Annexure 3

Indian Bank …… **Branch**	**CIF (Customer Information File) Opening Form for NON-Personal CIF (Full KYC)**

I request the Bank to open account(s)/provide services opted by me/us & the required entity / individual details are given below:
Customer Name & Address (ALL IN BLOCK LETTERS PLEASE) (Please ✓ wherever applicable)

Particulars	Details of Applicant	Other Details	
NAME OF ENTITY		CONSTITUTION	Proprietary / Partnership
			Pvt. Ltd. / Public Ltd / L L P
NATURE OF ACTIVITY			Trust / J H U / S H G / N G O
ADDRESS *(REGISTERED OFFICE)*			
		DATE OF INCORP.	____ / ____ / _____.
		PHONE NO.	
		PHONE NO.	
CITY & PIN CODE		FAX NO.	
STATE		E MAIL ID.	
ADDRESS *(FACTORY)*		PAN NO.	
		TAN NO.	
		CST/VAT NO.	
CITY & PIN CODE			
STATE			

Particulars of Identification / Introduction

A. Any one document from each of the under-noted 2 lists, for Identity and proof of address

List I (latest/recent)	put ✓	List II (latest/recent)	put ✓
1. Memorandum of Association	☐	1. Telephone Bill	☐
2. Articles of Association	☐	2. Bank account statement	☐
3. Board Resolution	☐	3. Income/Wealth tax assessment order	☐
4. Partnership Deed	☐	4. Credit Card Statement	☐
5. Trust Deed	☐	5. Electricity Bill	☐
6. Joint Hindu Family letter	☐	6. Certificate/License under Shops & Establishment Act	☐
7. Minutes of SHG meeting	☐		
8. CST/VAT certificate	☐		
9. Certificate by Sales/Service/Prof. tax authorities	☐		
10.Certificate/Licence under Shops & Establishment Act	☐		

B. 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 / 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. .....

Details of Beneficial Owners

Name	Designation	Signature	Personal CIF No.

Risk Category	Low ☐	Medium ☐	High ☐

Date : ____ / ____ / _____

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

CDPC use : (if applicable)

Date of updation at CDPC : ____/____/____ Updated by : Initial. with name

Authorised by : Initial with name & SS No.