

Please mention  
AOF Barcode No.

(All fields marked with \* are mandatory), To be filled in Black Ink and CAPITAL LETTERS only

CKYC Number (If available)

Existing CUST ID (if available)

Date:

**PERSONAL DETAILS**

Title\*  Mr.  Ms.  Mrs.  Other  Gender\*  Male  Female  Third Gender

Name\*

FIRST NAME MIDDLE NAME LAST NAME

Maiden Name (\*if any)

Father's / Spouse Name\*

Mother's Name\*

Date of Birth\*  Category\*  General  SC  ST  OBC  Others

Minor\*  Yes  No Senior Citizen\*  Yes  No (If yes, provide age proof)

(In case of minor, please fill guardian section and provide Separate CUST)

Marital Status\*  Single  Married  Others Nationality\*  Indian

No of dependents Adults  Children

Aadhar /Virtual No.  Voter ID No

NREGA Job Card No  DIN No. (are officially valid documents)

(should be duly signed by an officer of State Govt.)

PAN No\*  Form 60  Form 61

(If not available, please attach Form No. 60/61)

Passport No  Passport Expiry Date

(Expiry dates mandatory if filling DL and/or Passport No.)

Driving Licence No  Driving Licence Expiry Date

Others (please specify)  (any document notified by Govt)  Proof of Identity  Proof of Address

**Contact Details**

**Correspondence Details** (All communications will be sent on below Email Address, Mobile Number and Address for Communication)

How would you like us to address you (shortname)

Mobile Number\*  Residence Number

Office Number

Email Address\*

**ADDRESS FOR COMMUNICATION**

Residence Address  Permanent Address  Office Address

**RESIDENCE ADDRESS**

Address Line -1\*

Address Line -2\*

Address Line -3\*  Landmark

Taluka  District  Pin Code\*

City\*  State/U.T.\*

Country\*  Residence Type\*  Owned  Rented / Leased  Ancestral / Family  Others

**PERMANENT ADDRESS**  Tick if same as Residence Address

Address Line -1\*

Address Line -2\*

Address Line -3\*  Landmark

Taluka  District  Pin Code\*

City\*  State/U.T.\*

Country\*  Residence Type\*  Owned  Rented / Leased  Ancestral / Family  Others

Preferred Language\*  English  Hindi  Marathi  Telugu  Tamil  Kannada  Oriya  Gujarati  Bengali  Malayalam

**OFFICE ADDRESS** (Leave blank if not applicable)

Address Line -1\*

Address Line -2\*

Address Line -3\*  Landmark

Taluka  District  Pin Code\*

City\*  State/U.T.\*

Country\*

**FATCA-CRS Declaration\***

I am citizen/national/tax resident of any country other than India?  
Applicant  Yes  No (If yes, please fill the additional FATCA-CRS Declaration Form)

CUSTOMER INFORMATION FORM RESIDENT INDIVIDUAL

**Additional Information (Fill the relevant information)**

**Education\***  Illiterate  Below SSC  SSC  HSC  Graduate  Post Graduate  Professional (CA, CS, CMA, Others)

**Occupation\***  Professional  Public Sector  Government Sector  Business  Private Sector Service  
 Self Employed  Retired  Housewife  Student  Other Occupation Code

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**Self-employed/Professional:**  CA  Engineer  Doctor  Trader  Lawyer  Consultant

**Business Type:**  Proprietorship  Partnership  Private Limited  Public Limited

**Nature of Business:**  Manufacturer  Trader/ Stockist  Service Provider  Retailer

(If applicable)  Consultant / Professional  Exporter / Importer  Others please specify

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**Gross Annual Income (INR)\***  Upto Rs 50,000  Rs 50,001 to 1,00,000  Rs 1,00,001 to 5,00,000  Rs 5,00,001 to 10,00,000  Above Rs 10,00,000

**Source of Funds\***  Salary  Business Income  Agriculture  Investment Income  Others (Please Specify)

**Name of Company**  **Designation:**   
(For Salaried)

**Suryoday Bank Staff Account:**  Yes  No **Employee Id:**

**Guardian Details (In case of Minor)**

**Name of Parent / Guardian\***

**Relationship with Minor**  Father  Mother  By Court Order#  Others, please specify

**#Copy of court order duly verified with the original.**

I shall represent the minor in all transactions of any description in any account opened with Suryoday Small Finance bank till the said minor attains majority. I shall fully indemnify the Bank against any claim of the above minor for any withdrawal/transaction made by me in his/her account.

**Guardian CUST No.**

**Declaration/Undertaking by Applicant(s):**

**Guardian's Signature**

I/We confirm that I/we am/are resident of India. I/We confirm having read, understood and hereby agree to be bound by the terms & conditions which govern the opening of account(s) with Suryoday Small Finance Bank Ltd. and various services including but not limited to ATMs, Phone Banking, Debit Cards, Mobile Banking, Net Banking, Email Statement etc. All amendments there to be made from time to time in the Terms and Conditions and those relating to various services offered by the bank as displayed on its notice board / website or as communicated to me including but not limited to the facilities listed in this form will be binding on me/us. I/We agree that Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my account for the service charges applicable from time to time. Notwithstanding the documentation and account opening form, the bank reserves the right to accept / reject the application for account opening. The Bank's decision in this regard would be final. In case of change of address due to relocation or any other reason, I/we would intimate the new address to the bank within two weeks of such a change with a valid address proof. I/We declare that the transactions in the linked accounts will be made from my/our legitimate sources only and the account will not be used for any purpose contrary to law. I/We will also keep watch on the day to day transaction to detect early frauds, if any. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge. I would like to share my personal / KYC details with Central KYC Registry.

I hereby provide my consent for receiving information from Central KYC Registry (CKYCR) through SMS/Email on my registered Mobile number/email address. I further provide my consent to the bank and or to the regulated entity to retrieve KYC records online from CKYCR using the KYC Identifier provided by me in the event if there is a change in my information (as existing in the records of CKYCR), change in my current address which is required to be verified or in the event if the bank/the regulated entity considers it necessary to verify my identity/ address or to perform an enhanced due diligence or to build an appropriate risk profile (as applicable) whereby I undertake to provide the relevant refreshed KYC documents and or such other details as required by the Bank/the regulated entity.

Do Not Call Registry: I/We  consent /  do not consent to receive the information/service etc. for marketing purpose through "Telephone/Mobile/SMS/Email by the bank/its agents. I/We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration, I/We may receive a call from the Bank to verify the correctness of the request for registration.

Colour Passport size photo

Please sign across the photograph



**Customer's Signature / Thumb Impression**

**Place :**

**Date :**

**WITNESS 1\*\*\***  
(Required only if applicants use thumb Impressions)

**WITNESS 2\*\*\***  
(Required only if applicants use thumb Impressions)

Thumb Impression(s) needs to be attested by 2 witnesses\*\*\*

**For Bank Use only**

I confirm that I have personally visited the customer's communication address and the customer has signed this form in my presence. I also confirm that the customer is currently residing at this address all the information provided by the customer has been correctly captured.

<b>CUST ID 1 :</b>	<input type="text"/>	<b>Branch Code:</b>	<input type="text"/>
<b>Account Number Issued :</b>	<input type="text"/>	<b>Issued Insta-kit no.:</b>	<input type="text"/>

**PEP:**  Yes  No

**Customer Signed in my presence:**  Yes  No

**Employee/BC Name:**

**Employee/BC Code:**

**Employee/BC Signature:**

**Customer Ref. By:**

**Document verification done by:**

**Employee Name:**

**Employee Code:**

**Branch Stamp with Date**

**BM / OPS Manager Signature & Date**