

SHRI VINAYAK SAHAKARI BANK LTD.

1, Sumeru Bungalows, Nr. Sarthi Hotel, Beside Sarthi Party Plot, Bodakdev Road, Vastrapur, Ahmedabad-54 Phone: 079 - 26843333, 26843334 • Email: svsbankitd@gmail.com • Web: www.svsbl.com

Please affix your

		CUSTOMER FORM - INDIVIDUALS										_	Size Photograph here												
For Office use only:			1 1		_	, ,				г									-						
CIF ID:								K	YC I	No. :															
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15. Nationality :											
16. Cast: Hindu Jain Muslim Parsi Christian Sikh Buddhist	Bhahai Zoroastrian Other										
17. Marital Status: Single Married Other											
18. Qualification : Under SSC SSC HSC Graduate Masters	Professional										
Name of School/University:											
19. Occupation: Private Sector Service Public Sector Government Sector Self-Employed Retired House wife											
Pensioner Student Unemployed Other											
If Self-Employed : Doctor Engineer CA/CS Businessman Investor Architects Advocate Other											
Name and Address of firm / Company :											
Date of Incorporation or in the business since :											
If Employed : Designation : Name of Employer											
20. Average Annual Turnover: Net Worth (As on D M											
(Only for Self employed)											
21. Expected Annual Income :											
22. Please Provide details of Account / Credit Facilities with other banks.											
Bank & Branch Place of Bank & Branch Type of A/c Facility	Amount A/c. No.										
that may be held liable for it. Would like to share my personal/KYC details with Central KYC											
For Office Use Only:											
Classification : Low Medium High	Date D D M M Y Y Y Y										
I hereby certify that this customer opening form is complete all respect and relevant documents	s have been obtained and verified with original documents.										
Enclosure details by Branch :											
No. of KYC Documents enclosed : (Self Certified True Copies Notari	ised)										
CPC request No.:											
Name :											
Employee ID :											
Designation :											
Signature:											