DhanlaxmiBank
established 1927

Relationship Form

For office use only

Please fill the form in block letters only,(*Mandatory fields)

Branch Name: ________________________

Customer ID

Branch Code

Br. Staff Emp. No.

Account No.

Date D D M M Y Y Y Y

ENTITY TYPE*

- ☐ Individual
- ☐ Partnership
- ☐ Private Limited Company
- ☐ Charitable Organization
- ☐ Club
- ☐ Society
- ☐ Quasi Government Body
- ☐ Proprietorship
- ☐ Trust
- ☐ Public Limited Company
- ☐ Hindu Undivided Family
- ☐ Government Body
- ☐ Association
- ☐ Others________________

APPLICANT'S DETAILS*

Sign half on form & half on photograph

PASTE LATEST PHOTOGRAPH AND SIGN ACROSS

Title

Applicant's Full Name/Account Name (First Name Middle Name Last Name)

F I R S T M I D D L E L A S T

Short Name

Date of Birth / Incorporation

D D M M Y Y Y Y

PAN

Gender ☐ Female ☐ Male

Marital Status ☐ Married ☐ Unmarried

Reg. No.

Sales Tax No.

Excise No.

Passport Number #

Passport Expiry Date#

Nationality#

Country of Domicile #

SIGNATURE/THUMB IMPRESSION
IN BLACK INK ONLY

Details of Visa/Document #________________________ Issued By# ________________ Place of Issue #________________

Mandatory for NRI Applicants

GUARDIAN'S DETAILS (INCASE OF MINOR'S ONLY)*

Incase the applicant is a minor, please provide "guardian's" communication details

Title

Guardian's Full Name

Date of Birth

D D M M Y Y Y Y

PAN

Relationship with Applicant

COMMUNICATION DETAILS / OVERSEAS ADDRESS*

Flat / Door No./ Building Name

Road Name/No.

Area Name/ Landmark

City, District & State

PIN

STD Code

Residence Number

Mobile Number

Office Number

E-mail address

PERMANENT ADDRESS / REGISTERED ADDRESS*

Flat / Door No./ Building Name

Road Name/No.

Area Name/ Landmark

City, District & State

PIN

STD Code

Phone Number

INTRODUCER'S DETAILS

Full Name (FIRST MIDDLE LAST)

Customer ID

I confirm that I am an account holder with The Dhanalakshmi Bank Ltd. for over six months. I confirm that I have known the applicant for last _____ months/years. I confirm the identity and address of the applicant as mentioned in the form

Introducer's Signature

DECLARATION*

I hereby certify that the information provided above is true and correct to the best of my knowledge

Applicant's Signature / Thumb Impression

Guardian's Signature / Thumb Impression

OTHER PERSONAL INFORMATION (FOR BRANCH USE ONLY)

Father's Name

Mother's Name*

Name of Spouse _____ No. of Children _____

Residence ☐ Self-Owned ☐ Rent / Leased ☐ Ancestral / Family ☐ Company Provided

Credit Card ☐ YES ☐ NO

Vehicle ☐ Two Wheeler Make _____ ☐ Four Wheeler Make _____ Year of manufacture _____ Vehicle Insurance Renewal Date (D D M M Y Y Y Y)

Also Banking with ☐ Nationalized ☐ Private Sector ☐ Co-operative Bank Bank's Name _____

Education* ☐ Non Matric ☐ Under-Graduate ☐ Grad. / Post Graduate ☐ Professional

---

Occupation* ☐ Salaried ☐ Self - Employed ☐ Retired ☐ Professional
☐ Housewife ☐ Politician ☐ Student ☐ Others _____

If Salaried Employed with* ☐ Public / Pvt. Ltd. Co. ☐ Partnership / Proprietorship ☐ Govt. Sector ☐ Others _____

Company Grade ☐ Clerk/Officer ☐ Junior Mgmt. ☐ Middle Mgmt. ☐ Senior Mgmt.

Self Employed since ☐☐ Years ☐☐ Months

Self Employed Profession* ☐ C.A./C.S./Engg./Doctor/ICWA ☐ Architect/Journalist ☐ Lawyer/Consultant ☐ Others _____

Nature of Business* ☐ Manufacturing ☐ Service Provider ☐ Agriculture ☐ Stock Broker
☐ Real Estate ☐ Trade ☐ Others _____

Nature of Activity* Annual Turnover (Rs. in lakhs)*

Source of Funds* ☐ Salary ☐ Business Income ☐ Agriculture ☐ Others

Gross Annual Income ☐ 0 – 1,00,000 ☐ 1,00,001 – 5,00,000 ☐ 5,00,001 – 10,00,000 ☐ > 10,00,000

KYC AND RISK PROFILE CERTIFICATION (FOR BRANCHES ONLY)

☐ I hereby confirm having met the customer and verified the original with the document proof.

☐ I have verified the signature. All signatories have signed before me. KYC compliance of the introducer are found correct.

SBURM'S ID

SE / Bank Staff Emp Number

SE / Bank Staff Name _____

SE / Bank Staff Signature _____

☐ I hereby confirm having done the Due Diligence.

☐ I hereby certify that this relationship form is complete in all respects and relevant documents have been obtained.

The following risk level to be assigned to the customer ☐ LOW ☐ MEDIUM ☐ HIGH

SBU Code

BOM/BM/Designated Officer Emp No.

BOM/BM/Designated Officer Emp Name _____

BOM/BM/Designated Officer Signature _____

SIGNATURE & BRANCH SEAL