

E - KYC No:	
DATE:	
CUSTOMER ID :	

	Head Office : Angadipuram, Angadipuram Post, Malappuram Dist. Kerala 679 321 Phone: 04933 227 252, 225 694																		
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Name of Customer																			
Name of Father / Guardian / Spouse																			
Permanent Address		ĺ																<u> </u>	
House Name	<u> </u>																		
Land Mark				<u> </u>															
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Location			<u> </u>																
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House Name																			
Land Mark																			
Location																			
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Contact Details:																			
Telephone No.			Mobile No.							+	E-mail id:								
Sex: Male Female Age Marital Status: Single										Married Ward No									
Date of Birth							Occ	cupa	tion										
Religion		Hin	Hindu Muslim									Christian Others						ers (S	3pecif
Category		SC	SC ST								<u> </u>	OBC Genera						eral	

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Panchayath / Muncipality / Corp	oration																	
Name of Residence Ass	ociation	1														No:		
Identity / Address Pro	of Deta	ails:																
Document Sul	omitted	1							Nu	mbe	r / D	escr	iptio	n				
1. Aadhaar Card			\perp															
2. Voter ID Card			\perp															
3. PAN Card			\perp															
4. Driving License																		
5. Ration Card																		
6. Passport																		
	SPECIMEN SIGNATURE																	
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РНОТО																		
		2.																
		3.																
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Entered by:									Pas	sed l	Эу:							
Sign:									Sig	n:								