

SB FORM No. 1(a)  
GOVERNMENT OF KERALA  
Treasury Savings Bank

**Know Your Customer (KYC) Form for Institution**  
(To be filled by the head of office)  
[Rule 67(a) of KTC Vol. II]

Customer ID  STSB/TPA/PD Account No.   
(To be assigned by the Treasury)

Branch Treasury

**Basic Details**

Name of the Institution:

	A	B	C	D	E	F
Institution Type* (Tick necessary)	Govt. Dept.	LSGI	PSUs	Co-op Societies	Grant in aid institutions	Others

Office Name\*

TAN No.\*  PAN No.

**Office Address**

House/Building Name*	Street/ Locality*
City*	Post Office*
Pin Code*	Office No. (with STD Code)

**Holder Status**

Name of Officer in charge\*

Government Employee*	Yes	No	If Yes PEN No.
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Designation\*

Aadhaar No.\*  Mobile No.

Email ID

Charge	From	To
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I .....do hereby declare that the information furnished above is true to the best of my knowledge and belief.

Date: (Office seal)

Signature, Name & Designation

\* Fresh KYC should be filed in the event of any change in the charge-officer who operates the account.