



CASO2

Personal Details (Authorised Signatory/Partner/Proprietor/Director/POA/LOA/Trustee/Beneficiaries/Senior Management/Guarantor)

*Role Type (Tick any one) ☐ Authorized Signatory ☐ POA ☐ LOA CIB Role (Tick any one if CIB Role Required) { ☐ Initiator ☐ Viewer ☐ Approver ☐ Initiator & Approver

*Relation Person Type: (Tick any one) ☐ Proprietor ☐ Director ☐ Promoter ☐ Trustee ☐ Partner ☐ Guarantor ☐ None of these

☐ Beneficial Owner (BO) If yes, provide % Share OR ☐ Senior Management

BO is the person holding more than 10% share capital in the Company /Partnership/ LLP or 10% & above in Trust or more than 15% in Association/BOI/Society/University. BO details need not be provided if the entity is a 'Listed Company' or a 'Majorly owned subsidiary of a listed company' in India or jurisdiction notified by Central Govt.

Existing CIF ID	☐ Y ☐ N	If Yes, CIF ID					Existing CKYC						
*Name	PREFIX FIRST MIDDLE LAST												
Maiden name (if any)	PREFIX FIRST MIDDLE LAST												
*Mother's Name	PREFIX FIRST MIDDLE LAST												
*Father's Name/Spouse Name	PREFIX FIRST MIDDLE LAST												
*DOB/DOI (DOI is for HUF only)					*Gender	☐ Male ☐ Female ☐ Third Gender	*Nationality						
*Place/City of Birth					*Country of Birth								
*PAN					OR	FORM 60 & PAN Acknowledgment No.							
PAN Acknowledgment Date					(Mandatory if PAN Acknowledgment No. is provided)				*Marital Status:	☐ Married ☐ Unmarried ☐ Others			
*Designation					#Occupation Code					#To be filled by branch			
*Resident Status	☐ Resident Indian(01) ☐ NRI(02) ☐ HUF(03) ☐ OCI(17) ☐ PIO(18) ☐ Foreign National - Non PIO(19)												
*Occupation Type	Tick any one { ☐ S-Service^ [☐ Private Sector ☐ Public Sector ☐ Government Sector] ☐ O-Others^ [☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student] ☐ B-Business ☐ X-Not Categorised								^Occupation sub-type to be selected for S-Service & O-Others				
*Mobile No					*Email Id								

ADDRESS (The address mentioned below will be updated as Communication & Permanent address. Same will be applicable for existing savings and current account also. The address can be changed post account opening if the customer wish to do so.)

*Line1																	
*Line2																	
Landmark																	
*City									*State								
*Country									*Pincode								

KYC OF THE INDIVIDUAL

Identity Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry
Address Proof Document Type	ID No.	Issuing Authority	Place of Issue	Date of Issue	Date of Expiry

DEBIT CARD ☐ Y ☐ N If yes, ☐ Business Supreme ☐ Business Platinum ☐ Business Classic

*Desired Individual Name on the Card Entity Name to be printed on Card ☐ Y ☐ N (First 14 characters of the name will be printed on the card)

FATCA-CRS Declaration

*Address Type for Tax Purpose ☐ Same as above ☐ As given below *Controlling Person Type Code (refer description on page 8)

*Line1																				
*Line2																				
Landmark									*City									*Pincode		
*State									*Country											

*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

Country*	Tax Identification Number*	Identification Type (TIN or Other*, please specify)

#To also include USA, where the individual is a citizen/green card holder of USA
%In case Tax Identification No. is not available, kindly provide functional equivalent



Name of Authorised Signatory

Signature of Authorised Signatory



Sign across the Photo