

D. PERSONAL DETAILS

3	a. *PAN				b. UID Aadhaar No.			
	<input type="text"/>				<input type="text"/>			
6.	Specify the proof of Identity submitted : <input type="checkbox"/> UID Aadhaar <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> PAN Card <input type="checkbox"/> Others (Please Specify) : _____							
1.	a. *Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		b. Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorcee <input type="checkbox"/> Widowed		c. *Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2	*Status : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)				*Nationality : <input type="checkbox"/> Indian <input type="checkbox"/> Other _____			
4.	*Occupation : (please tick any one and give brief details) <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> State / Central Government Service <input type="checkbox"/> Business / Professional <input type="checkbox"/> Agriculturist / Farmer <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others : _____							
5	*Annual Income : Details (please specify) <input type="checkbox"/> Below Rs 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> Above 25 Lakhs							
6.	Education : <input type="checkbox"/> Non Matric <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate							
7.	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person							
8.	*Religion: _____ Category : <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> NT <input type="checkbox"/> Other (Please Specify) : _____							
9.	Any other information: _____							

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

*Signature of Applicant

Date :

Place : _____

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FOR OFFICE USE ONLY

(Originals Verified) True copies of documents received
 (Self-Attested) Self Certified Document copies received

For, Mahatma Fule Ur. Coop Bank Ltd.

(.....)
Signature of the Authorised Signatory

Date :

Seal / Stamp of the intermediary