

NRI Customer Profile Form - Individual (for joint applicant/s)

A 145-I Version 2

(Office use only)	Branch Code <input style="width:40px;" type="text"/>	Customer ID <input style="width:80px;" type="text"/>	Date (dd/mm/yyyy) <input style="width:40px;" type="text"/>
-------------------	--	--	--

Title Code* Mr. Mrs. Ms.

Name of Individual*

Gender* Male Female Others

Father's Name*

Mother's Name*

Residential Status* Resident Non Resident

Alternate Overseas Address*
Present/Permanent Address in India

Tick (✓) if same as Overseas address as in A 145 - NR (Page 1)

Line-1* <input style="width:800px;" type="text"/>	Line-1 <input style="width:800px;" type="text"/>
Line-2 <input style="width:800px;" type="text"/>	Line-2 <input style="width:800px;" type="text"/>
Line-3 <input style="width:800px;" type="text"/>	Line-3 <input style="width:800px;" type="text"/>
Country* <input style="width:800px;" type="text"/>	Line-4 <input style="width:800px;" type="text"/> PIN <input style="width:40px;" type="text"/>
Postal/Zip Code* <input style="width:150px;" type="text"/>	State <input style="width:800px;" type="text"/>

E-mail Address Mandatory for Silver, Gold & Platinum Variants

Date of Birth* (dd/mm/yyyy) **Place of Birth***

Aadhaar No. Aadhaar No. to be linked with account number (Only for NRO SB Accounts) Yes No

Additional Details (wherever applicable)

Religion*: Hindu Muslim Christian Sikh Others

Category*: General OBC SC ST Weaker Section (Specify)

Literate*: Yes No **Physically Challenged:** Yes No **Mentally Challenged:** Yes No

Educational Qualification: Matriculate Graduate Post Graduate Professional Others

Nationality*: Indian Person of Indian Origin (Attach Supporting Documents) Others

Mother Tongue* **Marital Status***: Married Single

If Married, **Name of Spouse** **Wedding Date**

Occupation Details

Annual Income*: <1 lakh >1 lakh <5 lakh >5 lakh <10 lakh >10 lakh <25 lakh Above 25 lakh (Rs.)

Occupation Type*: Salaried Professional Self-employed or Business Agriculture

Retired Student Housewife Others

Employer Details

Employer's Name (If applicable): **Designation/Profession:**

Employee Number (If applicable): If self employed professional **Name of the enterprise** (if any)

Document Details* *Enclose self attested copies of relevant KYC document*

PAN No. (If an assessee) *TRC & Form 10F enclosed *Compulsory for availing benefit of lower tax deduction at source on interest under applicable double taxation avoidance agreements in the case of NRO accounts

Passport Number: **Issue date:** **Expiry date:**

Place/Country of Issue:

Visa Number: **Issue dt.:** **Expiry dt.:**

Place/Country of Issue:

Other Valid Documents (Tick (✓) the appropriate box)

OCI/PIO Card Residence Permit Employment Contract/ID Card Labour Card issued by foreign Govt.

Seafarer's Continuous Discharge Certificate (CDC) Other documents (Please specify)

Contact Details (Overseas mobile number is mandatory)

Country Code	Mobile (Mandatory)	Residence	Office
Ph. No.*: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact No. in India: <input type="text"/>			

Other Details

Vehicle: Four wheeler Two wheeler Other

Insurance Policy Information*: Policy Holder Yes No

Existing Loans: Vehicle Loan Home Loan Personal Loan Education Loan Business/Agriculture

House*: Ancestral Owned Rented Company Provided

Relation with **CSB***: Not an Employee Employee Staff Family Member Former Employee Director

CSB EMP Code:

Proof for Address in India (If applicable)

Address proof to be furnished

Aadhaar Card/Aadhaar Letter Voter's ID Card Driving License Passport NREGA Card Govt. ID

Address Proof Document No.:

Issued at: Issue date: Expiry date:

Date:

Signature of 1st Applicant

For office use only

Account sub type: Public Staff and Single Joint

Account Opening Channel: Walk in Customer Staff/ Marketing Team Others

Lead Generated by (EMP Code) Lead Closed by (EMP Code)

Declaration by the Branch

Verified the attached documents with the originals, as per the KYC/ AML guidelines

Name

Designation Date

Risk Categorization:

Profile of the Customer Based on Risk Categorization High Medium Low

Identity of the applicant/s verified and account opened

Name

Designation Date

Seal & Signature of Section Officer/
Marketing Executive

Seal & Signature of Principal Officer

For CPC Use

Entered by: Employee Code

Verified by: Employee Code

Signature

Signature