

anch Name:
ate:
istomer ID:

Merc	antile CUSTOMER IDE	NTITY FORM	Date:			
Be a step ahead	nk Ltd INDIVID	DUAL				
Regd: Office: 57, V.E.Road, Thoothukudi - 62			Customer ID:			
www.tmb.in CKYC No. :						
For Office Use Only Application Type: New Update Account Type: Normal Simplified Small INSTRUCTIONS: Fill up in CAPITAL Letters and use Black ink for filling this form. Please (✓) Appropriate box						
PERSONAL DETAILS	NS: Fill up in CAPITAL Letters and us	se Black ink for filling tr	ils form. Please (7) Appropriate box			
Customer Type: Public	Staff Senior Citizen: Ye	es Minor: Yes	NRI: Yes If NRI, Mandatory to attach FATCA			
Name: Mr. Ms.	Mrs. Others	·				
Name of Father / Husband / Guard	dian: Mr. Ms. Mrs.	Others				
Mother's Maiden Name:			Marital Status Married Unmarried			
Date of Birth:	Gender:Ma	, —				
PAN No.	OR	Form 60 Aadhaar				
	Permanent Address	(If NRI , Mention Overse	as Address)			
Landmark / Street] PIN / ZIP			
City			State			
Landline		Country				
Country code STD code with		e as above (If NRI , Mer	ntion Local Indian Address)			
		1 1 1 1				
Landmark / Street						
City			State			
Landline -		Country				
Country code STD code with			5 THE CAPITAL LETTERS ARCHIOCALL COM			
Mahila		Details : (Mandatory)	Email ID in CAPITAL LETTERS eg. ABCD@GMAIL.COM			
Mobile Email Email						
Desidential Chatra		litional Details : Foreign National	Person of Indian Origin			
Residential Status	Resident Non-Resident IN-Indian Others (ISO 3166		Person of Indian Origin) Physically Challanged Y N			
Citizenship	S-Service (Private Sector	1 = =				
Occupation Type	Retired Housewife		ployment Agriculturist B-Business			
		Actual Occupation	proyment Agriculturist b-business			
Religion	Hindu Muslim	Christian Sikl	h Jain Buddhist			
Community	OBC MBC	SC ST	Others			
Educational Qualification	Non Matriculate SSLC/H		Post Graduate Professional Others			
Income Tax Status	Individual Senior					
Relationship with bank (TMB)	Employee Staff No.	Director	Outsource Family Member Eligible Ex.employee/ family members			
Accommodation	Own Independent House	Own Flat On rent				
Vehicle Type		e ownership Owned	Company Provided			
Source of Funds	Salary Pension	Rental Busines				
Expected Annual Income ₹						
Gross Annual Income Range	<pre><1 Lakh 1-5 Lakhs</pre>	- i-10 Lakhs 10-25 La	akhs 25-50 Lakhs 50-100 Lakhs >100 Lakhs			
Purpose of Account Opening			s Activities Others			

Accounts with other Bank(s) / Other Bran	ches of TMB:									
Bank	Branch / /	h / Address			Account T	ype	Account No.			
Non-Resident Details Date of becomi	ng Non-Resident 👤	D	MM	A A A A C	ountry		' 			
General Declaration										
 I hereby declare that the details furnished above are any of the above information is found to be false or ur 	true and correct to the be ntrue or misleading or mis	est of srepre	my knowle esenting, la	edge and belief and I u am aware that I may be	ndertake to infori held liable for it.	n you of any	changes therein, immediately. In case			
 My personal KYC details may be shared with Central I I hereby consent to receiving information from Central 	J ,	MS/Fr	mail on the	ahove registered num	her/email address	:				
I hereby give my voluntary consent in seeding my Aad	dhaar Number to all my ba	ank a	ccounts exi	st under my customer	ID					
 I have no objection in authenticating myself with Aac framed thereunder for seeding my Aadhaar number Aadhaar based authentication for the purpose of ava 	to my bank account & to	provi	stem and h ide my ider	ereby give my volunta tity information (Aadl	ry consent as req naar number, bior	uired under tl metric inform	ne Aadhaar Act 2016 and Regulations ation & demographic information) for			
 I here by authorise to use my linked Aadhaar enable information and NPCI may MAP my primary account i 				t payment across sche	mes that I am elig	gible & or any	other payment using Aadhaar based			
I have been explained about the nature of information shall not be used for any purpose other than mention				on. I have been given	to understand th	at my inform	ation submitted to the bank herewith			
Is FATCA / CRS applicable	Yes No (If Ye	s, Ple	ease fill up	FATCA Declaration Fo	rm)					
I Wish to Register Name in "Do Not Call" Register	Yes No						Signature			
Documents Section (Bank use) Please Tick (✓) ID/Address Proof as applicable Applicant Declaration										
Document Name		ID roof	Address Proof	I Confirm that, I ha provided on the form		erstood the a	bove declaration and that the details			
Passport Number										
Passport Expiry Date DD MM	YYYY									
VISA Valid Upto	<u> </u>			Please past passport size p						
Voter ID Card				.,	Photo to be signed across. Do not sign this form if it is BLANK, please ensure all relevant and columns are complete, filled to your satisfaction and then the form.					
PAN				Thota to be sig						
Driving License										
Driving License Expiry Date DD MM	YYYY									
E-UID (Aadhaar)				Name :	lame :					
NREGA Job Card Others (any document notified by the Central Govern	amont)			Place:			Date:			
Document Name:	illient)				KYC Verificatio		t By (BANK USE)			
Document No. :				I hereby declare that this form is complete in all respects. All the signatures have been made in my presence All KYC norms are fully complied with. Relevant documents have been obtained. I have verified th documents produced for identity and address proof with the original and certified to that effect on the copies for opening of the account.						
Simplified Document No.				Risk Categorizati	on		Threshold Limit:			
Identity card with applicant's photograph issued	d by Govt. Dept.		NA	LOW	MEDIUM	HIGH	₹			
Letter issued by a Gazetted Officer										
Simplified Document (Deemed Address Proof)					Signature		Seal			
Utility Bill (EB / Water / Telephone / Postpaid mo within 2 months old)	bbile / Piped Gas bill			Name Date	M M Y	YYYY	P.A. No. EMP. No.			
Property or Municipal Tax Receipt				ARATION BY	/ CPC					
Self Declaration & Positive Confirmation Certifica	Lharahy dadara that this form is complete in all respects. Lharahy confirm that the Custame									
Pension or family pension payment orders (PPO	s)									
Letter of allotment of accommodation from emp	oloyer ents				Signature		Seal			
Documents issued by Govt. Dept. of Foreign Jur Foreign Embassy / Mission in India				Name Date	M M V	Y Y Y	P.A. No.			
- Torcigit Embassy / Wilssion III IIIula						لتالتات				

			is (Flease tick [v] WillClievel is	аррисавіе)		
		of major mismatch customer needs				
	ID proof / Address / Ch signature in your Bank i		my signature on the Account Opening	g Form. Please consider th	e signature on the Account Opening	
As per documents/ Existing Customer II Not Mandatory			New signature As per account opening form			
		ne Bank at all times from and aga f the above declaration.	iinst all costs, charges, damages, penal	ties (including attorney fee	ss) suffered and/or incurred by for any	
Form 60 Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B						
I) If applied for PAN	I and it is not yet gene	rated enter date of application	DD MM YYYY an	d acknowledgement num	ber	
II) If PAN not applied transaction is he		ome (including income of spous	e, minor child etc. as per section 64 of	Income-tax Act, 1961) for	the financial year in which the above	
3	ricultural income (₹)					
b. Other than Ag	ricultural income (₹)		VERIFICATION			
VERIFICATION I, do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the day of 20 day of 20						
Date:	Place :				Signature	
Date:						
FATCA - CRS DE	CLARATION Please tick th	e applicable tax resident declaration	n (Any one)*			
I am a tax resi	dent of India and not r	esident of any other country OF	I am a tax resident of the cou	intry/ies mentioned in the	table below:	
Please indicate the c	ountry/ies in which the	e entity is a resident for tax purp	poses and the associated Tax ID Numb	er below:		
City of Birth* Address Type for Tax Purpose* Residential Business Registered office						
Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Communication Address	Address For Tax Purpose* Permanent Address	Please note the address below	
			Landmark			
			Pin State		Country	
# To also include USA, where the individual is a citizen/ green card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalent\$ FATCA- CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same. Signature						
FATCA-CRS Terms and						
The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.						
If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.						
Minor Decla	ration					
Type of Guardian	Father Mother	Court Appointed Test	amentary Guardian	Guardian Cust. ID		
Full Name of Guardia	1					
I hereby declare that the date of birth of the minor who is my is is						
the said minor attains	majority and also I declar	e that the minor does not have any	income chargeable to income tax to the be			
of the above minor for any withdrawal/transactions made by me in his/her account.						

Signature of Guardian