



SHALINI SAHAKARI BANK LTD.

395, N. M. Joshi Marg, Mumbai - 400 011. • Phone : 2309 3179

KNOW YOUR CUSTOMER - CUSTOMER'S RECORD OF PROFILE

Name : _____ Date of Birth _____ Age _____

Address : Present _____

Permanent _____

Spouse / Father's Name : _____ PAN : _____

Educational Qualification : Non Graduate Graduate Post Graduate Others

Gender : Male Female Thirdgender

Occupation :

Service	Professional	Others
Govt.	Lawyer	House wife
PSUs	Doctor	Farmer, Traders, Vendor
Private	Engineer	Business
Other self employed	Others	

Type of Account :

Account	A/c. Number	Date of Opening the account
a) SB		
b) Current A/c.		
c) Term Deposit		
d) Borrowal A/c.		

Accommodation Own Rental Mobile No. _____

Details of deposit / Loans / Credit facilities at any other bank _____

Purpose of opening the account _____

Source of funds (e.g. salary, business) _____

Annual Income _____

If engaged in Business

(i) location of business _____ (ii) Estimated income _____

(iii) Other source of income _____ (iv) Total annual income _____

(v) Existing bank account, if any _____ (vi) Credit facility availed _____

Any other information which you would like to record with us. _____

I/We declare that the above particulars furnished by me/us are true and correct.

Date :

Place :

Signature of declarant