

		,	specified in rule 114B				
FIRST NAME					DATE OF BIRTH	I	
MIDDLE NAME							
SURNAME							
FATHER'S NAME (incase of individu	ial) FIRS	ST NAME					
MIDDLE NAME							
SURNAME							
FLAT NO.			FLOOR NO.				
NAME OF PREMISES		В	OCK NAME / NO.				
ROAD / STREET / LANE		A	REA / LOCALITY				
TOWN / CITY		DISTRICT			STATE		
PIN CODE							
TELEPHONE NO. WITH STD			MOBILE NUMBER				
AMT OF TRANSACTION (RS) DATE OF TRANSACTION MODE OF TRANSACTION		In case of transaction in joint names, number of persons involved in the transaction					
Cash	Cheque	Card Cheque	Draft / Banker's Che	eque Online	UPI	Oth	
AADHAAR NUMBER issued by UIDAI (if	available)						
If applied for PAN and it is not yet genera date of application and acknowledgemen							
If PAN not applied, fill estimated total inc which the above transaction is held:	ome (including incom	ne of spouse, minor child etc	. as per section 64 of Inco	ome-tax Act, 1961) fo	r the financial ye	ar in	
Agricultural income (	Rs.)						
Other than agricultural inc	ome (Rs.)						
Details of document being produced in support of identity in Column 1 (Refer Instruction overlear):	Document code: Document identificati		n number: Name address of the authority issuing t		uing the		
Details of document being produced in							
support of address in Column 4 to 13 (Refer Instruction overleaf):	Document cod	e: Document identification	n number:	Name and address of	the authority iss	uing the	
		VERIFICATIO	DN				
	do borobu d	eclare that what is stated ab			lief		

Verified today, the	day of	20
Place:		

(Signature of declarant)

NOTE

Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a faise statement in the declaration shall be liable to prosecution under section 277 of the income tax Act, 1961 and on conviction be punishable: (i) in a case where tax sought to be evaded exceeds twenty-live lakh rupees, with rigorous imprisonment which shall not be less than six months but which may

(i) In a case where ica's sought to be evade exceeds wenty-live lakit tuplets, with rightous imprisonment which shall not be less than tsk months but which may extend to seven years and with fine; (ii) in any other case, with rightous imprisonment which shall not be less than three months but which may extend to two years and with fine. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

# slice

slice	(Part	A) (Please fill		lew & Existir	formation File space ong Customers K LETTERS)
small finance bank		<i>,</i> , ,	·		, Barco
KYC Identifier:					de
Application Type: Ne	w Update Account Typ	be: Normal	Small Sir	nplified (For Low I	Risk Customers)
Branch:		Branch Code:		Date:	
Pre-generated Welcom	e Kit Personalised Welcom	e Kit	LG Code:	L	C Code:
Ac No.	C	IF ID No.		En	np Code:
		Citizenship: Ind	an Othe	rs (please specify):	
Passport Size Photo		Customer type: Ge	eneral Staff	Minor	Senior Citizen
FIIOCO	Signature/Thumb Impression	Residental Status	: Resident Indian	Foreign Nation	al NRI PIO
	of the 1st Applicant	Gender : Male	Female Tran	sgender R	eligion:
		Marital States : Ma	urried Unmarr	ied	Other:
		Category: Generation	al ST SC	OBC	Other:
		PAN:			If not, attach Form 60/61
Prefix First Name	I	Middle Name	Las	t Name	
Father / Spouse Name:					
Maiden Name:		Moth	er Maiden Name:		
Guardian Name (if the appli	cant is a minor):				
Date of Birth:	Relation	with the Minor:	Father	Mother By	Court Order (please attach)
Contact Details Correspond	ence Residence Type:	Owned	Rented / Lease	Family Ow	ned Company Provided
Building / Road Name	Residence Type.	Owned	Nemeu / Leuse	T unity OW	ed company rovided
Road/Village/City/Town:			PO:		
District:			State:		
Police Station:			State.	_	
Mobile No.				Р	incode:
Permanent Address		Landline No. (W			
Building / Road Name	Same as above		Less than	1 5 years of Occupa	ncy: Yes No
Road/Village/City/Town:					
District:			PO:		
Police Station:			State:		
Mobile No.				P	incode:
Other Personal Details		Landline No. (W	ith STD Code:		
	Qualification: School	Under Graduate	Graduate	Post Graduate	Others
Occupation: Business	Self Employed Retire	d Salaried	Student	Agri & Allied	Others
If Salaried: Public	Private Government Otl	1ers	Years	Months	Monthly Income
Type of Business: Agri	culture Mfg. Trade	Real Estate	Services	Others	
Self Employed: Doc	tor CA/CS Lawyer	Architect	Others		
KYC Documents					xpiry Date:
Document Name:	Do	ocument No.:			
Document Name:	Do	ocument No.:			
Document Name:		ocument No.:			
Place:	Date: Signa	ture of the Applicant	:		

# small finance bank

### Customer Information File For New & Existing Customers

Space for E

(Part A) (Please fill up all the details in BLOCK LETTERS)

small linance bank				Barcode
KYC Identifier:				ode
Application Type: New Update Account Typ	pe: Normal	Small Sin	nplified (For Low Risk	Customers)
Branch:	Branch Code:		Date:	
Pre-generated Welcome Kit Personalised Welcom		G Code:	LC C	ode:
	IF ID No.		Emp C	
			Emplo	
	Citizenship: India		rs (please specify):	
Passport Size Photo	Customer type: Ger		Minor	Senior Citizen
Signature/Thumb Impression	Residental Status :	Resident Indian	Foreign National	NRI PIO
of the 1st Applicant	Gender : Male	Female Trans	sgender Religio	on:
	Marital States : Mar	ried Unmarr	ied Oth	er:
	Category: General	ST SC	OBC Oth	er:
	PAN:		lf n	ot, attach Form 60/61
Prefix First Name	Middle Name	Las	Name	
Father / Spouse Name:				
Maiden Name:	Mothe	r Maiden Name:		
Guardian Name (if the applicant is a minor):				
Date of Birth: Relation	with the Minor:	Father	Mother By Cou	urt Order (please attach)
Contact Details Correspondence	Owned	Rented / Lease	Family Owned	Company Provided
Building / Road Name Residence Type:	Owned	Rented / Lease	Panny Owned	Company Provided
Road/Village/City/Town:				
District:		PO:		
Police Station:		State:		
Mobile No.			Pinco	de:
Permanent Address	Landline No. (Wit	h STD Code:		
Building / Road Name Same as above		Less than	5 years of Occupancy:	Yes No
Road/Village/City/Town:				
District:		PO:		
Police Station:		State:		
Mobile No.			Pinco	de:
Other Personal Details	Landline No. (Wit	h STD Code:		
Qualification: School	Under Graduate	Graduate	Post Graduate	Others
Occupation: Business Self Employed Retire	ed Salaried	Student	Agri & Allied	Others
If Salaried: Public Private Government Otl	hers	Years	Months	Monthly Income
Type of Business: Agriculture Mfg. Trade	Real Estate	Services	Others	
Self Employed: Doctor CA/CS Lawyer		Others		
·				
KYC Documents			Expiry	/ Date:
	ocument No.:			
	ocument No.:			
Document Name: Do	ocument No.:			
Place: Date: Signa	ture of the Applicant:			

# small finance bank

### Customer Information File For New & Existing Customers

Space for E

(Part A) (Please fill up all the details in BLOCK LETTERS)

smail linance bank				, Barc
KYC Identifier:				arcode
Application Type: New Update Account Type	e: Normal	Small Sir	nplified (For Low Risk C	ustomers)
Branch:	Branch Code:		Date:	
Pre-generated Welcome Kit Personalised Welcome	L	G Code:	LC Cod	
	ID No.		Emp Cod	
Desenant Size	Citizenship: India		rs (please specify):	
Passport Size Photo	Customer type: Ger		Minor S	enior Citizen
Signature/Thumb Impression	Residental Status :	Resident Indian	Foreign National	NRI PIO
of the 1st Applicant	Gender : Male	Female Trans	sgender Religion	:
	Marital States : Mar	ried Unmarr	ied Other	:
	Category: General	ST SC	OBC Other	:
	PAN:		If not	, attach Form 60/61
Prefix First Name M	iddle Name	Las	t Name	
Father / Spouse Name:				
Maiden Name:	Mothe	r Maiden Name:		
Guardian Name (if the applicant is a minor):				
Date of Birth: Relation v	vith the Minor:	Father	Mother By Cour	Order (please attach)
Contact Details Correspondence Residence Type:	Owned	Rented / Lease	Family Owned	Company Provided
Building / Road Name	Owned	Nemeu / Lease	ranny Owned	Company Provided
Road/Village/City/Town:		PO:		
District:		PO: State:		
Police Station:		State.		
Mobile No.			Pincode	12
Permanent Address	Landline No. (Wit	h STD Code:		
Building / Road Name Same as above		Less thar	5 years of Occupancy:	Yes No
Road/Village/City/Town:				
District:		PO:		
Police Station:		State:		
Mobile No.			Pincode	
Other Personal Details	Landline No. (Wit	h STD Code:		
Qualification: School	Under Graduate	Graduate	Post Graduate	Others
Occupation: Business Self Employed Retired	Salaried	Student	Agri & Allied	Others
If Salaried: Public Private Government Othe	ers	Years	Months	Monthly Income
Type of Business: Agriculture Mfg. Trade	Real Estate	Services	Others	
Self Employed: Doctor CA/CS Lawyer	Architect	Others		
KYC Documents			Expiry I	Date:
	cument No.:			
	cument No.:			
Document Name: Doc	cument No.:			
Place: Date: Signate	ure of the Applicant:			