

(Multistate Scheduled Bank)

Registered Office: 'Cosmos Tower', Plot No.6, ICS Colony, University Road, Ganeshkhind, Shivajinagar, Pune - 411 007. Tel.: 020-67086708 Email: customercare@cosmosbank.in | www.cosmosbank.com

CUSTOMER PROFILE (NON-INDIVIDUAL) (PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY) Field Marked as * is mandatory **FORM NO.:** Branch SOL ID: ____ Branch / शाखा :_ CKYC Identifier No.:____ Cust ID/ ग्राहक क्र Date / दिनांक : Name of Firm / Company / Trust / Society / Institution / AOP Registered / Factory Address City Nearest Landmark State Pincode Country Office / Communication Address City Nearest Landmark State Pincode Country Tel.(Factory) STD Code Tel.(Office) Mobile IMEI No. Contact Details/ (For IMEI No press * #06#) संपर्काचा तपशील Email: Member / Nominal Member No. TAN No.: CIN No.: PAN No.: Place of Incorp./ Formation_____Country of Incorp.____ *Date of Establishment *Business Activity ___ *Expected Annual Turnover_ Constitution Non-Profit Organisation Sole Proprietorship Institute Liquidator LLP Partnership Firm Association of Persons Trust Private Limited Company HUF Co-operative Society Central / State Govt. Agency Public Limited Company Co-operative Credit Society Company Registered u/s 8 of Companies Act 2013. Club Non-Scheduled Urban Co-operative Bank Non Banking Financial Company Other (Please Specify) **Registration Numbers & Date** Registration No. (Shop Act, Company Act etc) SSI No. TAN No. GST No. Name of Proprietor / Partners / Directors / Trustees / Karta Related Person Type & DIN. **Customer ID**

Introduction Details																			
Introducers Name																			
Account No.						T			•	Custom	er ID								
Branch:		Mobile No.	:						Ph	No.:					Ť				
Email:																			
I know the applicant/s for the last _		months / ye	ear,																
		I confirm th	ie iden	ntity, od	ccupatio	n and	add	lress	of th	e applic	ant/s.								
Date / दिनांक: DDMMYYY	YY												Sign	nature d	of In	trodu	cer		
* I/We declare that : 1. I/we is/are availing credit facility/t 2. I/we is/are a member of any othe If yes for any of the above, give deta	r credit Co-op	o. Society/Ba		Ye Ye		lo													
Name of the Bank/Credit Co-op. Soc.	No. of Shares			 Vature	of Faci	ity				Sanctio	n Amou	nt I	Balan	ce as o	n	Expi	y Date		
															•	-			
* In case Borrower of any other Ban	 k/Credit Co-or	n Society "	NOC"	of that	Bank/ (Credit	Cn-	on S	Societ	v is real	ired het	fore	onen	ing of A		nunt			
Signature with Rubber Stamp Signature with Rubber Stamp Please give two references for busing	5) Si	ignature witli ignature witl					3) Sig	ınatur	re with R	ubber S	Stan	пр			EAL C			
Name										Ph.:									
Name	Email ID								Ph.:										
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,	PAN/TAN/CIN Partnership Do Board Resolut	eed	Me		t Licens ndum of eed		ciati	on		Article	ation Ce of Assoc Please S	ciati	on						
Address Proof		Bill (Latest)	•	irm's N	lame				Tele	phone E	ill (Late	st) (on Fir	m's Na	me				
Business Profile as per discussion value Risk Allocation as per given parame Eligibility of Introducer Checked KYC Compliance checked and all	with applicant:	: High Yes			Medium No	r	2:		Low										
Emp. Name Emp. Code Identity Verification Done	Date D	D M M	YY	YY	E	Emp. [Emp. E Signat	Bran ure	ich											
		For Use	of A	ccou	nt Ope	ning(Cell	On	ly										
Verified & found correct for further	er processinç	g										Date	e: D	D M	M	Υ	YYY		
Name & Signature of the AOC Offic	er										Е	Emp	. Cod	le					