

SB FORM NO I(a)
Government of Kerala
Treasury Savings Bank
Know Your Customer (KYC) Form of Individual
(To be filled up by the customer)
(Rule 67 (a) of KTC Vol II)



Customer ID
 (To be assigned by the Treasury)

Branch
 Treasury

Customer details (to be filled in Capital Letters)

First Name

Middle Name

Last Name

Date of Birth

dd	mm	yy

 Gender

Male	Female	Transgender
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Marital status

Single	Married	Nationality
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Name of Father/Spouse

Identification details (Furnish a copy of one valid ID)

AADHAR	
PAN	
Voter ID	
DRIVING LICENCE	
ID issued by govt.Dept	

Other Details

Occupation

State Govt.	Central Govt.	Business	Professional	Self Employed	Others
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If State Govt. Employee

PEN		Department	
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Qualification

Below SSLC	SSLC	Under graduation	Graduation	Post Graduation	Professional
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Permanent Address (To be filled up in Capital Letters)

House Name					
Street/Locality					
City					
Name of Post Office					
State					
District					
Pin Code					
Phone			Mobile	+	
	STD Code	Phone No			

email ID

Present Address (To be filled up in Capital Letters)

House Name					
Street/Locality					
City					
Name of Post Office					
State					
District					
Pin Code					
Phone			Mobile	+	
	STD Code	Phone No			

email ID

Nominee Details

Sl. No.	Name	Date of Birth	Relationship	Address of the Nominee
1				
2				
3				
4				

I, do hereby declare that the information furnished above is true to the best of my knowledge and belief

PLACE :
DATE :

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Signature of the Customer