

Enriching Life!

Registered Office: 'Cosmos Tower', Plot No. 6, ICS Colony, University Road, Ganeshkhind, Shivajinagar, Pune - 411007, Ph.: 020-67086708 Email: customercare@cosmosbank.in | www.cosmosbank.com

CUSTOMER PROFILE (INDIVIDUAL) (PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY. **FORM NO.:** Recent Passport TICK IF APPLICABLE. Fields marked with '*' are mandatory fields.) Size Colour Photograph of Branch SOL ID: Branch: **Applicant** CKYC Identifier No: Cust ID Date : Customer Profile to be filled in by Account holder / Joint A/c holder / Guardian (This information will be kept strictly confidential) 1. PERSONAL DETAILS First Name Middle Name Last Name Prefix Name* (Same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* Birth Place City Country Gender* M- Male F- Female T - Transgender Marital Status* Married Unmarried Others Nationality* IN- Indian Others (ISO 3166 Country Code) Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin Religion Caste S-Service (Private Sector Public Sector Government Sector) Occupation Type* O-Others (Professional Self Employed Retired Housewife Student) B-Business - Line of Business Mfg. Real Estate Traders Bullion Stock Broker Agri Other (Please Specify) If Business- Name of the firm If Salaried employed with **Educational Qualification** Designation Annual Income (Aprox.) Upto 1 Lac 1 1 Lac to 3 Lac 3 Lac 5 Lac 5 Lac 5 Lac to 10 Lac 10 Lac to 20 Lac 20 Lac to 30 Lac Above 30 Lac Threshold Limit ₹* Proprietory Partnership Unlisted Co. Listed Co. MNC's Public/Govt. Nature of Organisation Other (Please Specify) CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) 2. Tel. (Res) Tel. (Off) Mobile Fax Email ID 3. EXISTING CREDIT FACILITIES IF ANY Car Loan Consumer Loan ☐ Home Loan Business Loan ☐ Education Loan Other, if any Staff Relative/Friend Advertise Other How you come to know about our Bank? 4. ARE YOU TAX RESIDENT OF ANY COUNTRY OTHER THAN INDIA YES ADDITIONAL DETAILS REQUIRED* (Mandatory only if "YES" is ticked) ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* ISO 3166 Country Code of Birth* Place / City of Birth*

If yes please fill FATCA / CRS Declaration form separately

5. PROOF OF IDENTITY (Pol)*	
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)	
A- Passport Number	Passport Expiry Date
B- Voter ID Card	
C- PAN Card	Form 60 Yes No
D- Driving Licence	Driving Licence Expiry Date
E- UID (Aadhaar)	
F- NREGA Job Card	
Z- Others (any document notified by the central government)	Identification Number
6. PROOF OF ADDRESS (PoA)*	
6.1 PERMANENT ADDRESS DETAILS* (Certified copy of any one of to	he following Proof of Address [PoA] needs to be submitted)
Address Type* Residential / Business Residential	ential Business Registered Office Unspecified
	g Licence UID (Aadhaar)
	GA Job Card U Others
Address	
Line 1*	
Line 2	City / Town / Villogs*
Nearest Landmark PIN Code*	City / Town / Village* ISO 3166 Country Code*
	13O 3100 Country Code
6.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* Same as Permanent Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')	
	ice / local addresses, please fill. Annexure AT)
Line 1*	
Line 2	City / Tayar / N/Hana*
Nearest Landmark PNA - Landmark	City / Town / Village*
State / U.T. Code* PIN Code*	ISO 3166 Country Code*
6.3 OFFICE ADDRESS*	
Line 1*	
Line 2	
Nearest Landmark	City / Town / Village*
State / U.T. Code* PIN Code*	ISO 3166 Country Code*
7. INTRODUCTION DETAILS	
Introducers Name	
Account No.	A/c opening Date DDMMYYYY
I confirm that I am an account holder with Cosmos Bank for over 6 months. I co	nfirm that I personally know the applicant
detailed above for more than 6 months and confirm his/her identity, occupation & a	O CONTRACTOR OF THE CONTRACTOR
Date: D D M M Y Y Y Y	Impression
A/c>6 months. Sign. Verified Signature of Officer	Ticket No. Signature of Introducers
8. APPLICANT DECLARATION	
 I hereby declare that the details furnished above are true and correct to the best inform you of any changes therein, immediately. In case any of the above informati misrepresenting, I/We am/are aware that I/We may be held liable for it. My personal / KYC details may be shared with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Em 	on is found to be false or untrue or misleading or Signature/ Thumb
Date: D D M M Y Y Y Y	
9. ATTESTATION / FOR OFFICE USE ONLY	
9.1 BRANCH USE ONLY*	
Documents Received ☐ Self-Certified ☐ True Copies	☐ Notary Risk Category ☐ High ☐ Medium ☐ Low
KYC VERIFICATION CARRIED OUT BY	AOC USE ONLY*
Emp. Name	Enter by
Emp. Code	Ticket No. and Signature
Emp. Designation	Name of Officer
Emp. Branch	Ticket No. and Signature
Signature	

Code No.1034/200000/03-2020

Identity Verification

Date D D

Done