



Dormant Activation form for Resident Individuals

Please affix recent photo

Sign Across

PERSONAL (A)

Customer ID

Account Number

Customer Name

Prefix (Mr ,Miss ,Mrs)

Full Name

(Please leave space between two words)

F I R S T

N A M E

M I D D L E

N A M E

S U R N A M E

PAN Number

Form 60. (In Case of No-Pan)

OCCUPATION & INCOME (B)

Occupation

If salaried employed with.

☐ 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 since

Years

Months

Date of Incorporation

/

/

Y Y Y Y

If Company Owner

Nature of Business

☐ Agriculture

☐ Stock Broker

☐ Real Estate

☐ Manufacturing

☐ Service Provider

☐ Trader

☐ Others (Please Specify)

Type of Company/Firm

☐ Partnership

☐ Private Limited Co.

☐ Public Limited Co.

☐ Sole Proprietorship

☐ 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

☐ >15.25 Lac

☐ >25.50 Lac

☐ >50 Lac -1CR

☐ >1CR

Residence Type

☐ Owned

☐ Rental/ Leased

☐ Ancestral/ Family

☐ Company Provided

☐ There is change in my mailing address & contact details

☐ There is change in permanent address

☐ There is no change in mailing & permanent address

MAILING ADDRESS & CONTACT (C)

(Please leave space between two words)

Flat no/ Bldg Name

Road Name

Landmark

City

PIN Code

State

Country

Tel. (R)

S T D

-

N U M B E R

Tel. (0)

S T D

-

N U M B E R

Extension Number

Email ID*

Mobile Number +91

N U M B E R

PERMANENT ADDRESS (D)

Flat no/ Bldg Name

Road Name

Landmark

City

PIN Code

State

Country

DORMANT ACTIVATION (E) (for dormant account activation branch visit is mandatory)

I hereby authorize the Bank to activate all dormant accounts linked to the captioned customer ID under single ownership
I/ We agree to maintain the required Balance after the account is activated.
I / We understand that separate request will be required for activation of accounts held in joint capacity.

Branch Code

LG Code

EXTENDED KYC (F)

| Section A | | Section B | | |
|--|--|--|--|--|
| Maiden Name (If any) | | Foreign tax residency details if any (Please consult your professional tax advisor for further guidance on your tax residency, if required) <input type="checkbox"/> Please Tick, if you are a tax resident of any country outside India. If you do not tick, it is your affirmation that you are a tax resident of India and not of any other foreign country. | | |
| Father's Name (mandatory) | | | | |
| Spouse's Name | | Country/(ies) of Tax residency | | |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others | Tax identification Number (TIN) | | |
| Identification Type – Document submitted as proof of identity of the individual (Passport no & Expiry Date are mandatory for NRI/PIO/Foreign National) | <input type="checkbox"/> Passport - Date of Expiry DD / MM / YYYY <input type="checkbox"/> Driving License-Date of Expiry DD / MM / YYYY <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Letter from National Population Register | Identification Type (TIN or other, please specify) | | |
| Identification Number - for the identification type mentioned above | | Please tick if your address for tax purpose is other than Mailing address | <input type="checkbox"/> Same as permanent address | |
| Please mention your Residential Status if it is any one of these (Visa type & Visa Expiry are mandatory for NRI /Foreign National) | <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin VISA TYPE <input type="checkbox"/> Resident Individual <input type="checkbox"/> Student Visa <input type="checkbox"/> Resident Individual <input type="checkbox"/> Multiple Entry Visa <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Visa Expiry Date: __/__/____ | Please tick if your address for tax purpose is other than your Residential | <input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | |
| Proof of Address | <input type="checkbox"/> Passport - Date of Expiry DD / MM / YYYY <input type="checkbox"/> Driving License-Date of Expiry DD / MM / YYYY <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> Election / Voter's ID <input type="checkbox"/> NREGA Card <input type="checkbox"/> Letter from National Population Register | Please Update if Tax resident outside India/Nationality is other than India | Please Mention if your Country of Birth is other than India | |
| Identification number of Address proof above | | | | |
| Please tick if Address Type is other than Residential | <input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | | City of Birth | |
| Nationality (if national of more than one country, please mention all the countries separated by a comma) | | | | |

AADHAAR CONSENT DECLARATION (G)

- Aadhaar Non DBT Consent**
- I voluntarily opt for Aadhaar OVD KYC or e-KYC or offline verification, and submit to the BANK my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile, face authentication details and/or biometric information (collectively information)
 - I am informed by the Bank, that:
(i). submission of Aadhaar is not mandatory and there are alternative options for KYC and establishing identity including by way of physical KYC with officially valid documents other than Aadhaar. All options were given to me.
(ii) For e-KYC / authentication verification, Bank will share Aadhaar number and/or biometric with CIDR/UIDAI and CIDR/UIDAI will share with Bank, authentication data, Aadhaar data demographic details, registered mobile number, identity information which shall be used for the informed purposes mentioned in 3 below.
 - I authorise and give my consent to the Bank (and its service providers), for following informed purposes:
(i). KYC and periodic KYC process as per the PML Act 2002 and rules thereunder and RBI guidelines, or for establishing my identity, carrying out my identification, offline verification or e-KYC or Yes/No authentication, demographic or other authentication/verification/notification as may be permitted as per applicable law for all accounts, facilities, services and relationships of/through the Bank, existing and future.
(ii). collecting, sharing, storing, preserving information, maintaining records and using the information and authentication/ verification/ identification records: (a), for the informed purpose above, (b) as well as for regulatory and legal reporting and filing and/or (c) where required under applicable law. (iii) enabling my account for Aadhaar enabled Payment Services (AEPS).
 - I Understand that the Aadhaar number and coro biometrics will not be stored/shared except as per law and for CIDR submission. I have downloaded the e-Aadhaar myself using the OTP received on my Aadhaar registered mobile number. I will not hold the Bank or its officials responsible in the event this document is not found to be in order or in case of any incorrect information provided by me.
 - The above consent and purpose of collecting information has been explained to me in my local language.

| | |
|---|--------------------------------|
| DECLARATION I declare that the information provided with respect to my account is up to date and correct. I have also attached my recent photograph. | <div>Applicant Signature</div> |
| FOR BANK USE Sourcing Branch Name _____ Documents Received: <input type="checkbox"/> Self Certified <input type="checkbox"/> True Copies <input type="checkbox"/> Notary Employee Name: _____ Employee Code _____ Employee Designation: _____ Sourcing Employee Branch Name: _____ Branch Code _____ Signature verified and form approved by BDA/BM employee code _____ Signature & Date _____ | |

CUSTOMER ACKNOWLEDGEMENT COPY

Reference Number _____ Acknowledgement Date _____ Signature of Bank Official _____