



PART I | KNOW YOUR CUSTOMER (KYC) ACCOUNT OPENING FORM [MANDATORY DOCUMENT]

Application Type: <input type="checkbox"/> New <input type="checkbox"/> Update	KYC Number (if already existing)
Account Type <input type="checkbox"/> Normal <input type="checkbox"/> Minor	

A. PERSONAL DETAILS

Prefix	First Name	Middle Name	Last Name
Name (As per PAN)			
Father/Spouse Name			
Mothers Name			
Date of Birth	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	PAN:		
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify) _____	Residential Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National		
Occupation: <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____	<div style="border: 1px solid black; padding: 10px; text-align: center;"> PHOTO Sign across the Photo </div>		

B. PROOF OF IDENTITY AND ADDRESS (Please tick any of the below OVDs and mention the corresponding ID Number)

<input type="checkbox"/> Aadhaar <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> NPR Letter <input type="checkbox"/> NREGA Job Card
ID Number:

C. ADDRESS DETAILS

Permanent Address:
District: State/UT: Country: PIN:
Correspondence Address: (Please tick if correspondence address is same as permanent address as above) <input type="checkbox"/> Yes <input type="checkbox"/> No Specify the proof of address submitted for Residence/ correspondence address: _____
Correspondence Address:
District: State/UT: Country: PIN:

D. CONTACT DETAILS (All communications will be sent to Mobile number/ Email ID provided)

Mobile Number:	Email ID:
Tel. (Off):	Tel. (Res):

E. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent for receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Further I give my consent to download my KYC Records from the Central KYC Registry for the purpose of verification of my identity and address from the database of CKYCR Registry.

Date:	 _____ [Signature of the Applicant]
Place:	

FOR OFFICE USE ONLY

IN PERSON VERIFICATION [IPV] BY J&K BANK/JKB FINANCIAL SERVICES LTD. OFFICIAL

Name of the person who has done the IPV:	Emp. Code	Date of IPV
Designation:		
Originals verified and self-attested documents received <input type="checkbox"/>		

[J&K Bank/JKBFSL Branch Stamp & Signature]