



Personal Data Form

Customer ID (For Bank's use)									
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(Please tick ✓ in the appropriate box)

Name in full and in capital letters. (Submit Documentary Proof of Identity)												
Short Name (in Ten characters)												
Name of Father / Mother / Husband in full and in capital letters.												
Date of birth: (DD-MM-YYYY)				-			-				Single <input type="checkbox"/> Married <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality (if not Indian)								Nationality ID Card No, if any				
Occupation		Student <input type="checkbox"/> , Service <input type="checkbox"/> , Self Employed <input type="checkbox"/> , Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> , Labour <input type="checkbox"/> , Other <input type="checkbox"/> , None <input type="checkbox"/>										
If in service Employee ID, if any								Employer ID, if any				
Whether a staff member?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Staff Code No:								
Whether related to a staff member? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, name of the staff member										
		Staff Code No							Relationship			
Whether a Senior Citizen? Yes <input type="checkbox"/> , No <input type="checkbox"/> (If Yes, enclose documentary proof of age.)		Document indicated below is enclosed towards proof of age. Birth Certificate issued by Municipality <input type="checkbox"/> , School/College Certificate <input type="checkbox"/> , Passport <input type="checkbox"/> , Voter Identity Card <input type="checkbox"/> , Driving Licence <input type="checkbox"/> , Ration Card <input type="checkbox"/> .										
Whether a pensioner?		Yes <input type="checkbox"/> , No <input type="checkbox"/>		Whether a PURDHA NISHIN?		Yes <input type="checkbox"/> , No <input type="checkbox"/>						
If the applicant is a Minor		Represented by Self (MINSO) <input type="checkbox"/> Represented by Guardian (MINUG) <input type="checkbox"/>										
Name of the guardian in full and in capital letters, if Minor is represented by Guardian								Customer ID of the Guardian				
Nature of Guardianship		Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed guardian <input type="checkbox"/>										
Passport Details: (Copy of Passport to be enclosed) (Non-Indian applicant should provide the details)												
Passport No		Date of Issue		Date of Expiry		Issue Office			Issue Authority			
If PAN is available (Enclose Copy of PAN)		PAN No:				If PAN is not available (Submit Form 60 or 61)			Form 60 <input type="checkbox"/> / Form 61 <input type="checkbox"/> Enclosed in duplicate.			
Annual Income		Rs.				Net Worth Rs.			Recent passport size photograph to be affixed. (Branch should affix a Stamp on the photograph appearing partly on the photo and partly on the Form.)			
Mobile No:												
Email address.												
Address for Communication		PIN:										
Present Residential Address (Submit Documentary Proof)		PIN:										
I declare that the information given above is true and correct to the best of my knowledge and belief. I hereby authorize the bank to verify the details given in this Form, either directly or through their authorized agents. Place: _____ Date: _____								Specimen Signature / Thumb Impression				
Signature / Thumb impression of the Applicant												

- i) Please tick ✓ in the appropriate box to indicate type of document submitted for proof of identity.
a) Passport ☐. (b) Driving Licence with photo ☐. (c) PAN Card ☐. (d) Election Identity Card ☐. (e) Photo Identity Card issued by present employer ☐. (f) Letter from a recognized Public Servant verifying the identity and residential address of the applicant ☐. (g) Any other document to the satisfaction of the bank (Specify) _____ ☐.
- ii) Please tick ✓ in an appropriate box to indicate the document submitted as Proof of Present Residential Address.
(a) Passport ☐, (b) Driving Licence ☐, (c) Election Identity Card ☐, (d) Ration Card ☐, (e) Letter from employer / Emp.ID. ☐, (f) Telephone/Electricity Bill ☐, (g) Bank account statement ☐, (h) Letter from any recognized public authority ☐, (i) Any other document to the satisfaction of the Bank (Specify) _____ ☐.
- iii) **Optional Information may be provided in the format given overleaf.**

Optional Information

(The information may be provided which will be useful to serve you better)

Phone No:		Residence			Office/Works			Fax No			
Address (Works/Office)		PIN:									
Native / Permanent Address		PIN:									
Education Qualifications		Father			Mother						
		Self			Spouse						
		Child 1			Child 2						
Occupation		Father			Mother						
		Spouse			Child 1						
		Child 2									
Availability of insurance cover for:- Life Insurance (L) Accident Insurance (A) Medical Insurance (M)		Father (L) <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/>			Mother (L) <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/>						
		Self (L) <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/>			Spouse (L) <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/>						
		Child 1 (L) <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/>			Child 2 (L) <input type="checkbox"/> (A) <input type="checkbox"/> (M) <input type="checkbox"/>						
Visits abroad	Country										
	Number of times										
Dealings with other banks	Deposit Accounts										
	Credit Facilities										
Credit Cards held		Andhra Bank Cards <input type="checkbox"/>				Other Bank Cards <input type="checkbox"/>			None <input type="checkbox"/>		
Investment preferences		Shares <input type="checkbox"/>		Mutual Funds <input type="checkbox"/>		Bank Deposits <input type="checkbox"/>		Others <input type="checkbox"/>		None <input type="checkbox"/>	
Name and address of any Family Member / Relative settled abroad.											

Signature / Thumb impression of the Applicant

Customer Identification Procedure - Verification of the Form and Documents (For Office Use)

- i) The Form is filled in completely. Signature/Thumb Impression is affixed in my presence. I have verified the Form and the copies of Documentary Proof for Identify and Present Address with relative originals. I have also verified the copy of PAN CARD and Passport wherever submitted. I have certified all the document copies as VERIFIED and TRUE COPY.
- ii) Introduction as under is accepted for Customer Identification since the Customer is, for the reason mentioned below, unable to submit prescribed Documentary Proof for Identity and Present Residential Address:- **(Customer Identification through Introduction is permissible in exceptional cases only and the introducer should satisfy all requirements as per the guidelines in force.)**

Name of the Introducer (In full and in capital letters)	
Customer ID	<div style="display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black;"></div> <div style="margin: 0 5px;">A/c No</div> <div style="flex: 6; border-bottom: 1px solid black;"></div> </div>
Account is maintained since	_____ Months/Years.
Relationship, if any, with the Customer	
Declaration of the Introducer.	<p>I know the above named Person since_____ Months / Years. I confirm that his/her occupation and address as stated in the Personal Data Form are correct. I also confirm and attest his/her Signature/Thumb Impression and his/her Photograph.</p> <p style="text-align: right;">Signature of the Introducer.</p>

Reason for the customer failing to submit Documentary Proof for Identity and Address: _____

The introducer Visited the branch ☐ / Not Visited the branch ☐.

Signature of Authorized Officer and Signature No: