

18	Occupation	Farmer <input type="checkbox"/>	Business <input type="checkbox"/>	Doctor <input type="checkbox"/>	
	<input type="checkbox"/> Pvt. Sector	Lawyer <input type="checkbox"/>	Teacher <input type="checkbox"/>	Engineer <input type="checkbox"/>	
	<input type="checkbox"/> Public Sector	Salaried <input type="checkbox"/>	Self employed <input type="checkbox"/>	Retired <input type="checkbox"/>	
	<input type="checkbox"/> Govt. Sector	Others <input type="checkbox"/>	Student <input type="checkbox"/>	Housewife <input type="checkbox"/>	
19	Employer Type	Govt. Sector <input type="checkbox"/>	Private Sector <input type="checkbox"/>	PSU <input type="checkbox"/>	Others <input type="checkbox"/>
20	Monthly Income	Rs..... (.....)			
21	Net Worth Rs.	<input type="text"/> on <input type="text"/>			
22	Education	<input type="checkbox"/> Below SSLC <input type="checkbox"/> SSLC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate			
		<input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Other			
23	Related Person Type	<input type="checkbox"/> Guardian of Minor (Father) <input type="checkbox"/> Guardian of Minor (Mother) <input type="checkbox"/> Other (Specify)			
24	Related Person Name	<input type="text"/>			
25	Related Person Customer ID	<input type="text"/>			

I here by declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein immediately. In case any of the information is found to be false or untrue I am aware that I may be held liable for it. My personal KYC detail may be shared with Central KYC registry, tax authorities other regulators etc. I here by consent to receiving information from Central KYC registry through SMS/e-mail on the above registered number/e-mail address.

Customer Signature

Place :
Date :

OFFICE USE

Documents Received Self Attested True Copy Notary

Risk Category High Medium Low

Signature of Officer

Signature of Manager