



# The Punjab Provincial Co-operative Bank Ltd.

## KYC/CDD FORM

### (For Individuals)

#### Applicant / Guardian (in case of Minor)

##### Personal Information

Name Mr./Mrs./Ms:\* \_\_\_\_\_ NTN: \_\_\_\_\_  
(if any)

S/O, D/O, W/O\* \_\_\_\_\_

Residential Address\* \_\_\_\_\_

CNIC/NICOP/POC/ARC/ \_\_\_\_\_ Issue Date\* \_\_\_\_\_  
Passport/PoR\* \_\_\_\_\_ Expiry Date\* \_\_\_\_\_  
Mother's Maiden Name\* \_\_\_\_\_

Gender\*  Male  Female  Trans Gender Marital Status\*  Married  Single

Date of Birth\* \_\_\_\_\_ Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Resident  Non Resident, \_\_\_\_\_ U.S Resident  Yes  No  
(Please specify)

### Customer Due Diligence

#### Type of Customer\*

Salaries If yes, specify Govt/Private \_\_\_\_\_  Self Employed If yes, specify Trade/Manufacturer/Profession \_\_\_\_\_  
 Unemployed  Landlord/Landlady  House wife  Others If yes, specify \_\_\_\_\_  
 Student  Retired Person

Ultimate Beneficiary of Account (if different from customer) \_\_\_\_\_ Relationship with Customer \_\_\_\_\_

Identification Document of Ultimate Beneficiary \_\_\_\_\_

#### Purpose of Account\*

Saving  Salary  Business / Self Employed  Pension  Others \_\_\_\_\_  
(Please Specify)

#### Source of Funds/Earnings\*

Inheritance  Agriculture  Home Remittance  Rented Property  Business  
Please specify \_\_\_\_\_  
 Salary  Pension  Others Please specify \_\_\_\_\_

#### Expected Monthly Credit Turnover\*

Amount \_\_\_\_\_ No. of Transactions \_\_\_\_\_

#### Normal Mode of Transactions\*

Cash  Clearing  Transfer  Home Remittance

Banking Relation at other institutions,  Yes  No If yes, Name of Bank and Branch \_\_\_\_\_

Account Type \_\_\_\_\_ A/c Number \_\_\_\_\_

Politically Exposed Person\*  Yes  No If Yes, please specify  Self  Relative Relative Name \_\_\_\_\_

If, Non Resident (Country of Stay) \_\_\_\_\_

### Detail of Minor A/c Holder (if any)

Name of Minor \_\_\_\_\_

Form B / Birth Certificate/Student ID Card\* \_\_\_\_\_

Relationship with Guardian/Minor \_\_\_\_\_

#### Risk Assessment\*

Low  Medium  High Review Period\*  1 Year  2 Year  3 Year

KYC Input Date:\* \_\_\_\_\_ Last Review Date:\* \_\_\_\_\_ Next Review Date:\* \_\_\_\_\_

#### For Branch/Centralized Account Opening

Scrutinized by \_\_\_\_\_ Data Entry By \_\_\_\_\_ Supervised By \_\_\_\_\_

