

Customer Profile Form: Individuals

(Please fill in all details in CAPITAL LETTERS only. All fields marked in '*' are mandatory)

Joint Holder Guardian Others CRM Lead Number (If existing customer, please provide Customer ID) Customer ID Branch ID* Applicant details Name* Father's Name* Marital Status* Unmarried Mother's Name* Spouse Name Gender* Male Female Third Gender Date of Birth* Others Citizenship* Indian-IN Others (ISO 3166 Country) Residential Status* Resident Indian NRI Foreign National Person of Indian Origin Correspondence Address*: (Please submit proof of address) Door No. and Building Name Street No. and Street Name Area Landmark PIN Code Mobile* Fax No.							
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Branch ID* Applicant details Name* Father's Name* Mother's Name* Married Spouse Name Gender* Male Female Third Gender Date of Birth* Citizenship* Indian-IN Others (Iso 3166 Country) Residential Status* Resident Indian NRI Foreign National Person of Indian Origin Correspondence Address*: (Please submit proof of address) Door No. and Building Name Street No. and Street Name Area Landmark City District PIN Code Mobile* Fax No. Spectment Signables Spectment Signables Byte and the photograph. Dor work or the Resident Indian Name Street No. and Street Name Landmark Father's Name* Marrial Status* Unmarried Married Others Others Cottizenship* Indian-IN Others (Iso 3166 Country) Person of Indian Origin Correspondence Address*: (Please submit proof of address) Door No. and Building Name Street No. and Street Name Area Landmark Fax No. E-mail ID							
Applicant details Name* Father's Name* Mother's Name* Marital Status* Unmarried Mother's Name* Gender* Male Female Third Gender Date of Birth* District Correspondence Address*: (Please submit proof of address) Door No. and Building Name Street No. and Street Name Area City District PIN Code Fax No.							
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Mother's Name* Spouse Name Gender* Male Female Third Gender Date of Birth* NRI Foreign National Person of Indian Origin Correspondence Address*: (Please submit proof of address) Door No. and Building Name Street No. and Street Name Area Landmark City District PIN Code Mobile* Fax No.							
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Correspondence Address*: (Please submit proof of address) Door No. and Building Name Street No. and Street Name Area City District PIN Code Mobile* Fax No.							
Door No. and Building Name Street No. and Street Name Area City District PIN Code Fax No. E-mail ID							
Street No. and Street Name							
Area Landmark City District State PIN Code Mobile* Fax No. E-mail ID Fax No.							
City District State PIN Code Mobile* Fax No. E-mail ID ID							
State PIN Code Mobile* Fax No. E-mail ID ID							
Mobile* Fax No. E-mail ID							
E-mail ID							
Dermonant Address*, (Places or by the react of address)							
Permanent Address*: (Please submit proof of address)							
Door No. and Building Name							
Street No. and Street Name							
Area Landmark							
City District							
State PIN Code							
FATCA/CRS DECLARATION*							
Do you have income which is taxable in any countries other than India: Yes^ No If 'Yes', please provide the name of the country: Yes^ No ^ If 'Yes', please provide separate FATCA/CRS declaration. ADD ON FACILITY Debit Card: YES NO							
^ If 'Yes', please provide separate FATCA/CRS declaration. ADD ON FACILITY							



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KYC DETAILS *							
PAN#		PAN Number		C-KYC Number		C-KYC Number	
		Proof of Identity	Proo	of of Correspondence Addres	s I	Proof of Permanent Address	
Document Name	;						
Document Numb	er^						
Expiry Date							
* If PAN not availa ^^Note: If any of t frozen, if not alrea AADHAAR su I hereby declare the	able, and he abo dy subi ubmitte nat I ha	y the last four digits shall be re Form 60 (If annual income le Form 49A (If Non agriculture ove mentioned documents are mitted. ed as an OVD (Consent Regalive voluntarily submitted my A rise the Bank to use the sam	ss that income not s arding	in or equal to 2.5lakhs/Agricume is greater than 2.5lakhs)^/submitted within 6 months of g Aadhaar *) ar card/e-Aadhaar to Ujjivan	acc Sma	count opening, account will be all Finance Bank Ltd. ("Bank"	
account or processing instructions with the Bank.							
CUSTOMER PROFILE *							
Occupation		Service Service Private Sector) (Public Service) Professional Home Ma	,	Service Bus (Govt. Sector) Self Employed Oth		s Retired Student	
Nature of Business			ricultur rvices	re & Allied Activities Reta	ailer 	Wholesaler	
Religion	F	dindu Muslim Suddhist Zoroastı		Christian Others		ikh Jain	
Category		SC ST OBC	D. 5	General		Others De 5 Lable	
Income per Annum	F	Jpto Rs. 50,000 Rs. 5 Lakh - 10 Lakh Rs. 60 Lakh - 1 Crore	Rs. 1	0,001 - Rs. 2 Lakh 0 Lakh - Rs. 36 Lakh Crore - Rs. 50 Crore	F	Rs. 2 Lakh - Rs. 5 Lakh Rs. 36 Lakh - Rs.60 Lakh Above Rs. 50 Crore	
Qualification		Selow 10th Matriculate		Graduate PG	P	rofessional Illiterate	
Politically Exposed Person (PEP) / Related to PEP: No No Incapacitated / Physically Handicapped							
Disability (if any): Visually impaired / Blind Incapacitated / Physically Handicapped Note: In case customer is disabled and not able to sign, account needs to be opened in Joint ownership, and no cheque book will be issued. Declaration (by quardian) applicable for Minor Account							
Declaration (by guardian) applicable for Minor Account Guardian name hereby declare that the minor Minor name who is my Relationship							
and I am his/her na represent the said I understand and a	atural a Minor i agrees d unde	nd Lawful guardian/guardian an all future transactions of any that the Minor's account will nortake to indemnify the Bank a	ppoin descr ot be	ted by court order, dated DD/ iption in the above account u entitled to any overdraft or ar	mtil t	(copy enclosed). I shall the said minor attains majority corrowing facility whatsoever in	
Ujjivan Small Finar	nce Ba	the information provided her nk limited in connection with (wledge and that I/we have not	Openir	ng the Account are is true, co	rrec		
Signature/thumb impression* of the Applicant * In case of thumb impression:					ate ace:		
Signature of 1 st witness:				Signature of 2 nd witness:			
Name and address:				Name and address:			