





### Introduction Details

Introducers Name

Account No.   Customer ID

Branch: \_\_\_\_\_ Mobile No.:  Ph No.:

Email: \_\_\_\_\_

I know the applicant/s for the last \_\_\_\_\_ months / year,  
I confirm the identity, occupation and address of the applicant/s.

Date / दिनांक:

Signature of Introducer \_\_\_\_\_

### Declaration

We declare that :

1. I/we is/are availing credit facility/facilities from any other Bank.  Yes  No  
 2. I/we is/are a member of any other credit Co-op. Society/Bank.  Yes  No

If yes for any of the above, give details in following format.

Name of the Bank/Credit Co-op. Soc.	No. of Shares	Nature of Facility	Sanction Amount	Balance as on	Expiry Date

\* In case Borrower of any other Bank/Credit Co-op. Society. "NOC" of that Bank/ Credit Co-op. Society is required before opening of Account.

Please give two references for business promotion:

Name \_\_\_\_\_ Email ID: \_\_\_\_\_ Ph.: \_\_\_\_\_

Name \_\_\_\_\_ Email ID \_\_\_\_\_ Ph.: \_\_\_\_\_

I / we affirm that, information furnished here in above is true and authentic to the best of my knowledge. I / we undertake that any change in the constitution / Authorised Signature will be communicated to Bank along with supporting documents immediately.

Date:

1) Signature with Rubber Stamp

2) Signature with Rubber Stamp

3) Signature with Rubber Stamp

SEAL OR  
DRY SEAL

4) Signature with Rubber Stamp

5) Signature with Rubber Stamp

### Attestation / For Office Use Only

**KYC Documents taken on record**

**Documentary Proof**

- |                                           |                                                    |                                                       |
|-------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> PAN/TAN/CIN      | <input type="checkbox"/> Shop Act License          | <input type="checkbox"/> Registration Certificate     |
| <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> Memorandum of Association | <input type="checkbox"/> Article of Association       |
| <input type="checkbox"/> Board Resolution | <input type="checkbox"/> Trust Deed                | <input type="checkbox"/> Other (Please Specify) _____ |

**Address Proof**

- |                                                                  |                                                                 |
|------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Electrical Bill (Latest) on Firm's Name | <input type="checkbox"/> Telephone Bill (Latest) on Firm's Name |
| <input type="checkbox"/> Other (Please Specify) _____            |                                                                 |

Business Profile as per discussion with applicant:

Risk Allocation as per given parameters:  High  Medium  Low

Eligibility of Introducer Checked  Yes  No

**KYC Compliance checked and allowed to open an account**

Emp. Name <input type="text"/>	Emp. Designation <input type="text"/>
Emp. Code <input type="text"/>	Emp. Branch <input type="text"/>
Identity Verification <input type="checkbox"/> Done Date <input type="text"/>	Signature _____

### For Use of Account Opening Cell Only

Verified & found correct for further processing \_\_\_\_\_ Date:

Name & Signature of the AOC Officer \_\_\_\_\_ Emp. Code \_\_\_\_\_