



THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

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.)

☒ TICK IF APPLICABLE. Fields marked with "*" are mandatory fields.)

Branch: _____ Branch SOL ID: _____

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)

FORM NO.:

1512901

Recent Passport
Size Colour
Photograph of
Applicant

Signature

1. PERSONAL DETAILS

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	Birth Place	City	Country
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T - Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
Religion	Caste			
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, <input type="checkbox"/> Visually impaired <input type="checkbox"/> Differently abled	Other
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business - Line of Business <input type="checkbox"/> Mfg. <input type="checkbox"/> Real Estate <input type="checkbox"/> Traders <input type="checkbox"/> Bullion <input type="checkbox"/> Stock Broker <input type="checkbox"/> Agri <input type="checkbox"/> Other (Please Specify)			
If Business- Name of the firm	<input type="text"/>			
If Salaried, employed with	<input type="text"/>			
and Address of employer	<input type="text"/>			
Designation	<input type="text"/>			
Annual Income (Aprox.)	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1Lac to 3 Lac <input type="checkbox"/> 3 Lac to 5 Lac <input type="checkbox"/> 5 Lac to 10 Lac <input type="checkbox"/> 10 Lac to 20 Lac <input type="checkbox"/> 20 Lac to 30 Lac <input type="checkbox"/> Above 30 Lac			
Threshold Limit ₹*	<input type="text"/>			
Nature of Organisation	<input type="checkbox"/> Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Unlisted Co. <input type="checkbox"/> Listed Co. <input type="checkbox"/> MNC's <input type="checkbox"/> Public/Govt. <input type="checkbox"/> Other (Please Specify)			

2. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) Tel. (Res) Mobile
Fax Email ID

3. EXISTING CREDIT FACILITIES IF ANY

☐ Car Loan ☐ Consumer Loan ☐ Home Loan ☐ Business Loan ☐ Education Loan

Other, if any _____

How you come to know about our Bank? ☐ News Paper ☐ Staff ☐ Relative/Friend ☐ Advertise ☐ Other

4. ARE YOU TAX RESIDENT OF ANY COUNTRY OTHER THAN INDIA ☐ YES ☐ NO

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)*

Place / City of Birth* ISO 3166 Country Code of Birth*

If yes please fill FATCA / CRS Declaration form separately

☐ 5. PROOF OF IDENTITY (PoI)*

TAX DOCUMENT

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number

Expiry Date

B- Voter ID Card

D- Driving Licence

Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)

PAN Card

Form 60

☐ Yes

☐ No

Identification Number

☐ 6. PROOF OF ADDRESS (PoA)*

6.1 PERMANENT ADDRESS DETAILS* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*

☐ Residential / Business

☐ Residential

☐ Business

☐ Registered Office

☐ Unspecified

Proof of Address*

☐ Passport

☐ Driving Licence

☐ UID (Aadhaar)

☐ Voter Identity Card

☐ NREGA Job Card

☐ Others

Address

Line 1*

Line 2

Nearest Landmark

City / Town / Village*

State / U.T. Code*

PIN Code*

ISO 3166 Country Code*

6.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

Same as Permanent Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Nearest 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

I confirm that I am an account holder with Cosmos Bank for over 6 months. I confirm that I personally know the applicant detailed above for more than 6 months and confirm his/her identity, occupation & address.

Date:

☐ A/c>6 months.

☐ Sign. Verified

Signature of Officer

Ticket No.

Signature/ Thumb Impression

Signature of Introducers

☐ 8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/ We am/are aware that I/We may be held liable for it.
- I / We hereby give consent to use my/ our CKYC identifier for KYC purpose, to share personal / KYC details with Central KYC Registry and to receive information from CKYCR through SMS/ email address mentioned in the form.

Date:Place:

☐ 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

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Signature

Identity Verification

☐ Done

Date

AOC USE ONLY*

Enter by

Ticket No. and Signature

Name of Officer

Ticket No. and Signature

Signature/ Thumb Impression