The Hindusthan Co-op. Bank Ltd., Mumbai.

CUSTOMER REGISTRATION FORM / ग्राहक नोंदणी अर्ज

Customer ID : A/C No*:

PERSONAL DETAILS

Name* (Same as ID Proof):

Maiden Name* (If any):

Father/Spouse Name*:

Mother Name*:

Date of Birth*: Gender*: Male Female Transgender

Residential Status*: Resident Indian Non Resident Indian Foreign National Resident Indian

Marital Status*: Married Unmarried

Religion: Caste :

Blood Group: Form 60/61: Y/N

PROOF OF IDENTITY (PoI)* (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

PAN* UID (Aadhaar No.)* exept small Basic Saving (A/c.

Voter ID Card NREGA Job Card D D M M Y E A R

Passport Number Passport Issued Date D D M M Y E A R

Passport Expiry Date D D M M Y E A R

Driving Licence Driving Licence Issued Date D D M M Y E A R

Driving Licence Expiry Date D D M M Y E A R

Others (any documents notified by the central government)

PROOF OF ADDRESS (PoA)*

CURRENT/PERMANENT/OVERSEAS DETAILS
(One Certified Copy of any one of the following Proof of address (PoA) needs to be submitted

House/ Flat No. Building Society Name

Landmark / Street / Survey No.

Village / City District

State Pincode

Proof of Address*: Passport Driving Licence Aadhaar Card Voter Identity Card

NREGA Card Others

CONTACT DETAILS (Communication will be done on provided Mobile No. and Email ID

Tel Off./ Resi. Mobile*:

Email ID*:

DECLARATION BY GUARDIAN

Type of Guardian : ☐ Father ☐ Mother ☐ Court Appointed

Name of Guardian : ☐ Mr. ☐ Ms.

I hereby declare that the date of birth of the minor who is my _____ is _____/_____/_____ and I am his / her natural and lawful guardian /guardian appointed by court order, dated / / (copy enclosed). I Shall represnt the said minor in all future transaction of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date : D D M M Y Y Y Y

Signature of Guardian :

EMPLOYMENT DETAILS

Employment*: ☐ Private Sector ☐ Public Sector ☐ Govt. Sector OTHERS : ☐ Retired ☐ House Wife ☐ Student

Name of the Employer :

Shop/Office No. Building/ Society Name

Landmark / Street / Survey No.

Village/City District

State Pincode

Employee No. : Designation : Dept. Sector

Service Period (No. of Years) : Date of Retirement (if applicable) : D D M M Y Y Y Y Tel No. (Off.) :

IF SELF EMPLOYED, PROFESSION*: CA ☐ Engineer ☐ Doctor ☐ Trader ☐ Lawyer ☐ Software ☐ Consultant ☐

IF IN BUSINESS*: Public Ltd. ☐ Pvt. Ltd. ☐ Partnership ☐ Proprietorship ☐ Trust ☐ Other Please Specify

Office Address :

City Pincode Tel No. (Off.)

ASSET OWNERSHIP

Vehicle Ownership : Car ☐ Two Wheeler ☐ Both ☐ None ☐

THER HOUSE YOU CURRENTLY LIVE IN : Rented ☐ Ownership ☐ Company Provided ☐ Purchased agains loan ☐

BANKING RELATION WITH OTHER BANK

Name of Bank

Branch

SB/C/A/c. No.

Debit/ Credit Card No.

OTHERS DETAILS

Income Range : ☐ Below 1 Lac ☐ 1 Lac to 5 Lac ☐ 5 Lac to 10 Lac ☐ 10 Lac to 25 Lac ☐ 25 Lac to 50 Lac ☐ 50 Lac to 1 Cr. ☐ Above 1 CR.

Net Worth (In INR) As on : D D M M Y E A R

Educational Qualification : ☐ illiterate ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professional (CA,CS,CMA, Others)

Please Tick if Applicable : ☐ Polictically Exposed Person ☐ Related to Politically Exposed Person Any Other Information :

Date : D D M M Y Y Y Y

Signature of Customer :