

F1


**CIF (Customer Information File) Opening Form
for Personal CIF (Full KYC)**

..... Branch

I request the Bank to open account(s) / provide services opted by me and the required individual details are given below:

Customer Name & Address (ALL IN BLOCK LETTERS PLEASE) (Please ✓ wherever applicable)

Particulars	Details of Applicant		
	MR / MRS / MS / DR. / ER. / MINOR		
FIRST NAME			
MIDDLE NAME			
LAST NAME			
FATHER/SPOUSE NAME			
ADDRESS (RESIDENCE)			DATE OF BIRTH
			____/____/____.
CITY & PIN CODE STATE			GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
IF STAFF, S.R.No.			MARITAL STATUS
			<input type="checkbox"/> Married <input type="checkbox"/> Single
ADDRESS (PLACE OF WORK)			OCCUPATION
CITY & PIN CODE STATE	ID Card No.:		PHONE No. (RESI)
ADDRESS (PLACE OF WORK)			PHONE No. (OFF)
CITY & PIN CODE STATE			MOBILE No.
ADDRESS (PLACE OF WORK)			E MAIL ID
CITY & PIN CODE STATE			PAN No.
RELIGION : HINDU / MUSLIM / CHRISTIAN / OTHERS		COMMUNITY: FC / OC / BC/ MBC/ SC/ ST	ANNUAL INCOME

Affix
recent
Passport
size Photo

Particulars of Identification

- Copy of the Passport alone where the address on the passport is the same as the address on the account opening form (OR)
- Any one document from each of the under-noted 2 lists, for Photo ID and proof of residence

List I (latest/recent)	put ✓	List II (latest/recent)	put ✓
1. Passport where the address differs	<input type="checkbox"/>	1. Telephone Bill	<input type="checkbox"/>
2. Voter's Identity Card	<input type="checkbox"/>	2. Bank Account Statement	<input type="checkbox"/>
3. PAN Card	<input type="checkbox"/>	3. Income/Wealth tax assessment order	<input type="checkbox"/>
4. Driving Licence	<input type="checkbox"/>	4. Credit Card Statement	<input type="checkbox"/>
5. Govt. / Defence ID card *	<input type="checkbox"/>	5. Electricity Bill	<input type="checkbox"/>
6. ID cards of reputed employers *	<input type="checkbox"/>	6. Ration Card	<input type="checkbox"/>
7. Letter from a recognised public authority or Public servant verifying the identity and residence of the applicant *	<input type="checkbox"/>	7. Letter from Employer *	<input type="checkbox"/>
* subject to the Bank's satisfaction.		8. Postal Identity Card	<input type="checkbox"/>

SIGNATURE OF THE APPLICANT


DATE : ____/____/____

Introduction from an existing account holder of the branch

Name of the Introducer Type of account and a/c No.....

Address of the introducer.....

..... PIN CODE..... Phone No..... Account held since

I hereby introduce the above named applicant(s) and certify that I know Mr/Ms..... for the past..... months/years and confirm his/her occupation and address as stated in this application. I also attest his/her signature(s).

Signature of the Introducer Signature of the Introducer	Signature of the introducer / KYC particulars are verified by me. CIF (CUSTOMER INFORMATION FILE) FOR THIS CUSTOMER MAY BE OPENED. Signature of the verifying Official Name of the verifying officer with SS No.

Branch Use : Social Attributes (as per the codes available in CBS)

Religion - Caste		Income Category	BPL <input type="checkbox"/>	Above BPL <input type="checkbox"/>	
Physically Challenged		Special Category			
Politically Exposed		Risk Category	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>

Created by : Initial _____ Authorised by : Initial _____ CIF No.

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CDPC use : (if applicable)

Date of updation at CDPC : ____/____/____

 Updated by :
Initial. with name

 Authorised by :
Initial with name & SS No.



Add on Account Opening Form

(For use at CBS branches only)

(For opening add on domestic term deposit accounts for individuals – single/joint)

To
The Branch Manager, Indian Bank

Account Number (to be filled in by Bank)

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..... Branch

Date:

My/Our CIF No..... with your branch

I/We, the account holder(s) with the above CIF number(s) in your branch, hereby tender *Cash/ *Cheque for opening the following term deposits in my/our name(s) as per details furnished:

Sole/First Applicant Name ^S		Staff <input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Applicant Name ^S		Staff <input type="checkbox"/> Yes <input type="checkbox"/> No
^S If Minor, Date of Birth		

Scheme of Deposit Fixed Deposit Reinvestment Plan Recurring Deposit Short Term Deposit

Period of Deposit Years Months Days **Rate of Interest:** % p.a.

Amount of Deposit/Monthly Instalment amount (in case of RD)

Rs.

Special Instructions:

- i. Mode of Operation : Self only Jointly E or S A or S
- ii. Nomination : Nomination is required - **Form DA 1** enclosed Nomination is not required
- iii. Standing Instructions

Fixed Deposit: Please pay interest at **Quarterly**..... interval and credit the same to my/our SB/CA No with your branch

RD: Please debit my/our SB/CA No..... with your branch for Rs..... towards the monthly instalments on (date)

I/We hereby declare that all other information/instructions/declarations/undertakings given by me/us vide my/our earlier application dated remain unchanged and are applicable for the scheme/product/service opted in this application.

Yours faithfully,



..... (signature of sole/first applicant)

..... (signature of joint applicant)

FOR BRANCH USE ONLY (to be filled in by the official authorising the account opening)

Sole/First Applicant's Name, CIF Number

Joint Applicant's Name, CIF Number

and their signature(s) verified in the system.

Account Opened in the system by (name of staff)

TDR/RD Product Code Account Number:..... TDR Receipt Number:

TDR Receipt / RD pass book delivered to the customer on

.....

Signature of BM/ABM/Authorised Official

Name and SS No.

Date:

Space for Noting the que/reference/journal numbers

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