

Small Business Banking Facility Application Form - Co-Applicant Details

Mention Application Serial No. here

	Co-/	Applicant / Partner	/Director /Other	Details	
*Related Person Type	Individual Applicant Proprietor Partner Director Promoter Karta Trustee Court Appointment Official Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (please specify)				
*Details of Related Person	Addition Of Related Person Updated Related Person Deletion of Related Person				
CKYC Identifier					
Title					
	Prefix	First Name	Middle Name	Last Name	
*Name (Same as ID Proof)					
Maiden Name (If any)					Applicant Photograph
*Spouse Name					
*Father's Name					Please sign across the Photograph
*Mother's Name Mother's Maiden Name					
*Gender	Male	e Female [Third Gender		
*Residential Status/Constitution:	Resident Individual Non Resident Indian Foreign National Overseas Citizen Of India Person Of Indian Origin				
Existing Cust ID					·
*PAN Card			Form 60 Furnished	Y N	
* Director Identification Number (DIN) (In case Of Director)					
*Occupation	Salaried Self Employed Unemployed Retired House Wife Politician Student Others/Not Categorised				
*If Salaried, Type of Organization (tick the relevant option)	Pvt. Ltd. Public Ltd. Proprietorship Partnership firm Public Sector Government Multinational Trust/Association/Society/Club Public Sector				
*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	Manufacturer Trader Service Provider Information Technology				
(tick the relevant option)	Professional Service Provider Agriculture 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	Years Months				
*Annual Income (Only absolute and numeric value to be filled)	₹ (Total of all income declared)				
*Source of Fund (tick the relevant option)	Sala	ried Investment	Professional Fees Bu	usiness Earnings Comm	nission Agriculture
Source of Wealth (Only for PEP Cases)	Inherited funds Property Investment Others (Please Specify:) NIL Wealth (In Absolute Fig):				
*Nationality (tick the relevant option)	India		,	n nationality, if apart from Ind	
*Community	Hind		ian 🗌 Sikh 🗌 Buddhist 🗌	Zoroastrian Parsi	Jain Others
*Date of Birth		MMYYYY			
*Proof of Identity and Permanent Reside	nce Addre	ess:			
1. Certified copy of OVD or Equivalent e-	document	of OVD or OVD obtained thr	ough digital KYC process needs to	be submitted (anyone of the f	ollowing OVDs)
A. Passport Number	DD	ММҮҮҮҮ	Pass	sport Expiry Date D D M	ΜΥΥΥΥΥ
B. Voter Id Card No.					
C. Driving Licence			Driving	g Lic. Expiry Date DDM	ΜΥΥΥΥΥ
D. NREGA Job Card					
E. National Population Register Letter					
F. Proof Of Possession Of Aadhaar					
2. E-KYC Authentication					
3. Offline verification of Aadhar					
4. GSTIN(Details)				Registration Date DDM	ΜΥΥΥΥΥ

*Residence Address						
		City/Town/Village				
		District PIN/ Post Code				
		State/U.T. Country Country				
No.of months in the Re	esidence address	Years Months				
Proof Of Identity and	Current Address	Same as Residence Address mentioned above				
1. Certified copy of OV	/D or Equivalent e-d	e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)				
A. Passport Number						
B. Voter Id Card No.						
C. Driving Licence						
D. NREGA Job Card						
E-National Population						
Register Letter						
F. Proof Of Possessio	n of Aadhaar					
2. E-KYC Authenticat	ion					
3. Offline verification	of Aadhaar					
4. Deemed PoA						
5. Self Declaration (Ple	ease fill additional A	inexure)				
*Current Residence A	ddress					
		City/ Town/ Village				
		District PIN/Post Code				
		State/U.T. Country				
No. Correction in the D						
No.of months in the Re		Vears Months				
*Relationship With Ap	pplicalit	Guarantor Beneficial Owner Authorised Signatory				
Tel (Off)						
Tel (Resi)						
*Email Address	_					
*Mobile No.						
Category		SC ST OBC General Others				
Education		Matriculate Undergraduate Graduate Postgraduate Others				
Marital Status		Unmarried Married Others Number of Dependents *Person With Disability Yes No				
		Customer Declaration				
I.FATCA-CRS Declara	tion					
(Please tick the applic	cable tax resident de	claration (Any one)*				
I am a tax resident of India and not resident of any other country OR 🗌 I am a tax resident of the country/ies mentioned in the table below:						
Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax Number below						
City of Birth* Country of Birth*						
Address Type for Tax Purposes* Resident Business Registered office						
Country# Tax Identification Number ^		Identification Type (TIN or Address for Tax Purpose*				
		Other, please specify) [^] Communication Address Permanent Address Please note the address below				
		Landmark				
		Landmark Country PIN State				

#To also include USA, where the individual is citizen/green card holder of USA ^ In case Tax Identification number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

II. All the clauses signed by the Applicant are also bound & to be abided by the Co Applicant.

III. All the terms and conditions agreed to by the Applicant under the application form submitted by the Applicant to the Bank (a copy of which has been made available to and read and understood by the Co-Applicant) are also applicable and to be abided by the Co Applicant.

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