

(Office Use Only)		Branch Code				Branch Name															
Date									Purpose*		Client Creation		Account Opening		KYC updation						
CSB Client Type*	☐ New Client	☐ Existing	☐	☐	☐	☐	☐	☐	☐	☐	CKYC No. (if available)										
Customer On Board Type	☐ Face to Face	☐ Non-Face to Face							Ref No.												

Instructions for filling the form
 1. Please fill in BLOCK letters only. Tick(✓) the appropriate boxes and leave one box blank between words. 2. Please submit address proof for present/permanent address taken into account. 3. Fields marked with an asterisk (*) are mandatory. 4. Use a separate CKYC Customer Profile Form for each joint holder. 5. Pin/Postcode is not mandatory if the country is other than India. 6. For KYC updation applications, CSB client ID is mandatory. 7. CKYC number is to be mentioned, if available.

Title (Mr./Mrs./Miss)																					
Name of Individual*																					
as per OVD																					
(leave 1 box blank between first name, middle name & last name)																					
Gender*		☐ Male	☐ Female	☐ Transgender	Are you an employee of CSB		☐ No	☐ Yes	If Yes, Emp. Code												
Residential Status*		☐ Resident	☐ Non-Resident Indian (NRI)	☐ Person of Indian Origin (PIO)	☐ Foreign National																
Father's Name*																					
Mother's Name*																					
Date of Birth*		D	D	M	M	Y	Y	Y	Y	City of Birth*											
Nationality*		☐ Indian	☐ Others																		
PAN*										or	Form 97* (If PAN is not available please furnish form-97)		☐	TRC or Certificate of Residence & Form 10F (Compulsory in the case of NRO accounts, for availing benefit of over tax deduction at source on interest under an applicable double taxation avoidance agreements)							
Marital Status If Married,		☐ Married	☐ Single	☐ Divorced	☐ Widowed	☐ Separated															
Name of Spouse												Wedding Date		D	D	M	M	Y	Y	Y	Y

*Mobile No: + country code (Primary Number) Alternate Mob. No: + country code	*Email ID: (Primary E-mail ID) Alternate Email ID:
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Mobile number declaration: I hereby request for registration / updation of the mobile number mentioned above (with country code) in your records and for sending any communication related to this account / customer ID as well as transaction advices. I further confirm that

(a) ☐ the said mobile number is held by me and is not in use by any third party **OR**

(b) ☐ this mobile number belongs to Mr./Mrs./Ms.....who is my.....

(relationship with subscriber of the mobile number). The reason I am giving this mobile number is that (i) ☐ the I am not having mobile number in my name OR (ii) ☐

.....(specify the reason)

Email ID declaration: I hereby request for registration / updation of the Email ID mentioned above in your records and for sending any communication related to this account / customer ID, as well as transaction advices. I further confirm that

(a) ☐ the said Email id is held by me and is not in use by any third party **OR**

(b) ☐ this Email id belongs to Mr./Mrs./Ms.....who is my.....

(relationship with holder of the Email id). The reason I am giving this Email id is that (i) ☐ I am not having Email id in it's own name OR (ii) ☐

.....(specify the reason)

Address type*	☐ Residential/Business	☐ Residential	☐ Business	☐ Regd. Office
Line-1*				
Line-2				
Line-3				
City/Town/Village*			District*	
Landmark				
State/UT*			Pin/Postal Code*	
Country*				
Proof of address submitted*				

Communication/Local Address (OVD to be submitted for proof of communication address, in case KYC furnished is other than Aadhaar)

	☐ Tick(✓) if same as Permanent Address	☐ Tick(✓) if same as Overseas Address			
Address type*	☐ Residential/Business	☐ Residential	☐ Business	☐ Regd. Office	
Line-1*					
Line-2					
Line-3					
City/Town/Village*				District*	
Landmark					
State/Province/Region*				Pin/Postal Code*	
Country*					
Proof of address submitted*					

Overseas Address (Applicable only for NRI/PIO/Foreign National - Certified copy of valid proof of address needs to be submitted)

	☐ Tick(✓) if same as Permanent Address	☐ Tick(✓) if same as Communication/Local Address			
Address type*	☐ Residential/Business	☐ Residential	☐ Business	☐ Regd. Office	
Line-1*					
Line-2					
Line-3					
City/Town/Village*				District	
Landmark					
State/Province/Region*				Postal/Zip Code*	
Country*					
Proof of address submitted*					

Proof of Address & Identity* (One self attested copy of any one of the following OVD documents needs to be submitted for residents. NRIs to furnish copy of passport)

Sl.No.	KYC Document Type	KYC Document Number	Date of Issue	Date of Expiry	Place of Issue	Issuing Authority	Issuing Country
1.	Aadhaar	XXXXXXXX_____	NA	NA		UIDAI	India
2.	Voters Id		NA	NA		ECI	India
3.	Driving License						
4.	Passport						
5.	MNREGA Job Card						
6.	National Population Register (NPR)						

Proof of Local Address*: If OVD (other than Aadhaar) does not have local address (Certified copy of any one of the following deemed OVDs to be submitted)

☐ Utility Bill	☐ Municipal Tax Receipt	☐ Pension payment Order (PPO)	☐ Letter of allotment of accommodation from employer issued by State/Central/Govt./Statutory or Regulatory Bodies/Public Sector Undertakings/Scheduled Commercial Banks/Financial Institutions/Listed Companies
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For NRIs/PIOs*

Sl.No.	KYC Document Type	KYC Document Number	Date of Issue	Date of Expiry	Place of Issue	Issuing Authority	Issuing Country
1.	Visa						
2.	Residence Permit						
3.	OCI/PIO Card						India
4.	Employment Contract/ID Card						
5.	Continuous Discharge Certificate (CDC)						
6.	Other Documents (Please specify)						

Additional Details (wherever applicable)

Religion	☐ Hindu	☐ Muslim	☐ Christian	☐ Buddhist	☐ Jainist	☐ Zoroastrian
	☐ Parsi	☐ Sikh	☐ Bhai	☐ Others		
Customer segment code*	☐ SC	☐ ST	☐ OBC	☐ Others		
Educational Qualification*	☐ Below SSC	☐ SSC	☐ HSC	☐ Graduate	☐ Masters	☐ Professional (CA,CS,CMA,Others)
	☐ Illiterate	☐ Doctoral				
*Disability	☐ No Disability	☐ Visually Challenged	☐ Physically Challenged	☐ Mentally Challenged	☐ Both Physically & Mentally Challenged	
	Percentage of Disability %					
Profession*	☐ Salaried	☐ Business	☐ Student	☐ Lawyer	☐ Doctor	☐ Self Employed/Professional
	☐ Pensioner	☐ Housewife	☐ Service	☐ Agriculture	☐ Retired	☐ Unemployed
DIN/DPIN	(Mandatory if customer is a director of a company)					
Source of Income*	☐ Salary	☐ Business	☐ Agriculture	☐ Pension	☐ Others	
Annual Income*	☐ Upto ₹ 1 Lakh	☐ Above ₹ 1 Lakh to ₹ 5 Lakh	☐ Above ₹ 5 Lakh to ₹ 10 Lakh	☐ Above ₹ 10 Lakh to ₹ 15 Lakh		
	☐ Above ₹ 15 Lakh to ₹ 25 Lakh	☐ Above ₹ 25 Lakh to ₹ 50 Lakh	☐ Above ₹ 50 Lakh to ₹ 1 Crore			
	☐ Above ₹ 1 Crore to ₹ 3 Crore	☐ Above ₹ 3 Crore to ₹ 5 Crore	☐ Above ₹ 5 Crore to ₹ 10 Crore	☐ Above ₹ 10 Crore		
Expected Turnover (If profession selected as Business, *Applicable for Individual Current account)	₹					
Organisation's Name (if salaried)						
Organisation's Address						
Is Politically Exposed Person*(PEP)	☐ Not PEP	☐ Domestic PEP	☐ Foreign PEP	☐ Relative of Domestic PEP	☐ Relative of Foreign PEP	
	☐ Close Associate of Domestic PEP	☐ Close Associate of Foreign PEP				
Any other information						

FATCA/CRS - Self Declaration Form

Note - The information in this section is being collected in order to fully comply with Foreign Account Tax Compliance Act (FATCA)/Common Reporting Standard (CRS) under Income Tax (11th Amendment) Rules, 2015 requirements. If you have any doubt/question about your tax residency, please contact your tax advisor.

Country/ies of Citizenship	1.		Country/ies of Tax Residency	1.	
	2.			2.	
	3.			3.	

Sl. No	Taxpayer Identification Number (TIN) / Functional Equivalent (FE)	Issuing Country of TIN/FE	If Functional Equivalent (FE) is used, mention the Document Name*

If TIN is not provided, please provide the reason/explanation:

- I hereby certify that I am not a tax resident in, or citizen of, any other country besides those listed above.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I undertake to advise the bank promptly of any change in circumstances, which causes the information contained herein to become incorrect and to provide the bank with a suitably updated declaration within 30 days of such change in circumstances.
- I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this form and to disclose to such tax authorities or such party any additional information that the bank may have in its possession.
- I certify that I am authorized (POA holder) to sign for the individual who is the beneficial owner of all the income to which this form relates and/or am using this form to document myself as an individual who is the Customer. In the event, if the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/information furnished by me as contained herein, I shall be solely liable and responsible for the same.

Declaration by Applicant

I hereby declare that the details given to the Bank are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes, therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it and that the Bank is entitled to freeze/suspend the client ID in such an event.

I hereby also affirm and declare that my address for correspondence is as mentioned overleaf. I understand that the address (positive) confirmation letter sent by the bank to that address, if returned undelivered, will result in the bank stopping all operations of my account, without further notice.

I/We hereby provide consent for capturing/collecting necessary details pertaining to me/us, upto the satisfaction of the Bank, for the purpose of onboarding.

In the event of a change in my residential status at any time after opening the account/ customer ID, I undertake to promptly inform the details to the Bank and authorize it to redesignate all my accounts in accordance with the residential status declared by me.

I undertake and unconditionally agree that in respect of this account/ Customer ID, all debits and credits in any of my accounts will be carried out strictly as per FEMA/ AML regulations.

I hereby state that I have no objection in and I hereby authorise CSB Bank validating and fetching my PAN with NSDL and my Aadhaar details from Unique Identification Authority of India (UIDAI) portal. I further authorise UIDAI to release my identity (name, father's name, gender, date of birth, address, biometric details etc.) available in UIDAI database to CSB bank Ltd. for verification of my identity for the purpose of creation/modification of client id. I also agree to provide the biometric scan of my finger(s) and the Aadhaar card details to/by CSB Bank Ltd. for the above purpose.

I hereby give my consent that my personal/KYC details may be shared with/retrieved from Central KYC Registry. Further I give my consent to receiving information from Central KYC Registry through SMS/E-mail on the registered mobile number/E-mail address. be disabled until I update my valid contact details with the Bank.

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Acknowledgement for Individual Customer ID Creation/ Update

Received from Mr./Mrs./Miss..... a request for opening, (a) ☐ Customer ID Creation for.....(purpose of CIF creation) **OR**

(b) ☐ KYC Updation on.....(Date of receipt of request)

The request has been received and shall be processed, subject to satisfactory verification of KYC details/documents and completion of Customer Due Diligence (CDD) process as per regulatory requirement and Bank's policies/internal guidelines.

(Signature & Seal of Bank Official)

Date: Branch: