KYC ANNEXURE '01'

CHHATTISGARH RAJYA GRAMIN BANK, _____BRANCH

SELF DECLARATION FORM FOR KYC UPDATION

(ONLY FOR INDIVIDUALS with or without CKYC Number: NO CHANGE IN KYC INFORMATION)

Please affix your photograph here

Account Number*			
CKYC No. (if available)*			
OVDs submitted to Bank are valid/not expired (as on date) *	YES NO (if no, please obtain Annexure B	Date of Expiry of OVD (If applicable)	
Name*			
Father 's Name*		Mother's Name	
D.O.B		Spouse Name	
PAN Number (If available)			
Current Address*	Line 1: _____ Line 2: _____ City/Town/Village: _____ District: _____ State: _____ PIN: _____ Country: _____		
Occupation*		Religion	
Monthly Income*		Category (Gen/OBC/SC/ST)	
Sources of Funds (Please tick all that are applicable) *	☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Pension ☐ Others		
Mobile Number			
Email ID			

CUSTOMER'S DECLARATION

I hereby declare that there is no change in existing status of my KYC Information which was provided at the time of opening the account / last KYC updation. I undertake the responsibility to declare, disclose and provide immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. In case the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date:.....
Place:.....

Signature/Thumb Impression of Customer
Name .....

For Office Use only

1. Certified that KYC Documents of the Customer available with the Bank are as per current Customer Due Diligence (CDD) Standards. CKYCR Number of the customer is available in Bank records. Maker ..... PF ..... Sign
2. PAN details (if available) have been verified from database issuing authority.
3. Information submitted by the customer verified & entered in CBS Checker ..... PF ..... Sign

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ACKNOWLEDGEMENT

We acknowledge receipt of KYC updation Request Form in the Name of ..... in respect of your Account No.

Signature of Bank Official with Seal
Date: