



ORIENTAL BANK OF COMMERCE

CUSTOMER IDENTIFICATION FORM FOR NON-RESIDENT INDIVIDUALS

Target Scheme Code: _____ (OF 148A) Revised

Date

D	D	M	M	Y	Y	Y	Y
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 Branch Code

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Customer ID:

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Account No:

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Branch Name _____

APPLICANT DETAILS AND ADDRESS

Applicant Name <small>(Same as ID proof)</small>	PRE FIX <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> F I R S T <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
Maiden Name <small>(Attach proof)</small>	PRE FIX <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> F I R S T <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
Father's/Spouse Name	PRE FIX <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> F I R S T <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
Mother's Maiden Name	PRE FIX <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> F I R S T <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																

Paste latest color photograph and sign it across, keeping the face clear (to be attested by branch official under seal of the bank)

(No need to resubmit KYC docs if no change in existing docs)

Existing customer? Y N If yes, Customer ID/Acc No

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Correspondence/Overseas Address								Landmark								City			
	State				Country				PIN/ZIP										
	Mobile				Landline														
	Email ID																		

Permanent Address Same as above Y N **Address type** Residential & business Residential Business Registered Unspecified

(Please fill, if not same as above add.)

								City								PIN/ZIP			
	State				Country				PIN/ZIP										

Category GN SC ST OBC Oth **Disabled** Y N **Caste**

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Religion

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Marital status M UM Oth

Gender M F T **Date of Birth**

D	D	M	M	Y	Y	Y	Y
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***Minor** Y N **Place/City of Birth**

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Senior citizen, minor provide proof of DOB * If Minor, please fill up minor declaration section also

Education Illiterate Non -Matric Xth or XIIth Grad. Proff. **PAN No.**

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 or Form 60

Residential Status Resident Individual Non Resident Foreign National Person of Indian Origin US person (if US citizen/resident) **Nationality**

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Country of* **Birth**

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Citizenship

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Residence for Tax Purpose

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* If any of the above mentioned country/countries is not India and/or if US Person status is "YES" then please provide TIN (Tax Payer Identification Number) or Functional Equivalent in table mentioned below

TAX RESIDENCY DETAILS UNDER FATCA/CRS GUIDELINES (Self certification as per Foreign Account Tax Compliance Act/Common Reporting Standard)

S No	Tax Payer Identification Number (TIN/Functional Equivalent**)	Issuing Country	Type of Identification
1			
2			
3			

**In case TIN is not available please provide the Functional Equivalent - Social Security Number, National Insurance Number, Citizen/Personal Identification Code/Number, Resident Registration number etc.

PERSONAL INFORMATION

Occupation Business Services Others Un-categorized (includes un-employed)

If Salaried, employed with Private Sector Public Sector Govt Sector

If others, Professional Retired Farmer Housewife Student Self Employed

Annual Income (INR) <2 Lakh 2 to <5 Lakh 5 to <10 Lakh 10 to <20 Lakh 20 to <50 Lakh > 50 Lakh

Expected Annual Turnover (In Lakh INR for non salaried person) Domestic

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 Foreign

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