

KONNAGAR SAMABAYA BANK LTD.

Main Office : 66, G. T. ROAD (WEST), KONNAGAR
District-Hooghly, Pin-712235
Ph.: 2674 7553 / 0669
Mail_id: ksb_ltd@yahoo.co.in
Branch Office: 2, Dr. S. K. Deb Street, Konnagar
District-Hooghly, Pin-712235
Ph: 2674 5456

(Paste recent Passport size
Photograph)

KYC / CUSTOMER PROFILE INFORMATION FORM

SB/FD/CC/RD/STD/OTH.DEP. ACCOUNT NO. _____

MEMBERSHIP REGD. NO. _____

Please fill up the form in CAPITAL / BLOCK Letter and submit to Main / Branch Office

NAME OF ACCOUNT HOLDER:-	
FATHER'S / HUSBAND'S NAME:-	
ADDRESS:- HOLDING / HOUSE NO.:-	FLOOR NO. (IF ANY):-
STREET/ROAD/LANE:-	
NEAREST LAND MARK (IF ANY):-	
P.O.:-	POLICE STATION:-
DISTRICT:-	STATE:-
PIN CODE:-	TELEPHONE NO. (LAND LINE):-
E-MAIL_ID:-	TELEPHONE NO. (MOBILE):-
DATE OF BIRTH / AGE:-	SEX:-
MARITAL STATUS:-	OCCUPATION:-
RELIGION:-	CASTE:-
EDUCATIONAL QUALIFICATION:-	
P.A.N. NUMBER (If any):- (photocopy to be submitted)	
AADHAR NO. (If any):- (photocopy to be submitted)	
INCOME PER MONTH (In case of member photo copy of Income proof - to be submitted)	
ID PROOF SUBMITTED (photo copy) (Mention the type of ID proof)	
ADDRESS PROOF SUBMITTED (photo copy) (Mention the type of Address proof)	

DATE: _____

SIGNATURE OF ACCOUNT HOLDER / MEMBER

NB:- (I) All documents to be self attested by the Account Holder / Member

In case of a Joint Account a separate form to be filled by all account holders

VERIFIED AND ENTERED BY _____
(Authorised official's Signature with date)

CUSTOMER ID NO. _____