



**Karnataka Bank Ltd.**

Your Family Bank, Across India

Date:

**KYC/Customer Profile form**

Branch Name and Address:

CKYC Number:

Customer ID:

Account Number:

**APPLICANT'S DETAILS**

Name:  Mr.  Ms.  Mrs.

Date Of Birth:  Gender:  Male  Female  Transgender Religion: \_\_\_\_\_ Marital Status:  Married  Unmarried  Others

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

CORRESPONDENCE ADDRESS:  RESIDENTIAL  OFFICE  BUSINESS  RESIDENT/BUSINESS  UNSPECIFIED

Landmark/Street: \_\_\_\_\_ City: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No:  Mobile No:  E-mail: \_\_\_\_\_

PERMANENT ADDRESS: Same as Correspondence Address : Yes  No  (If No , furnish below )

Landmark/Street: \_\_\_\_\_ City: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No:  Mobile No:  E-mail: \_\_\_\_\_

**ADDITIONAL DETAILS**

Income (Gross) \_\_\_\_\_  Monthly  Annually  Source of Income: \_\_\_\_\_ Designation/Profession: \_\_\_\_\_

Educational Qualification:  Illiterate  Under Graduate  Graduate  Post Graduate  Professional  Other (specify)..... Occupation:.....

If employed: Organization's Name: \_\_\_\_\_

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

**PAN :** \_\_\_\_\_ or Please fill Form 60/61 if you donot have PAN

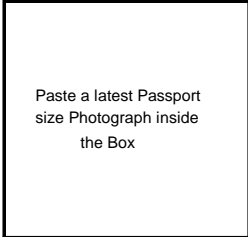
**KYC DOCUMENTS (Official Valid Document)**

Any one document for a photo-identity and proof of address(Please tick the appropriate box and give details below):

Aadhar No:  Driving License:

Passport:  Job card issued by NREGA:

Voter's ID:  National Population Register Letter:



Paste a latest Passport size Photograph inside the Box

**FOR OFFICE USE ONLY**

I hereby declare that the details furnished above are true and correct to the best of my/our 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.



**Signature/Thumb impression(s) of depositor**

The KYC Documents are received on ..... / ..... / .....

Emp.Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Staff No: \_\_\_\_\_