

Small Business Banking Facility Application Form - Co-Applicant Details

Mention Application Serial No. here

	Co-Applican / Partner / Director / Other Details		
*Related Person Type	Individual Applicant Proprietor Partner Director Promoter Karta		
	Trustee Court Appointment Official Beneficiary Authorised Signatory		
*Details of Related Person	Beneficial Owner Power of Attorney Holder Other (please specify) Addition Of Related Person Deletion of Related Person Deletion of Related Person		
CKYC Identifier			
Title			
1.00	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	the intrograph		
*Gender	Male 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	Pvt. Ltd. Public Ltd. Proprietorship Partnership firm Public Sector		
(tick the relevant option)	Government Multinational Trust/Association/Society/Club		
*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 (tick the relevant option)	Manufacturer Trader Service Provider Information Technology 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)	Salaried Investment Professional Fees Business Earnings Commission Agriculture		
*Nationality (tick the relevant option)	Indian Other (Kindly mention nationality, if apart from Indian)		
*Community	☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Buddhist ☐ Zoroastrian ☐ Parsi ☐ Jain ☐ Others		
*Date of Birth	DDMMYYYY		
*Proof of Identity and Permanent Reside			
1. Certified copy of OVD or Equivalent e-	document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)		
A. Passport Number	DDMMYYYY Passport Expiry Date DDMMYYYY		
B. Voter Id Card No.			
C. Driving Licence	Driving Lic. Expiry Date DDMMYYYY		
D. NREGA Job Card			
E. National Population Register Letter			
F. Proof Of Possession Of Aadhaar			
2. E-KYC Authentication			
3. Offline verification of Aadhar			

*Residence Address]		
			٦		
		City/ Town/ Village	٦I		
		District PIN/ Post Code	٦I		
		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-c	document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)			
A. Passport Number		D D M M Y Y Y Y Passport Expiry Date D D M M Y Y Y Y			
B. Voter Id Card No.					
C. Driving Licence		Driving Lic. Expiry Date DDMMYYYY			
D. NREGA Job Card					
E-National Population Register Letter	n				
F. Proof Of Possession	n of Aadhaar				
2. E-KYC Authenticat	ion				
3. Offline verification	of Aadhaar				
4. Deemed PoA					
5. Self Declaration (Ple		innexure)	_		
Current Residence Ad	ldress				
			_		
		City/ Town/ Village	_		
		District PIN/ Post Code	_		
		State/U.T. Country Country			
No.of months in the Residence address					
*Relationship With Applicant Guarantor Beneficial Owner Authorised Signatory					
Tel (Off)					
Tel (Resi)					
*Email Address					
*Mobile No.					
Category		SC ST OBC General Others			
Education		Matriculate Undergraduate Graduate Postgraduate Professional Others			
Marital Status		Unmarried Married Others Number of Dependents *Person With Disability Yes No			
		Customer Declaration			
I.FATCA-CRS Declaration (Please tick the applicable tax resident declaration (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:					
		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	011			
	Number ^	Other, please specify)^ Communication Address Permanent Address Please note the address below			
		Landmark			

#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.

PIN

State

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.



Country_