



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/
Passport/PoR* _____

Issue Date* _____

Mother's Maiden Name* _____

Expiry Date* _____

Gender* Male Female Trans Gender Marital Status* Married Single

Date of Birth* _____

Country of Birth _____ City of Birth _____

Resident Non Resident, _____
(Please specify)

U.S Resident Yes No

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
 Salary Pension Others Please specify _____

Total expected Turnover per month*

	Max Number of Transaction	Max Amount of Transaction	Max Amount for Single Cr Transaction.	Highest Expected Balance
Deposit	<input type="checkbox"/> 10	<input type="checkbox"/> 100(K)	_____	_____
	<input type="checkbox"/> 25	<input type="checkbox"/> 500(K)		
	<input type="checkbox"/> 50	<input type="checkbox"/> 1(M)		
	<input type="checkbox"/> 100	<input type="checkbox"/> 5(M)		
	<input type="checkbox"/> Over 100	<input type="checkbox"/> 50(M)		
		<input type="checkbox"/> 100(M)		
		<input type="checkbox"/> Over 100(M)		

	Max Number of Transaction	Max Amount of Transaction	Max Amount for Single Dr Transaction.
Withdrawal	<input type="checkbox"/> 10	<input type="checkbox"/> 100(K)	_____
	<input type="checkbox"/> 25	<input type="checkbox"/> 500(K)	
	<input type="checkbox"/> 50	<input type="checkbox"/> 1(M)	
	<input type="checkbox"/> 100	<input type="checkbox"/> 5(M)	
	<input type="checkbox"/> Over 100	<input type="checkbox"/> 50(M)	
		<input type="checkbox"/> 100(M)	
		<input type="checkbox"/> Over 100(M)	

Expected Mode of Transaction Cash Clearing Online/Trans ATM/e-Bank Collection Other(If any): _____

In Case of frequent: Cash Online Trans ATM/ e-Bank Reason/s: _____

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 _____

For Branch/Centralized Account Opening

Scrutinized by _____ Data Entry By _____ Supervised By _____



KYC/CDD FORM

(For All type of Business Accounts)

Customer Due Diligence

NTN: _____ (where applicable)

Title of Account:* _____
(Title must be as per Registration Document or as per Letter Head in case of Sole-Proprietor/Unregistered Firm)

Registered or Business Address: _____

Type of Customer:*

- Club Society Trust Registered Partnership Company/Corporation NGO/NPO Charities
 Agents Accounts Unregistered Partnership Govt Institution (Federal/Provisional/Local)
 Association Executors / Administrator Sole-Proprietor Other, Please specify details below

* Mandatory (However, not mandatory in case of unregistered Sole-Proprietor/Partnership only)

Business Registration/Incorporation Number* _____ Place of Registration/Incorporation* _____
 Date of Registration* _____

Legal Representative Person(s) Name* _____ Position* _____ Telephone _____

Main Geographic Area(s) of Activity* _____ If outside Pakistan _____

Major Product(s)/Service(s) of the Organization* _____

Number of Employees Working in Organization* _____

Source of Funds* Local Trading Agriculture Real Estate Charity & Funds Donation Export Proceeds
 Business Income Govt. Funds Other Please specify _____

Total expected Turnover per month*

	Max Number of Transaction	Max Amount of Transaction	Max Amount for Single Cr Transaction.	Highest Expected Balance
Deposit	<input type="checkbox"/> 10	<input type="checkbox"/> 100(K)	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> 25	<input type="checkbox"/> 500(K)		
	<input type="checkbox"/> 50	<input type="checkbox"/> 1(M)		
	<input type="checkbox"/> 100	<input type="checkbox"/> 5(M)		
	<input type="checkbox"/> Over 100	<input type="checkbox"/> 50(M)		
		<input type="checkbox"/> 100(M)		
		<input type="checkbox"/> Over 100(M)		

	Max Number of Transaction	Max Amount of Transaction	Max Amount for Single Dr Transaction.
Withdrawal	<input type="checkbox"/> 10	<input type="checkbox"/> 100(K)	<input type="text"/>
	<input type="checkbox"/> 25	<input type="checkbox"/> 500(K)	
	<input type="checkbox"/> 50	<input type="checkbox"/> 1(M)	
	<input type="checkbox"/> 100	<input type="checkbox"/> 5(M)	
	<input type="checkbox"/> Over 100	<input type="checkbox"/> 50(M)	
		<input type="checkbox"/> 100(M)	
		<input type="checkbox"/> Over 100(M)	

Expected Mode of Transaction

Cash Clearing Online/Trans ATM/e-Bank Collection Other(If any):

In Case of frequent: Cash Online Trans ATM/ e-Bank Reason/s:

Expected Type of Counter/ Trading Parties * Bank Ltd Company Proprietorship Govt. Entity NGO/NPO

Proprietorship Others (Provide details) _____

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

Account Type _____ A/c Number _____

Ultimate Beneficiary of Account (if any, different from customer) _____ Relationship with Customer _____

Identification Document of Ultimate Beneficiary (CNIC,NICOP,POC,POr,Passport)

For Branch/Centralized Account Opening

Scrutinized by _____ Data Entry By _____ Supervised By _____