RESERVE BANK LIC.NO. : UBDGJ 747P. 12-12-86

સ્થાપના તા.૨૬.૦૧.૧૯૭૨, રજી.નં.સા.૩૨૪, તા.૧૫.૧૨.૭૧

THE LUNAWADA PEOPLES CO-OPERATIVE BANK LTD.

gen@lpcb.in

02674 - 250 113, 252 530 , 252 531

NR.HATANA KUVA, LUNAWADA-389 230, DIST.MAHISAGAR

Customer Information Form for Individual

PERSONAL

Customer ID | Account Number | PAN Number

☐ 1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID Proof)				
Maiden Name (if any*)				
Father's / Spouse's Name*				
Mother's Name*				

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

Mobile | Tel. (Res) | Mobile

FAX | Email ID*

Nominee Name | Relation

OCCUPATION & INCOME

Occupation: ☐ Salaried ☐ Self-employed ☐ Retired ☐ Self-employed professional ☐ Student ☐ Housewife ☐ Politician ☐ Others (Please Specify)

☐ Private Limited ☐ Proprietorship ☐ Public sector ☐ Multinational ☐ Partnership ☐ Public Limited ☐ Government ☐ Others (Please Specify)

Self Employed Professional: ☐ Doctor ☐ IT Consultant ☐ Lawyer ☐ CA/CS ☐ Architect ☐ Others (Please Specify)

Source of Funds: ☐ Salary ☐ Agriculture ☐ Business Income ☐ Investment Income ☐ Others (Please Specify)

Gross Annual Income (₹): ☐ <50,000 ☐ 50,000-1 Lac ☐ 1-3 Lac ☐ 3-5 Lac ☐ 5-7.5 Lac ☐ 7.5-10 Lac ☐ 10-15 Lac ☐ >15 Lac

Residence Type: ☐ Owned ☐ Rental/ Leased ☐ Ancestral/ Family ☐ Company Provided

☐ **There is no change in my mailing/ permanent address/ Contact Number**

☐ **I wish to change my mailing/ permanent address/ contact details as below** Document attached ☐ Mailing ☐ Permanent

MAILING ADDRESS & CONTACT

(Please leave space between two words)

Flat no/ Bldg Name

Landmark

City | PIN Code

State | Country

PERMANENT ADDRESS

Flat no/ Bldg Name

Landmark

City | PIN Code

State | Country

DECLARATION

I declare that the information provided above with respect to my account is up to date and correct. **I submit a self attested photocopy of the following as:**

Address Proof

Identity Proof

I have also attached my recent photograph alongside

Please sign in black ink only

Signature of Account Holder

Please affix recent photo

Sign Across

Place

Date

☐ ATTESTATION / FOR OFFICE USE ONLY

Document Received ☐ Certified ☐ True Copy ☐ Notry

Risk Categorisation ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date ☐☐ ☐☐ ☐☐☐☐

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name **The Lunawada Peopl's Co.op.Bank Ltd.**

Code **IN4685**

(Employee Signature)

(Institution Stamp)