

# THE KNANAYA MULTI-STATE CO-OPERATIVE CREDIT SOCIETY Ltd.,

**Reg. No. MSCS/CR/640/2012**  
Thekkanatt Arcade, Nagampadam,  
S.H. Mount P.O., Kottayam-686 006, Ph: 0481 2560169

Photo  
(Please  
staple Photo)

## KYC FORM

Branch Name

Name of Customer

Member Number

Present Address	Permanent Address
House Name .....	.....
Post Office .....	.....
Kara .....	.....
District .....	.....
Taluk .....	.....
Pincode .....	.....
Mobile No. ....	Land Phone No.....

E-mail .....

Age   Date of Birth      Blood Group

Name of father / Husband / Guardian

Physically Handicapped    Yes                       No                       Widow    Yes

Religion    Hindu                       Christian                       Muslim                       Others

Caste    General                       OBC                       SC                       ST                       Converted Christian

Educational Qualification    Illiterate                       Matriculate                       Graduate                       Post Graduate

Professional                       Others

If Employed, Official Address : .....

.....

.....

Office Phone Number

Monthly Income     Upto Rs-5000/-     Above 5000/-     Upto 10,000/-     Above 10,000/-

Upto 25000/-     Above 25000/-     Upto 50,000/-     Above 50, 000/-

Upto 100,000/-     Above 100,000 /-     Upto 200000/-     Above 200000/-

Dealings with Bank	Savings Bank Account No. (Full)	<input type="text"/>
	Fixed Deposit Account No. (Full)	<input type="text"/>
	Loan No. if any, Ordinary Loan	<input type="text"/>
	Housing Loan	<input type="text"/>
	Gold Loan	<input type="text"/>
	GDCS if any	<input type="text"/>

PAN Card No	<input type="text"/>
Voters ID No.	<input type="text"/>
Adhar Card No.	<input type="text"/>
Driving License No.	<input type="text"/>
Passport No.	<input type="text"/>

(Produce copy of any one of ID proofs with address)

Name of Introducer	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Phone Number	<input type="text"/>

Specimen Signature of Customer

1

2

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