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Father / Spouse Name*						F	T	R	S	Т							M	T	D	D	L	Е		T					T	Ī	А	S	Т	
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4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID)

Email ID

Tel. (off)

Tel. (Resi)

Mobile

^{*}Please provide family declaration if Email ID/Mobile already exist in other Client Code

5 Other Details												
Gross Annual IncomeDetails												
Income Range per annum :	Upto Rs. 1,0 Rs. 25,00,00	0,000 Rs. 7 01 to Rs. 50, 00, 0	1,00,001 to Rs. 5,0 000 Rs. 50	_	5,00,001 to Rs. 10,00,000 100, 00, 000		,001 to Rs. 25,00,000 01					
			[Ne	et worth should n	ot be older than 1 year] Ne	t worth as on (Dat	e) D D M M Y Y Y					
Occupation:	Private / Pul Housewife	blic Sector Stud	Govt. Sent Self Em		Business Profes Others (Specify)	sional	Agriculture Retired					
Please tick, if applicable:	Politically E	xposed Person (PE	P)		Related to Politically Expo	sed Person (RPEP)						
Source of Wealth :												
6 FATCA / CRS Information (Tick	if Applicable)	Yes	No [If YES FATC	A Additional Deta	ails Required]							
Residence for Tax Purpose in juris	diction(s) Outsi	ide India										
Country of Jurisdiction of Residence*	*											
Tax Identification Number or equiv	alent (If issued	by jurisidiction)	*									
Place / City of Birth* Country of Birth*												
Address												
/\ddisss												
City / Town / Village			District*	*								
State*						Zip/Post (Code*					
Country*												
8 Applicant Declaration												
I hereby declare that the details furnished therein, immediately. In case any of the a liable for it. I hereby declare that I am r legislation or any notifications/directions I hereby consent to receiving information.	above information not making this a s issued by any gov	is found to be false pplication for the p rernmental or statu	or untrue or mislea ourpose of contrave itory authority from	ading or misrepres ention of any Act, time to time.	senting, I am aware that I m , Rules, Regulations or any	ay be held statute of	[Signature / Thumb Impression]					
Date D D M M Y Y Y	Place					Sig	nature / Thumb Impression of Applicant					
9 Attestation / For Office Use Only	у											
Documents Received Certified	d Copies											
In-Person V	erification (IPV	DONE)				Institution Deta	ils					
Date D D M M Y Y Y Y				Institution N	Name							
Emp. Name				Branch								
Emp. Code												
Emp. Designation												
[Employee Signature]							[Institution Stamp]					