



Progressive Co-operative Bank Limited

CIF-1

Cust. ID																				
Group Cust. ID																				
If Shareholder of the Bank, Membership No.																				

Estd.1984 Branch _____

CUSTOMER INFORMATION FORM (FOR INDIVIDUAL CUSTOMERS ONLY)

To,
The Branch Manager,
Progressive Co-operative Bank Limited.,
_____ Branch.

Date

D	D	M	M	Y	Y	Y	Y
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Branch Code No.

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Latest Passport Size Photograph	
Sign Across	
Please Paste do not use pins staples or tape	
Signature	

Please fill in **CAPITAL** letters and use **BLACK BALL POINT PEN** for signature. Please tick (✓) the appropriate boxes

1) Customer Type:

Individual Staff Ex-Staff Senior Citizen
 NRI Minor Others (Specify) _____

2) Personal Details:

Applicant (Mr./Mrs./Ms./Mas.)										Name of Father or Spouse (Mr./Mrs.)										Name of Mother (Mrs./Ms.)												
F	I	R	S	T		N	A	M	E	F	I	R	S	T		N	A	M	E	F	I	R	S	T		N	A	M	E			
M	I	D	D	L	E		N	A	M	E	M	I	D	D	L	E		N	A	M	E	M	I	D	D	L	E		N	A	M	E
S	U	R	N	A	M	E				S	U	R	N	A	M	E				S	U	R	N	A	M	E						

3) Date of Birth:

D	D	M	M	Y	Y	Y	Y
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4) Place of Birth: _____

5) Gender: Male Female

6) Nationality: Indian Others (Specify) _____

7) Pan No.:

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8) Form 60/61: Yes No

9) Aadhaar Card No.:

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10) GST No.:

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I hereby give my consent to UIDAI / Progressive Co-operative Bank Ltd. for sharing my e-KYC Data

11) Present Residential / Correspondence Address:

Flat/House No.																					Bldg/Society Name																					
Road/Lane																																										
City:																						District:																				
State:																						Pin Code:																				
Phone No. (With STD Code):																						Fax No.:																				
Mobile No. 1:																						Mobile No. 2:																				
e-mail id:																																										

Please tick (✓) if the Permanent Address is same as Residential Address as mention above. Otherwise please provide your Permanent address :

12) Permanent Address (Native Place Address):

Flat/House No.																					Bldg/Society Name																					
Road/Lane																																										
City:																						District:																				
State:																						Pin Code:																				

Copies of Documents Enclosed:

Pan Card Aadhaar Card Driving Licence Election ID Card Telephone Bill (latest) Electricity Bill (latest)
 Passport Employer's I-Card Others (Specify) _____

13) KYC DETAILS

Proof of Identity details:
Document No.: _____ Issued Date:

--	--

 Day

--	--

 Month

--	--

 Year

--	--	--	--

Place of Issue: _____ Expiry Date:

--	--

 Day

--	--

 Month

--	--

 Year

--	--	--	--

Proof of Residence details:
Document No.: _____ Issued Date:

--	--

 Day

--	--

 Month

--	--

 Year

--	--	--	--

Place of Issue: _____ Expiry Date:

--	--

 Day

--	--

 Month

--	--

 Year

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Proof of Date of Birth of Minor / Senior Citizen (Description of the Documents): _____

In Case of Non-resident Indian Account:

a) Declarations : I confirm that I am of Indian nationality / Person of Indian origin residing outside India for employment / business / vocation for indefinite period. I also undertake to inform the bank in writing immediately of my return to India for permanent residence.

Passport No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Place of Issue : _____
Issued Date:

--	--

 Day

--	--

 Month

--	--

 Year

--	--	--	--

Expiry Date:

--	--

 Day

--	--

 Month

--	--

 Year

--	--	--	--

 Signature of Applicant : _____

14) Personal Information

Customer Profile

Religion: Hindu Muslim Christian Sikh Jain Others (Specify) _____
Caste: General SC ST OBC NT Others (Specify) _____

Residence: Fully Owned Pvt. Housing Living with Parents Rented House Company Owned Other (Specify) _____

Education : SSC Under Graduate Post Graduate Professional (Specify) _____ Others (Specify) _____

Marital Status: Married Unmarried **Date of Marriage Anniversary :**

No. of Dependents : Parents + Spouse + Children (Specify No.) _____ + _____ + _____ =

Occupation: Salaried Business House Wife Retired Professional _____ Student Others _____

Monthly Income: Upto Rs.5,000/- Rs.5,001/- to 10,000/- Rs.10,001/- to 25,000/- Rs.25,001/- to 50,000/-
 Rs.50,001/- to 1 Lakhs Above 1 Lakhs No Income

Gross Annual Income: Upto Rs.1.5 Lakhs Rs.1.5 Lakhs to 3 Lakhs Rs.3 Lakhs to 6 Lakhs Rs.6 Lakhs to 10 Lakhs
 Rs.10 Lakhs to 15 Lakhs Above Rs.15 Lakhs No Income

Source of Income: Salary House Property / Rental Business Profession Investments Others (Specify) _____

Employed with: Govt. Sector Private Ltd. Co. Others _____

Employers / Business Details:

Name of Organisation				Designation	
Employee No.			No. of Years in Service / Business		
Address					
	City:				
District			State		
Pin Code No.			Tel/Mob.		
Fax			E-mail ID (Office)		

Progressive / Other Bank Accounts Details:

Bank Branch Type of Account

Assets (Optional):

Ownership : Flat Commercial Property Two Wheeler Four Wheeler None Others _____

Investment: Shares Mutual Fund Gold Bank fixed Deposit NSC/KVP PPF RBI Bond Property Others _____

Liabilities (Optional):

Car Loan Yes No Housing Loan Yes No Consumer Loan Yes No Personal Loan Yes No

Education Loan Yes No Business Loan Yes No Others Loan Please Specify _____

Family Details (Optional)

Spouse Name

F	I	R	S	T	N	A	M	E		
M	I	D	D	L	E	N	A	M	E	
S	U	R	N	A	M	E				

Occupation :

DOB:

Gender : Male Female

Children Name

F	I	R	S	T	N	A	M	E		
M	I	D	D	L	E	N	A	M	E	
S	U	R	N	A	M	E				

Occupation :

DOB:

Gender : Male Female

Children Name

F	I	R	S	T	N	A	M	E		
M	I	D	D	L	E	N	A	M	E	
S	U	R	N	A	M	E				

Occupation :

DOB:

Gender : Male Female

I hereby irrevocably agree and undertake to KYC norms and to submit documents / information to the Bank:

Self attested Copies of documents for KYC updation. Inform the Bank in writing of changes in my Residential / Business address, Service / Occupation / Nature of Business, within two weeks of such change. Any additional information as required with reference to my account and transactions.

Witness Details (Two Witnesses in case of thumb Impression)

Witness No. 1	Witness No. 2
Name _____	Name _____
Address _____	Address _____
Signature: _____	Signature: _____
Place: _____	Place: _____
Date _____	Date _____

Signature / Thumb Impression of the Account Holder

15) Introduction Details

Name of Introdncer

Customer ID No. SB / CD A/c. No. at Branch

I Certify that the applicant is known to me since _____ Months / Years and I confirm the address of the applicant as stated in this application

Signature of Introdncer

FOR OFFICE USE

CIF-1 : KYC documents verified with originals & found in order.

CIF Processed By : _____	Officer : _____	Manager : _____
Employee Code No. _____	Employee Code No. _____	Employee Code No. _____
Date: ____/____/____		

M - Maker C - Checker

	KYC Complied		Photo Scanned		Sign Scanned		CIF-1 Scanned		Document send to AOC	
Date :	M	C	M	C	M	C	M	C	M	C

AOC	CIF-1 Accepted & Verified as per KYC & Updated in the systems				CIF-1 Not Accepted Reasons _____			
Date :	M		C		M		C	