Thane Bharat Sahakari Bank Ltd.

Scheduled Bank

Regd. Office : Shatataraka, Baji Prabhu Deshpande Marg, Naupada, Thane - 400 602. Phone : 2542 9432 / 33

CUSTOMER PROFILE UPDATION FORM - INDIVIDUAL

Br. Code ☐☐☐ **Br. Name :** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Customer ID No ☐☐☐☐☐☐ **Account No.:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Personal Details (Fill in Block Letters)

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Smt. ☐ Mast. ☐ Other

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last First Middle

Address _____

_____

Date of Birth ☐☐☐☐☐☐☐☐ Sex : ☐ Male ☐ Female Marital Status : ☐ Married ☐ Single

PAN No. : ☐☐☐☐☐☐☐☐☐☐

Educational Qualification: ☐ Non SSC ☐ SSC ☐ Graduation ☐ Post Graduation ☐ Professional _____

Religion ☐ Hindu ☐ Muslim ☐ Christian ☐ Buddhist ☐ Sikh ☐ Parsi (Zorastrian) ☐ Others

Caste ☐ General ☐ Others _____ Nationality ☐ Indian ☐ Others _____

Resident Status ☐ Resident ☐ Non Resident Social Status _____

Contact Details : Phone : Residence: ☐☐☐ ☐☐☐☐☐☐☐☐ Office : ☐☐☐ ☐☐☐☐☐☐☐☐

Mobile: ☐☐☐☐☐☐☐☐☐☐ Mobile/ Fax : ☐☐☐ ☐☐☐☐☐☐☐☐

SMS Alerts : ☐ Not Required ☐ Required at Mobile No. ☐☐☐☐☐☐☐☐☐☐ E-mail ID : _____

Occupational Details

☐ Salaried ☐ Self employed / Business ☐ Not Employed ☐ Retired ☐ Pensioner ☐ Housewife ☐ Other _____

☐ If Salaried ☐ Govt. Employee ☐ Limited Company ☐ Private Ltd. Company ☐ Others _____

☐ If Professional ☐ Doctor ☐ Lawyer ☐ Engineer ☐ Others _____

☐ If Business ☐ Trader ☐ Service Provider ☐ Manufacturing ☐ Others _____

☐ Others _____

Employers Details : _____

Annual Income : ☐ upto ₹1 lac ☐ ₹1 lac to ₹2.5 lacs ☐ ₹2.5 lacs to ₹5 lacs ☐ Above ₹5 lacs

Expected turnover in the A/c ☐ upto ₹10 lacs ☐ ₹10 lacs to ₹50 lacs ☐ ₹50 lacs to ₹1Cr ☐ Above ₹1Cr

Type of Accommodation ☐ Own Independent House ☐ Own Flat ☐ On rental ☐ Company Provided ☐ Joint Family ☐ Others ____

Credit Limits with other banks ☐ Yes ☐ No If yes : _____

Accounts with other banks ☐ Yes ☐ No

Sr. No.	Type	A/c No.	Bank / Branch

Identity Proof ☐ Voter /Govt. ID Card ☐ Pan Card ☐ Employee ID Card ☐ Driving Licence ☐ Passport

☐ Letter from Public Servant / Authority ☐ Others _____

Current Address Proof ☐ Latest Electricity Bill ☐ Phone Bill ☐ Gas Connection Card / Book ☐ Letter form employer

☐ Letter from any recognized Public Authority ☐ Others _____

Date: Signature of Account Holder

For Office Use :

KYC Compliance checked and allowed to update the Account.

Signature of the officer _____

Name and Designation _____

Date _____ Updated by _____

Checked by _____ Date _____