

स्था.२००९

Head Office-Plot no: 109/B, CTS NO:1480, Near Sadhu Waswani Garden, Jamtani Chowk, Pimpri, Pune.411017

## RE - KYC FORM (INDIVIDUAL)

Customer ID

Account No.

ग्राहक क्रमांक

खाते क्रमांक

Full Name of the Customer [in the order of : Title (Mr./Mrs./Smt.) - Surname - First Name - Middle Name]

ग्राहकाचे संपूर्ण नांव [ संबोधन (श्री./सौ./श्रीमती) - आडनांव-नांव-पित्याचे नांव या क्रमाने ]

Address :

पत्ता

Date of Birth :

जन्म दिनांक

Mobile No. :

मोबाईल :

Email ID :

ईमेल आय डी.

Aadhar No. :

आधार क्रं :

PAN No. :

पॅन क्रं

### Personal Information / वैयक्तिक माहिती

Religion  Hindu  Buddhist  Muslim  Sikh  Christian  Zoroastrian  Other  
धर्म  हिंदू  बौद्ध  मुस्लिम  शीख  ख्रिश्चन  पारशी  अन्य

Occupation  Salaried  Retired  Self Employed  Student  Business  Agriculture  Politician  
व्यवसाय  पगारदार  निवृत्त  स्वयंरोजगार  विद्यार्थी  व्यवसाय  शेती  राजकर्णी

Source of Income  Salary  Business  Investment  Agriculture  Other (Specify)  
उत्पन्नाचे साधन  नौकरी  व्यवसाय  गुंतवणूक  शेती  अन्य (तपशील द्यावा)

Gr. Annual Income  Up to 1 Lac  1 to 3 Lac  3 to 5 Lac  5 to 10 Lac  10 to 25 Lac  More than 25 Lac  
एकुण वार्षिक उत्पन्न  १ लाख पर्यंत  १ ते ३ लाख  ३ ते ५ लाख  ५ ते १० लाख  १० ते २५ लाख  २५ लाखांहून जास्त

### KYC DOCUMENT SUBMITTED (SELF CERTIFIED) (Tick any one of the following)

Passport  Aadhar Card  Pan Card  Electricity Bill  Driving Licence  Rent Agreement  
 Possession of proof of Aadhar  Other

### CUSTOMER'S DECLARATION

I hereby declare that the details submitted by me for my identify and address are true to the best of my knowledge and belief. I authorised the bank to update my KYC details / address as per information provided by me. I undertake to inform you of any changes therein, immediately. In case the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Applicant's Signature / अर्जदाराची सही

Officer's/ Branch Manager / अधिकारी / शाखाधिकारी स्वाक्षरी