



CUSTOMER INFORMATION FORM

CIF.....

First Name	Middle Name	Last Name
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D.O.B. <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	E - Mail <input style="width:90%; height:25px;" type="text"/>
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Home Phone <input style="width:90%; height:25px;" type="text"/>	Cell Phone <input style="width:90%; height:25px;" type="text"/>	Business Phone (with Local Ext.) <input style="width:90%; height:25px;" type="text"/>
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Pan No. <input style="width:90%; height:25px;" type="text"/>	Tin No. <input style="width:90%; height:25px;" type="text"/>	Photo I.D. No. <input style="width:90%; height:25px;" type="text"/>
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Home Address				
Number	Street	District/Town	City/Province	Postal Code

Employer / Business Address				
Number	Street	District/Town	City/Province	Postal Code

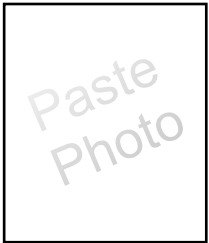
Please Check which will be your Primary Billing Address :-

Home Address Employer / Business Address

Bank Account Details

Bank Name <input style="width:95%;" type="text"/>	Bank Account no. <input style="width:95%;" type="text"/>
IFSC Code <input style="width:95%;" type="text"/>	Bank Address <input style="width:95%;" type="text"/>

Details of Person You want to Authorised on your Behalf

Name	
D.O.B. <input style="width:20px; height:20px; border: 1px solid black;"/> <input style="width:20px; height:20px; border: 1px solid black;"/> <input style="width:20px; height:20px; border: 1px solid black;"/>	
Photo I.D. No. <input style="width:90%; height:25px;" type="text"/>	
Relation	
Signature	

Certified Correct Date : The Information Provided on this form will be used for purpose of Keeping my account information. By submitting my details herein, I hereby indicate my conformity to the use of the data as identified

Place :	_____
Date :	Signature