

**Regd. Office: "Sahakara Sadana", No.63/67, 24<sup>th</sup> Cross, Kilari Road, Bengaluru-53.  
Ph.No.2297 27 82 / 83**

For Office Use

**CUSTOMER IDENTIFICATION (CID) FORM**

(to be filled by Applicant only)

Please fill the form preferably in 'Black' ink only

Please fill the form in CAPITAL LETTERS only

Please tick the appropriate boxes

Please write your NAME as it appears in all your support documents

Affix latest passport size photograph/s in the box provided

Specify the addresses along with City, State & Pin Code

Please countersign in full for any overwriting / alteration

Field marked \* are MANDATORY

Photo

PID No.

CID No.

Specimen signature

Branch:

	Title	First Name	Middle Name	Last Name
Name*				
Father's Name*				
Grand Father's Name*				
Mother's Maiden Name*				
Spouse Name*				

Date of Birth [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Age [ ][ ] Years Minor [ ] Yes [ ] No  
 Gender [ ] Male [ ] Female [ ] Transgender  
 Marital Status [ ] Married [ ] Unmarried [ ] Others Marriage Date [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Foreign Resident [ ] Yes [ ] No [ ] Passport No. [ ] National No. [ ] None

Country		Issue Place		Passport / National No.	
Passport/National No. issue Date			Passport/National No. Expiry Date		

**MAILING ADDRESS**

Flat/Door/Building No.		Building Name			
Road No.		Area / Location			
City/Town		PIN Code		State	
Land Mark				BBMP PID No.	

**PERMANENT ADDRESS** [ ] Please tick in case permanent address is the same as mailing address

Company Name					
Flat/Door/Building No.		Building Name			
Road No.		Area / Location			
City/Town		PIN Code		State	
Land Mark				BBMP PID No.	

**TYPE OF ACCOMODTION** [ ] Owned [ ] Rented [ ] Leased [ ] Office provided [ ] Others

**CONTACT DETAILS**

STD Code

Phone No.1

Phone No.2

FAX No.

Telephone No.				
Mobile Phone No.		Email ID		

**FOR MINOR**

	Minority Type	<input type="checkbox"/> Legal Minor <input type="checkbox"/> Natural Minor		Date of Majority	
Guardian	Person Name				
	Person ID		Guardian Relationship		

Mother's Name							
Religion		Caste		Mother Tongue			
Birth Place			Place of Domicile				
Children Count		Physically Handicapped	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Disability			
Ex-Service Man	<input type="checkbox"/> Yes <input type="checkbox"/> No	Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Risk Category	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High						
Blood Group		Height	Cms.	Weight	Kgs.	Children Count	

**DEPENDANTS DETAILS**

Sl.No.	Name	Age	Gender	Relation	Marital Status	Mobile Phone No.

<b>PROOF OF IDENTITY*</b> (Certified copy of any one of the following Proof of Identity needs to be submitted)			
Passport Number		Passport Expiry Date	
Driving License		Driving License Expiry Date	
PAN Card		UID (Aadhaar)	
Voter ID Card		NREGA Job Card	
Others (any document notified by RBI)			

<b>PROOF OF ADDRESS*</b> (Certified copy of any one of the following Proof of Identity needs to be submitted)			
<b>Address Type*</b> <input type="checkbox"/> Residential <input type="checkbox"/> Residential / Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
Passport Number		Passport Expiry Date	
Driving License		Driving License Expiry Date	
Registered Immovable Property Deed**		UID (Aadhaar)	
Voter ID Card		NREGA Job Card	
Utility Bill (latest)#		Property Tax paid Receipt**	
Bank Account Passbook/Statement		Post Office SB Passbook/Statement**	
Pension or family pension payment orders (PPOs)@		Letter of allotment of accommodation&	
Others (any document notified by RBI)			

# Utility Bill viz., electricity / telephone / postpaid mobile phone / piped gas / water bill

@ issued to retired employees by Government Department or Public Sector Undertakings, if they contain the address

&amp; issued by State or Central Govt. Department, Statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies.

\*\* for account opened under simplified measures.

**CATEGORY:** ☐ General ☐ OBC ☐ Scheduled Caste ☐ Scheduled Tribe ☐ Minority Group ☐ Others

**STATUS:** ☐ Illiterate ☐ Blind ☐ Pardanashin ☐ Physically Challenged ☐ Others

**EDUCATIONAL QUALIFICATION:**

☐ SSLC ☐ PUC ☐ Graduate ☐ Post Graduate ☐ Doctor ☐ Engineer  
☐ Ph.D. ☐ MBA ☐ Others

**OCCUPATION DETAILS**

☐ Agriculturist ☐ Farmer ☐ Business ☐ Service / Employee ☐ Self Employed ☐ Free Lancer  
☐ Home Maker ☐ Student ☐ Industrialist ☐ Retired / Pensioner ☐ Professional ☐ Others

**BUSINESS DETAILS**

☐ Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Public/Private Limited Partnership ☐ Bank ☐ Societies  
☐ Self Help Group ☐ Association ☐ Non Govt. Organization ☐ HUF ☐ Clubs ☐ Trust ☐ Others

**PUBLIC / PRIVATE LIMITED COMPANY**

	Trust	Bank	Association
<input type="checkbox"/> Financial Services Company	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Indian Commercial Banks	<input type="checkbox"/> Business Association
<input type="checkbox"/> PSU	<input type="checkbox"/> Public Trust	<input type="checkbox"/> Foreign Resident Banks	<input type="checkbox"/> Unregistered Association
<input type="checkbox"/> Others .....	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Co-Operative Banks	<input type="checkbox"/> Other Association

**SOCIETIES**

☐ Religious Trust  
☐ Credit Co-Operative ☐ Educational Trust  
☐ Non Credit Co-Operative ☐ Provident Fund Trust

**SELF EMPLOYED PROFESSIONAL** ☐ CA/CS/ICWA ☐ Lawyer ☐ Doctor ☐ Architect ☐ IT Consultant

**NATURE OF BUSINESS** ☐ Manufacturing ☐ Service Provider ☐ Stock Brokers ☐ Real Estate ☐ Retail Trading ☐ Wholesale Trading

**NATURE OF INDUSTRY**

<input type="checkbox"/> Automobile	<input type="checkbox"/> Retail Jewellery	<input type="checkbox"/> Fisheries / Poultry	<input type="checkbox"/> Transportation/Logistics
<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Furniture/Timber	<input type="checkbox"/> Cement / Paints	<input type="checkbox"/> Fertilizers/Chemicals / Seeds / Pesticides
<input type="checkbox"/> Contractors	<input type="checkbox"/> Broking	<input type="checkbox"/> IT / Software/BPO	<input type="checkbox"/> Electronics / Computer Hardware
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Advt. Agencies	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Issue & Portfolio Managements
<input type="checkbox"/> Education	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Hospital / Nursing Home / Clinics
<input type="checkbox"/> NBFC	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Hotels / Resorts	<input type="checkbox"/> Term Lending Institutions
<input type="checkbox"/> Money Lenders	<input type="checkbox"/> Shroff	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Diary / Food Processing
<input type="checkbox"/> Construction	<input type="checkbox"/> Steel/Hardware	<input type="checkbox"/> Media/Entertainment	<input type="checkbox"/> Textiles / Garments
<input type="checkbox"/> Auto Finance	<input type="checkbox"/> Marble/Granite	<input type="checkbox"/> Printing / Publishing	<input type="checkbox"/> Travel / Tour Agency
<input type="checkbox"/> Bullion	<input type="checkbox"/> Leasing & Hire Purchase	<input type="checkbox"/> Agricultural Commodities	<input type="checkbox"/> Housing Finance
<input type="checkbox"/> Others (specify) .....			

**BUSINESS / PROFESSION DETAILS**

Business Name		Date of Establishment			
Nature of Constitution		<input type="checkbox"/> Professional <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Company			
Nature of Business /Constitution					
Business / Profession address					
Registration No.		Sales Tax No. / VAT No.		PAN No.	
Annual Turnover	Rs.	Gross Income/Profit	Rs.	Net Income/Profit	Rs.

**EMPLOYMENT DETAILS**

Employer Name			Employer Type	[ ] Central [ ] State [ ] PSU [ ] Others	
Staff No.		Designation		Department	
Employer Address					
Working since		Remaining Service		Whether job is transferable	[ ] Yes [ ] No
Details of previous employment, if any					
Gross Salary	Rs.	Deductions	Rs.	Net Salary	Rs.

**ADDITIONAL INFORMATION:****In BHAVASARA BANK**

Name of the Branch		Customer ID		Dealing with since	
Deposits	Type of Account	Account No.		Balance Outstanding Rs.	
Credit facilities availed, if any	Account No.	Limit Rs.	Balance outstanding Rs.	EMI Rs.	

**PRESENT BANKER (other than Bhavasara Bank)**

Name of the Bank		Branch		Dealing with since	
Deposits	Type of Account	Account No.		Balance Outstanding Rs.	
Credit facilities availed, if any	Account No.	Limit Rs.	Balance outstanding Rs.	EMI Rs.	

**DETAILS OF ASSETS**

<b>Vehicle</b>	[ ] Car	[ ] Two-Wheeler	[ ] Others	[ ] None
<b>House you live in</b>	[ ] Up to Rs.25 lakh	[ ] Up to Rs.50 lakh	[ ] Up to Rs.75 lakh	[ ] Above Rs.1 Crore
<b>Other Investment</b>	[ ] Up to Rs.1 lakh	[ ] Up to Rs.2 lakh	[ ] Up to Rs.5 lakh	[ ] Above Rs.5 lakh
<b>Personal Income details</b>	[ ] Up to Rs.50,000	[ ] from Rs.50,001 to Rs.1 lakh	[ ] from Rs.1 lakh to Rs.3 lakh	
<b>Monthly Income</b>	[ ] from Rs.3 lakh to Rs.5 lakh	[ ] Above Rs.5 lakh to Rs.10 lakh	[ ] Above Rs.10 lakh	

**OTHER INFORMATION**

<b>Savings habits</b>	[ ] No Savings	[ ] Bank Deposits	[ ] PPF / NSC / Pension Fund	[ ] Mutual Fund	[ ] Others
<b>Borrowing history</b>	[ ] No Loans	[ ] Loans	[ ] No Credit Cards	[ ] Credit Cards	[ ] No Loans/Credit Cards
<b>Existing Credit Facilities</b>	[ ] Car Loan	[ ] Consumer Loan	[ ] Business / Agriculture	[ ] Housing Loan	[ ] Educational Loan
	[ ] Against Security	[ ] Others			
<b>Family Medical history</b>	[ ] No illness	[ ] Critical illness	[ ] No Critical illness	[ ] illness require regular treatment	
<b>Projected Income</b>	[ ] Stable Income	[ ] Irregular / varying income	[ ] Decline in income	[ ] No much variation	

**DECLARATION**

I hereby declare that the information and data furnished by me to The Bhavasara Kshatriya Co-op Bank Ltd., are true and correct.  
Towards address proof / identification, I have furnished attested copy of the following, with full / necessary details, which satisfy both:

.....  
I hereby agree and give consent for the disclosure by the Bank of all or any such

- Information and data relating to me required under any law.
- Information or data relating to any credit facility availed of / to be availed by me to CICs.
- Default, if any committed by me in discharge of my obligation as The Bhavasara Kshatriya Co-op Bank Ltd., may deed appropriate and necessary to disclose and furnish Credit Information Companies or any other agency as authorised in this behalf by RBI.

Place:

Date:

E:\Documents\DC\APPLICATIONS\Application Form-PID.docx

Signature of Person/Customer

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