

Promo Code:

Application No:

ELITE ARTHA RELATIONSHIP INITIATION FORM - RESIDENT INDIVIDUALS (To be filled by Applicant only. Please fill the form in Capital Letters and Black Ink only)



Branch Code

Branch Name

Application Date

I-Kit Non I-Kit



\*Fields are mandatory

Please open the following account

ELITE ARTHA Regular Savings FD / RD Please fill the seperate FD Form

Mode of operation : Singly Either / Anyone or survivor Jointly (Debit / ATM card not applicable) Minor under guardian Former or Survivor

CLIENT INFORMATION FIRST APPLICANT SECOND APPLICANT

CKYC No

UCIC (If Existing Customer)

First Name\*

Midde Name

Last Name\*

Gender\*

☐ Male☐ Female☐ Third Gender

Date of Birth\*

D

D

M

M

Y

Y

Y

Y

PAN Number\* / Form 60

Aadhaar Number\*

Passport/DL/Voter card/Others

Expiry Date (if any)

Marital Status

☐ Single☐ Married☐ Others

Father's Name

Mother's Maiden Name

Spouse's Name

☐ Male☐ Female☐ Third Gender

Date of Birth\*

D

D

M

M

Y

Y

Y

Y

PAN Number\* / Form 60

Single

Married

Others

Mailing / Current Address

Landmark

CityState

PincodeCountry

Tel (R/O)(STD) Mobile\*

+91(Alerts will be sent to this Mobile No.)

E-Mail ID\* (In Capital Letters)(Alerts will be sent to this Email id.)

Landmark

CityState

PincodeCountry

+91(Alerts will be sent to this Mobile No.)

(Alerts will be sent to this Email id.)

Permanent Address\*

☐ Please tick

if same as mailing address

Landmark

CityState

PincodeCountry

Occupation\*

☐ Salaried☐ Retired☐ Student☐ Farmer☐ Self-employed☐ House wife☐ Professional

Additional Information

☐ Illiterate☐ Visually Impaired☐ Old & Sick☐ Electoral candidate

POLITICALLY EXPOSED PERSON (PEP)\*

☐ YES☐ NO☐ RELATED TO PEP

DOMESTICALLY INFLUENTIAL PERSON(DIP)\*

☐ YES☐ NO☐ RELATED TO DIP

Landmark

CityState

PincodeCountry

Salaried

Retired

Student

Farmer

Self-employed

House wife

Professional

Illiterate

Visually Impaired

Old & Sick

Electoral candidate

YES

NO

RELATED TO PEP

YES

NO

RELATED TO DIP

Employment Address

CityState

PincodeCountry

CityState

PincodeCountry

FATCA* - CRS STATUS DETAILS FOR	FIRST APPLICANT	SECOND APPLICANT
I am a tax resident of India and not of any other Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
City of Birth		
Country of Birth		
I am a tax resident of the countries mentioned below	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country Name#		
Tax Identification Number (TIN %)		
Identification Type (TIN / Other % - Please specify)		
Address for Tax Purpose	PINState	PINState
Address Type for Tax Purpose	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

ACKNOWLEDGEMENT - CUSTOMER COPY

I have applied for ELITE ARTHA Regular Savings FD / RD

Product Name: in the name of Mr/Mrs/Ms./M/s: Application No:

With an initial payment cheque number: of Rs. , in words : Rs.

From Bank : . I also confirm that have read and understood the terms and conditions pertaining to the account, and the

Officer: Mr. has explained all the details pertaining to the account in detail

Nomination Registered : Yes No Name of Nominee

Officer Signature: Name of Bank Officer: Phone Number:

Any one of this field is mandatory

ESPB ELITE ARTHA - Jun 2024

