



Sree Thyagaraja Co-operative Bank Ltd.

H.O. : No. 5, 9th Cross, N.R. Colony, Bangalore - 560 019.

.....Branch

INFORMATION SHEET FOR MEMBER SAVINGS BANK/CURRENT ACCOUNT

(To be obtained for each Individual separately)

Sri./Smt.....

Local Address in full :

We solicit the following details in order to serve you better and offer our products and services more suitable to your requirements

CUSTOMER ID :	CUSTOMER CC :	ACCOUNT NO.
First Name :	Middle Name :	Last Name :
Father's / Husband's Name		
Office Address : Plot / House No.	Permanent Address : Plot / House No.	
Street/Road	Street/Road	
Area	Area	
City	City	
District	District	
State	State	
Pin Code	Pin Code	
Communication to be to :	Local Address <input type="checkbox"/>	Office Address <input type="checkbox"/> Permanent Address <input type="checkbox"/>
Date of Birth (DD/MM/YYYY): / /	Sex : Male <input type="checkbox"/>	Sex : FeMale <input type="checkbox"/> Blood Group :
Religion :	Category : SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>	
Minority Community : Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Parsi <input type="checkbox"/> Zorastrain <input type="checkbox"/>		
Educational Qualification : Non-Metric <input type="checkbox"/> HSC/SSC <input type="checkbox"/> Under-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>		
Occupation : Salaried <input type="checkbox"/> Business <input type="checkbox"/> Self-employed/Professional <input type="checkbox"/> (PL specify Doctor, Engineer etc) Student <input type="checkbox"/> Agriculture/allied <input type="checkbox"/> Retired <input type="checkbox"/> Others <input type="checkbox"/> (Specify Company Name		
Marital Status : Married <input type="checkbox"/> Un married <input type="checkbox"/> No. of Dependents : Children Others		
Name of the Spouse :		
Spouse's Educational QIn : Non-Metric <input type="checkbox"/> HSC/SSC <input type="checkbox"/> Under-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>		
Occupation of the spouse :		
Whether member of any club ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, details like Lions club, Rotary club, etc. :		
Whether an Ex-serviceman ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Identification Type : Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Others <input type="checkbox"/> (Specify) Driving Licence <input type="checkbox"/> Voter ID <input type="checkbox"/>	Number / Details	

Income Category		60,000 to	1.2 to	1.8 to	3 to	above
(Annual) (Rs.) : Up to 60,000 <input type="checkbox"/>		1.2 Lacs <input type="checkbox"/>	1.8 Lacs <input type="checkbox"/>	3 Lacs <input type="checkbox"/>	5 Lacs <input type="checkbox"/>	5 Lacs <input type="checkbox"/>
Annual Turnover (applicable to CA)						
Do you Own ? House <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Car <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer <input type="checkbox"/> Air Conditioner <input type="checkbox"/>						
PAN / GIR No. :			OR-Form 60 <input type="checkbox"/> Form 61 <input type="checkbox"/> Submitted			
Phone No./s : With STD Code (Off)			Phone No./s : With STD Code (Res)			
Fax No. :			Mobile No. :			
E-mail ID :						
Type of Accommodation : Owned <input type="checkbox"/> Office provided <input type="checkbox"/> Rented <input type="checkbox"/>						
Agewise bifurcation of Family Members (Nos.)	Upto 10 yrs	11 to 20 yrs	21 to 30 yrs	31 to 40 yrs	41 to 50 yrs	Above 60 yrs
Male						
Female						
Whether Relatives Settled Abroad : If Yes, please provided full details with Name & Addresses			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Visits Abroad in last 3 yrs (Number of Visits)						
Your other banking arrangements if Yes, name of the Bank & Branch Type of account / facilities			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Credit Facilities enjoyed :			Vehicle Loan <input type="checkbox"/> Consumer Loan <input type="checkbox"/> Housing Loan <input type="checkbox"/> Term Loan <input type="checkbox"/> Overdraft <input type="checkbox"/>			
do you have credit card/s If Yes, (details to be furnished)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Whether customer interested in share investment			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Hobbies of the customer (e.g., Travel, Sports, Reading, Music etc.,)						

Please tick the appropriate box provided

Place :

Date :

Signature of customer

Countersigned by Branch Incharge