KNOW YOUR CLIENT (KYC) Application Form - *For Individual*

☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓the appropriate) **DP ID : IN300351**

State Bank of India *With you - all the way* Pure Banking. Nothing else.

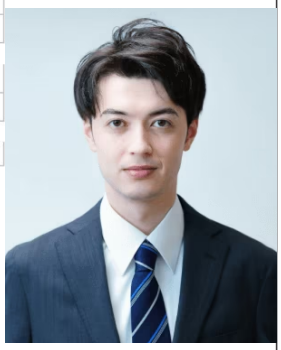
Please fill this form in ***ENGLISH*** and in ***BLOCK LETTERS***
(Please tick ✓the box on left margin of appropriate row where ***CHANGE/CORRECTION*** is required and provide the details in the corresponding row)

Acknowledgement No.

A IDENTITY DETAILS

1. **Name of the Applicant** RAJENDRA KUMAR CHOUDHARY

2. **Father's/Spouse Name** SHRAWAN KUMAR CHOUDHARY



3a. **Gender** ☑ Male ☐ Female **3b. Marital status** ☐ Single ☑ Married **3c. Date of Birth** 30 / 08 / 1990

4a. **Nationality** ☑ Indian ☐ Other (Please specify) _____

4b. **Status** ☑ Resident Individual ☐ Non Resident ☐ Foreign National

5a. **PAN** PAN1245547

5b. **Unique Identification Number (UID) / Aadhaar, if any:** PAN1245547

6. Account No.: 60149485692

B ADDRESS DETAILS

1. **Address for Correspondence** 40, SHASHTRI NAGAR

City / Town / Village JODHPUR Pin Code

State RAJASTHAN Country INDIA

2. **Specify the Proof of Address submitted for Correspondence Address:** RATION CARD

3. **Contact Details**

Tel. (Off.) Fax

Tel. (Res.) Mobile No 9876543210

E-Mail Id RAJENDRAKUMAR3445@GMAIL.COM

4. **Permanent Address** (If different from above or overseas address, mandatory for Non-Resident Applicant)

40, SHASHTRI NAGAR

City / Town / Village JODHPUR Pin Code 342001

State RAJASTHAN Country INDIA

5. **Specify the Proof of Address submitted for Permanent Address:** RATION CARD

C OTHER DETAILS

1. **Gross Annual Income Details** (Please Specify) Income range per annum: ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lac ☐ ₹ 5-10 Lac ☑ ₹ 10-25 Lac ☐ More than ₹ 25 Lacs

OR

Net-worth (Net worth should not be older than 1 year) **Amount** ₹ 1254000 **as on (date)** 30 / 09 / 2022

2. **Occupation** (Please tick ✓any one and give brief details):

☑ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired

☐ Housewife ☐ Student ☐ Others(Pleasespecify) _____

3. **Please tick, if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

4. **Any other information:** _____

D 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.

Date: DD / MM / YYYY

☐ Signature of the Applicant

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: _____

Date of IPV: DD / MM / YYYY

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ (Originals Verified) True copies of Documents received

☐ (Self Attested) Self Certified Document copies received

Date

Signature of the Authorised Signatory