

Progressive Co-operative Bank Limited

Cust. ID				
Group Cust. ID				
If Shareholder of the Bank, Membership No.				

CUSTOMER INFORMATION FORM FOR NON INDIVIDUALS (FOR FIRMS / CORPORATES / TRUSTS / SOCIETIES / HUF / HUF FIRMS / OTHERS)

To, The Branch Manage Progressive Co-ope		ank l	_imited	•,																	
			Br	anch.		Brand	ch Code	e No.						Date	D E	H	M	YY	Y	7	
Please fill in CAPITAL letters and use BLACK BALL POINT PEN for signature. Please tick (√) the appropriate boxes																					
Details of Business	s / Firm	/Tru	st / HL	IF / Ass	ociati	on of F	Person	s/C	ompany	/ / S	ociety /	Others									
Name / Title of			12																		
Account										_			_								4_
Constitution :		-				2.5											ш	-			
Proprietorship	F	artne	ership I	Firm [P	vt. Ltd.	Co.	E	ducatio	nal li	nstitutio	n _	Co-	op. Soc	iety		Trust				
Ltd. Liability Pa	rtnershi	p (LL	P) _	HUF		HUF	Firms		Assoc	iatio	n of Per	sons		Others	(Spe	ecify)					
Residential / Bus	siness /	Offic	ce Add	lress for	Con	nmunic	ation (KYC	Proof e	nclo	sed)		7							1	- July
Shop/Gala No.						Bld	g/Socie	ety Na	ame												
Road/Lane			_			_				H		<u> </u>			Щ	+	<u> </u>	Щ			
City:									strict:		+	-									
State: Phone No. (With S	rn/ien	Code	y-					Pin C	Code:		Fou	No.	7								
Mobile No.:	T T	T	" <u> </u>		$\overline{\mathbf{I}}$] e-n	nail id:	\vdash			Fax	NO.: [+				
PAN No.:					+	-4	gistrati	_	o.:						\vdash		+		+		=
Commencement da	ate:					4			ablishm	ent						7					
No. of Employees:		T		No. of E	Branc	hes :															
CIN No.:												(Fo	r Lim	ited Co	mpan	ies O	nly)				
Factory / Godow	n Addre	ess :		5 11	SHE S									-						15	
Shop/Gala No.						Bldd	g/Socie	tv Na	ame						П	T	7		Ŧ		7
Road/Lane												Щ			Ц		Щ				
City:			_		_		_		trict:	4	11		4								
State:	TD Code	-/-	_		-			Pin C	ode:			\						-			
Mobile No.:	D Codi	e):	T T			1 0-10	nail id:	\vdash			Fax	No.:					+				
						6-11	ian iu.	_											+		
Copies of Docum			rust Do	eed	ı	ification	_		_		HUF De		_	Reso	lution		Partr	nershi	p Dee	d / Le	etter
Copy of Regn. (Certifica	te	VAT	/ST Reg	istrat	ion	Mem	_	dum & A		es of As	sociatio	on [Othe	ers (S	pecify	/)				
a) Document No. :								=	Issued I			7 -	Г	 1		[1		7		
Place of Issue									Issued I		:	Da	y [Mon	ith [Ye	ar	
b) Document No. : Place of Issue								=	Issued I			Do	, Г		Mon	th [- Va		
								_	Issued I	Jate	: []	Da	y [IVIOI		<u> </u>		Ye	ar	
Other Verification						8 7	171									e =4					
Pan Card Others (Specif		phon	e Bill (I	atest)		Electri	city Bill	(late	st)	_ L	ease Aç	greeme	nt Co	ру	SI	hop &	Estal	olishn	nent C	ertific	ate \
Nature of Activity	y / Busi	ness				100						40			-						× 5.7
Manufacturing			g Serv	ice	Rei	tail Bus	iness		Stock	Brok	er	Real	Esta	te	Sei	rvice		Prof	ession	al	
Other (Please S						=0			_ `		l	l		L							

Business Gros				E th:	Above	e Rs. 6 pto Rs.	Lakh [Lakh - . 10 Lak s. 1 Cro	10 Lak	h [Above Rs.	ove R	kh - 50	ikh - Lakh	Above R 15 Lakh Above R 15 Lakh Above R 10 Crore	Above ve Rs. 50	Rs. 1. Lakh -	5 Lakh		
Expected Va	alue of	Trans	action I	Per Ai	nnum i	n Bun	PPS		-			11111							
	rac or	_						1	401	-12	1	- FO !	-1.6	Ulata	4 C [have 1 Cons		
Cash	. [=	oto 1 La			lo 5 La		Upto				oto 50 L			1 Crore		bove 1 Crore		
Clearing / Trans Source of Fun	-	=	oto 1 La	_		to 5 La	nations	Upto			Up ommis	oto 50 L	akn	Others _	1 Crore		bove 1 Crore	2	
Source of Fun	a : _		usiness	IIICOH	ie _	Do	nauons	/ Glain	18		JIIIII	SSION	-	Others_					
Progressive	e / Othe	er Ban	k Acco	unt										- 2					
Bank							Bran	ch 🗀				Тур	e of /	Account &	No.:)	
Bank							Bran	ch				Туре	e of A	Account & I	No.:				
Declaration				4					100	2 1				-				7	
credit fa	acility/ie n/are e	s is/ar njoying	e availe	ed by r	ne/us f	rom otl				s of you		nk. C	and (undertake t	o inform y	ou pro	Pacility Amo		
Name of Au	thorise	ed Sig	natorie	s										7			1		
Cust. ID No.						Cust	. ID No.		П		T			Cust. ID N	lo.				
1st	Applica	ınt (Mr.	./Mrs./N	ls.)			2	nd App	olican	it (Mr./N	/Irs./IV	ls.)			3rd Ap	plicant	(Mr./Mrs./Ms	s.)	
E HIE		R	AA			P	ΠR	9 1		M A	hi	E		E III			H A SI		
MUDI	1	E	Tq n		<u>E</u>	13.1	L D	П	I	l nt	П	14 1		1/1		5	N A III		
DIN No.:	4.6			\vdash	\dashv	للا	No.:		ᆈ		\perp	-	H	DIN No.:		4			
. 27	70-		danti.														hinega maniporg		
-	(Signatu	re with	Rubber	Stamp)			_	(Signati	ure wi	th Rubb	er Star	mp)		-	(Signature	e with F	Rubber Stamp)		
Introduction	n Detai	ls																	
Name of Introd	lucer	П																	
Customer ID N	lo.		TT	T	SB/0	CD A/c	No.		T	TT						at		Branch	
I Certify that th Months / Years this application	and I									gnatur	e of l	ntroduc	cer						
FOR OFFIC	E USE													To.					
CIF-2 : KYC do CIF Processed B Employee Code I Date:/	ocume y : No						Officer:		No						Manager : Employee	Code N	lo	aker C - Checker	
Date -		KYC C	Complied	C		Photo	Scanne	C		Sign	Scann	ned C		CIF-	2 Scanned C			send to AOC	
Date :		IVI	<u> </u>			.wf.			1_	tyl			_	M			IVI		
AOC				CIF			rified as he syster		&					Re	CIF-2 No asons	t Accep	ted		
Date:				М					С			M C							