



# Shivalik Mercantile Co-operative Bank Ltd.

DEP01SEPT16  
CIF-IND

**CUSTOMER IDENTIFICATION FORM FOR RESIDENT INDIVIDUALS**  
(For New Customers only) Separate form to be filled up by each Person/ Joint Holder

Branch Name :

Cust. ID :

1. Activity ID \_\_\_\_\_  
2. Entered by \_\_\_\_\_  
3. Checked by \_\_\_\_\_

Date :

**Type of Customer**

Public  Sr. Citizen  Minor  Staff

**CUSTOMER DETAILS:**

PREFIX

(Please fill the form in **BLOCK LETTERS** and leave one space between words)

NAME :

MAIDEN NAME :  
(if any)

FATHER'S NAME :

MOTHER'S NAME :

HUSBAND/GUARD. NAME :  
(if applicable)

PRESENT ADDRESS :

Use for Mailing

LANDMARK :

CITY :

STATE :

STAYING SINCE :

Month

Year

PIN :

MOBILE

TEL :

E-Mail ID :

PERMANENT ADDRESS :

Same as above

Use for Mailing

LANDMARK :

CITY :

STATE :

PIN :

(Please tick the appropriate box)

PAN NUMBER

FORM 60

or

GENDER

M  F  T

MINOR\*\*

Y  N

NATIONALITY

INDIAN  Other

RELIGION

AADHAAR NO.

RESIDENTIAL STATUS

Resident Individual

NRI/Foreign National/POI

DATE OF BIRTH

MARRIED

Y  N

DATE OF MARRIAGE

CATEGORY

GEN  SC  ST  OBC  OTHERS

# Senior Citizen, Minor please provide proof of Date of Birth \*\* If Minor , please fill up minor declaration section

<b>Name</b>	<input type="text"/>
<b>Specimen Signature</b> Applicant must sign in the presence of Bank's officer	<input type="text"/>

Affix Applicant's  
Photograph  
Sign part on photo

Signature of Admitting officer

Emp Code

**EDUCATIONAL QUALIFICATION**

(Please tick the appropriate box)

Upto Primary  Graduate  Professional  
 Upto Secondary/Higher Secondary  Post-graduate  Other

Please Specify **OCCUPATION (Source of Income)**

(Please tick the appropriate box) In case of self employed/other source, please specify

Agri/Allied activity  Salaried (Pvt./Pub./Gov.)  Pensioner/Retired  
 Business/Trade  Student  Housewife  Self-employed  
 Other Please Specify

Proprietor/Partner/Director/Office bearer in any firm / Company / Trust / Society / Association  No.  Yes. Please give details

Employer/Business(Name &amp; Address)

**INCOME DETAILS**

Upto Rs. 50,000/-  Rs. 50,000/- to Rs. 1 lac  Above Rs. 1 lac Upto Rs. 5 lac  
 Above Rs. 5 lac to Rs. 10 lac  Above Rs. 10 lac to Rs. 25 lac  Above Rs. 25 lac to 50 lac  
 Above 50 lac

Annual Turnover (Non- Salaried persons- Rs in Lacs )  Domestic  ForeignAny financial interest in foreign countries/Business relation abroad  No  Yes. Please give details :  
Nature/Type of business/financial relations and countries.**ASSETS OWNED**  
\*Optional

House you live in	Vehicles (s) owned	Life Policy (S. Value)	Other Investment	Any other Assets
i. Owned	i. Car	i. Upto Rs. 1 lac	i. Upto Rs. 1 lac	
ii. Rented	ii. Two Wheeler	ii. Upto Rs. 2 lac	ii. Upto Rs. 2 lac	
iii. Employer's	iii. Other	iii. Upto Rs. 5 lac	iii. Upto Rs. 5 lac	
iv. Ancestral	iv. None	iv. Above Rs. 5 lac	iv. Above Rs. 5 lac	

Please give Credit Card/Debit Card details, if any, along with name of issuing bank (\*Optional) :

Share Holder of Shivalik Bank  No  Yes. Mem. No.  Relative of Shivalik Bank's Director  No  Yes  Director Name**INTRODUCTION**NAME : ACCOUNT NO. CUSTOMER ID I confirm Name, occupation & address(s) provided by the applicant as above, I know him/her for the last  Being  Spouse  Relative  Colleague/friend  Neighbour  Other 

Signature of Introducer

Signature verified (Officer's Signature &amp; Code)

Dealing with other Bank/FI/Branch of SMCB if any: No  Yes  If yes, please give following details. Attach separate sheet if required

S No.	Name of Bank/FI/ Branch of Shivalik Bank	Type of A/c	Facility Availed	Loan/Limit Availed		Balance Limit (As on)	Remarks (Asset clarification)
				Amt.	Date Since		
1.							
2.							
3.							

**IDENTIFICATION DETAILS**

(Attach self attested copy of one Photo ID and One Address proof). Please produce original for verification.

**PHOTO ID**

AADHAAR Card  Voter ID Card  PAN Card  Passport  Date of expiry   
 Govt. Defece ID Card or PPO  NREGA JOB Card  Photo ID Proof of Post Off./Univ./Reputed Org (subject to satisfaction of bank)  Date of expiry

**ADDRESS PROOF**

Utility Bills @  Certified Marriage Certification  Credit Card Statement (within last 30 Days)  
 Ration Card  Certified Birth Certificate  Form 16, TDS Certificate  
 Trade Licence  Regd. Lease Deed  Bank Statement/Post Office Pass Book (with in last 60 Days)  
 Passport  Voter ID Card  AADHAAR Card  Other Doc.#

@ Utility Bills viz, Electricity Bill, Telephone Bill (landline only),LPG connection receipt, Water Bill with name and address of the customer, pertaining to last two calender months. In case the utility bill or any other document accepted by the Bank as address proof is in the name of some close relative i.e.,husband, father/mother and son/daughter with whom applicant wife, son daughter, parents, as the case may be is staying, it may also be acceptable as the address proof if it is accompanied by a declaration from the person with whom he/she is living, that the person desirous of opening his/her account with the bank, is living with him/her.

# Other Documentary evidence if support residential address, correctness of which can be ascertained include a letter from any Accredited institution/recognized Public authority or employer, to the satisfaction of Bank.

I hereby declare that the information furnished above is true and correct to the best of my knowledge and nothing has been concealed therein.  
Witness in case of thumb impression.

Yours Faithfully

<b>Name</b>	
<b>Address</b>	
<b>Signature</b>	

**Signature of Applicant**  
For illiterate thumb impression (Male-LTI and Female RTI)

### DECLARATION IN CASE OF MINOR'S ACCOUNT

I hereby declare that I am the Father/Mother/guardian appointed by the court order (Copy enclosed) of Master/Miss \_\_\_\_\_ (Minor)

A) I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority and operation in the account done by me shall be for the benefit of Minor Son/Daughter/\_\_\_\_\_. (Guardian operated Minor a/c)

OR

B) I hereby authorize my Son/daughter to open saving banks a/c in his/her name and operate the said a/c as per Banks rule. I undertake to indemnify the Bank at all times against all suits, losses, claims etc which the Bank may incur on account of allowing Master/Miss\_\_\_\_\_ to operate the said savings Bank a/c. (Self Operated Minor a/c of age 10 years and above)

Name of Guardian : \_\_\_\_\_

(Relation.....)

Address : \_\_\_\_\_

Signature of the Guardian

### CUSTOMER DUE DILIGENCE :

### FOR OFFICE USE ONLY

1. Ultimate Beneficial Owner \_\_\_\_\_

Relationship :  Self  Partner  Prop.  Director  Karta/Co-parcenor  
 Secretary  Treasurer  President  POA  Others

2. Applicant interviewed and purpose of opening of account ascertained (description) \_\_\_\_\_

3.. a. Introducer called at the branch & interviewed  Yes  No

b. Letter of Thanks sent to Introducer  Yes  No

c. Letter of Thanks Sent to Customer  Yes  No

4. All KYC documents Checked and found complete  Yes  No

For PAN Card  
<https://incometaxindiaefiling.gov.in/e-Filing/Services/KnowYourJurisdictionLink.html>  
 Yes  No

For Voter ID Card  
[Http://electoralssach.in/](http://electoralssach.in/)  
 Yes  No

5. Risk Rating

#### Telephonic Verification

I confirm that the detail of the Customer and Mobile No. \_\_\_\_\_ has been checked and found matching as per CIF

Emp. Code \_\_\_\_\_

Date : \_\_\_\_\_ Signature \_\_\_\_\_

Parameters	Low	Medium	High
<b>Income (Salaried)</b> Please Specify	<input type="checkbox"/> Below 10 Lacs Rs.....	<input type="checkbox"/> 10-50 Lacs Rs.....	<input type="checkbox"/> Above 50 Lacs Rs.....
<b>Turnover (Business)</b> Please Specify	<input type="checkbox"/> Below 50 Lacs Rs.....	<input type="checkbox"/> 50-300 Lacs Rs.....	<input type="checkbox"/> Above 3 Cr. Rs.....
<b>Occupation</b>	<input type="checkbox"/> Students <input type="checkbox"/> Salaried Employees <input type="checkbox"/> Pensioners <input type="checkbox"/> Small/Retail trader <input type="checkbox"/> Self employed person <input type="checkbox"/> Farmer <input type="checkbox"/> Retired Emp. (Sr. Citizen) <input type="checkbox"/> Govt. dept./PSUs <input type="checkbox"/> Schools/Colleges <input type="checkbox"/> Local Authorities  Others (Please Specify) _____	<input type="checkbox"/> Doctors <input type="checkbox"/> Societies <input type="checkbox"/> Company  Others (Please Specify) _____	<input type="checkbox"/> Real Estate <input type="checkbox"/> Jewellers <input type="checkbox"/> Lawyers <input type="checkbox"/> CA Firms <input type="checkbox"/> Petrol pump <input type="checkbox"/> Trust <input type="checkbox"/> Stock Broker <input type="checkbox"/> NGO's <input type="checkbox"/> Arms/bullions <input type="checkbox"/> PEP  Others (Please Specify) _____
<b>Presently Staying In</b>	<input type="checkbox"/> Own House	<input type="checkbox"/> Rented House	
<b>General</b>	SHG/Small & Basics Savings A/c		
<b>Highest Risk Categorization</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Risk categorisation should be selected based on the Highest risk rating using the above criteria. For further details please refer circular on KYC/Risk categorization

**Risk Rating**  Low risk  Medium risk  High risk

Allowed opening the account  Reject (Give Reason) \_\_\_\_\_

We hereby certify that We have performed the necessary due diligence check on the customer and found the customer background satisfactory based on the above information. We approve the acceptance of the customer

Signature of the Authorized Official  
 Emp. Code \_\_\_\_\_

Signature of the Branch Head  
 Emp. Code \_\_\_\_\_

**“FORM NO. 60** (See second proviso to rule 114B)

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have permanent account number and who enters into any transaction specified in rule 114 B

1.	First Name																				2.	Date of Birth / Incorporation of Declarant							
	Middle Name																					D	D	M	M	Y	Y	Y	Y
	Surname																												
3.	Father's Name (in case of individual)										First Name																		
	Middle Name																												
	Surname																												
4.	Flat/Room No.										5.	Floor No.																	
6.	Name of premises										7.	Block Name /No																	
8.	Road/Street/Lane										9.	Area/Locality																	
10.	Town/City										11.	District					12.	State											
13.	Pincode					14.	Telephone Number(with STD code)										15.	Mobile Number											
16.	Amount of transaction (Rs.)										18.	In case transaction in joint names, numbers of persons involves in the transaction																	
17.	Date of Transaction		D	D	M	M	Y	Y	Y	Y																			
18.	Mode of transaction										<input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other,																		
16.	Aadhaar Number issued by UIDAI (if available)																												
21.	If applied for PAN and it is not yet generated enter date of application and acknowledgment number										D	D	M	M	Y	Y	Y	Y											
22.	If PAN not applied fill estimated total income (including income of spouse, minor child etc. as per section 64 of income-taxAct,1961) for the financial year in which the above transaction is held.																												
a.	Agricultural income (Rs.)																												
	Other then agricultural Income (Rs.)																												
23.	Details of documents produced is support of identify in Column and instruction					Document code					Document Identification number					Name and address of the authority issuing the document													
24.	Details of documents produced is support of address in Columns 4 to 13					Document code					Document Identification number					Name and address of the authority issuing the document													

I..... do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that, I do not have a Permanent Account Number and my/our estimate total income (include income of spouse, minor child etc. as per section 64 of that maximum Amount not chargeable to tax.  
 Verified today, the ..... day of .....20.....

**(Signature of declarant)**

- Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable.
  - In a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six month but which may extend to seven years and with fine.
- The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.