



Photo/Seal
Please affix a recent passport size photograph

Branch Code No.: [][][][][][]

Branch Office _____

Date : [][] [][] [][][][]
day month year

CUSTOMER INFORMATION FORM
(To be filled Separately by Institutions/Corporate Body)

A. Customer ID No.: [][][][][][][][][][][]
(To be filled by Bank)

Details of Institution

B. Name of Institution: _____

C. Constitution:
 Proprietorship Partnership P. Ltd. Ltd. Corporation Other (specify) _____

D. Details of Registration:

i. **Registration No.:** [][][][][][][][][][][][][]

ii. **Registered With:** Dept. of Industry Cottage & Small Ind. Dept. of Commerce
 Company Registrar Office Other (specify) _____

iii. **Date of Registration:** BS [][][][][][][][] AD [][][][][][][][]
day month year day month year

iv. **Registration Valid Upto:** BS [][][][][][][][] AD [][][][][][][][]
day month year day month year

v. **Registered Address at the Time of Registration:**

Lane/House No.: _____ Tole: _____

District: _____ Rural Municipality/Municipality: _____ Ward No.: _____

Ph. No.: _____ Fax No.: _____ Mail ID: _____ Website: _____

vi. **Changed in Registered Address, if any:**

Lane/House No.: _____ Tole: _____

District: _____ Rural Municipality/Municipality: _____ Ward No.: _____

Ph. No.: _____ Fax No.: _____ Mail ID: _____ Website: _____

vii. **Working Area, If defined:** _____

viii. **Nature of Transactions:**

Trading Manufacturing Import Export Contractor Other (specify) _____

E. Offices at (List the places where it has having offices):

F. Whether Income Tax Assess: Yes No

If yes, please furnish PAN/VAT Number

PAN No. [][][][][][][][][]

VAT No. [][][][][][][][][][]

G. Details of Chief Executive Officer and Directors:

S.No.	Designation	Name	Permanent Address	Local Address	Tel No.	Mobile No.
1.						
2.						
3.						
4.						
5.						
6.						

H. Total Annual Turnover (Expected):

Upto 25 Lakhs Upto 1 Crore Upto 10 Crore More than 10 Crore

I. Total Annual Transaction No. (Expected):

Less than 20 transaction Less than 100 transaction More than 100 transaction

J. Dealing with other Banks and Financial Institutions:

Name of the Bank and Branch	Facilities/services being availed				
	SA	CA	OD	TL	Others

I here by declare that the information furnished above is true and complete.

Date : _____ / ___ / ___

Place : _____

Signature/Seal of Customer

FOR BANKS USE ONLY

A/c No., CID No. and Signature Verified and obtained all relevant certified copy of documents including Registration of the institution, Memorandum of Association, Article of Association, Bylaws, Audited Financial of last year, Tax Clearance Certificate etc.

If no, give the reasons and when it will be receive: _____

Checked by

Verified/Authorized by

Branch Manager