KYC ANNEXURE '02'

KYC UPDATION FORM-INDIVIDUAL

(Individuals with or without CKYC number and change in KYC information/ OVDs)

Date D D M M Y Y Y Y

Branch Name _____ Branch Code _____

Bank/Branch to affix rubber stamp of name and code no.

Fields marked Asterix (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature

(For Office use only)

Customer ID _____ Application type ☐ New ☐ Update

Account No. _____ CKYC No. _____

Account type ☐ Normal ☐ Small ☐ Minor ☐ Sta☐ ☐ PF NO. _____

A Personal Details

1.Name*: (Same as ID Proof) SALUTATION FIRST NAME MIDDLE

NAME LAST NAME

2.Maiden Name: FIRSTNAME MIDDLENAME LASTNAME

3.Date of Birth*: D D M M Y Y Y Y 4.Gender* ☐ Male ☐ Female ☐ Third Gender

5.Marital Status ☐ Married ☐ Unmarried ☐ Others 6. No of Dependents ☐☐

7.Name of * (Please tick one) ☐ Father ☐ Mother ☐ Spouse*

FIRSTNAME MIDDLENAME LASTNAME

(Father Name is mandatory if PAN is not provided)

8.Name of Guardian FIRSTNAME MIDDLENAME LASTNAME

(In Case Of Minor*) Relationship with Guardian _____

9.Nationality: ☐ In-Indian ☐ Others Country Name _____ 10.Citizenship: _____

*11. Occupation Type ☐ State Govt. ☐ Central Govt. ☐ Public Sector Undertaking ☐ Defence ☐ Pvt. Sector Employee ID _____

Place of Posting _____

Business ☐ Industrialist ☐ Trade Sect. ☐ Serv. Sect ☐ Migrant Labour ☐ Contractor ☐ Jeweller / Bullion Trader ☐ Pawn Shop

☐ Other Self Employed

Others ☐ Medical Prof. ☐ Legal Prof. ☐ CA/ICWA/Taxation/ Finance ☐ Eng./Architect/Tech. Consultant ☐ Retired ☐ Journalist

☐ Housewife ☐ Student ☐ Share and Stockbroker ☐ Oth. Professional ☐ Agriculture ☐ Political / Social Worker

Not categorized-Please specify _____

12.Organization's Name: _____ Designation/Profession: _____

Nature of Business: _____

13. Monthly Income* Rs. _____ 14.Net Worth (approx. value) Rs. _____

15.Source of funds ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Pension ☐ Others_____

16.Religion: ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Others _____

17. Category: ☐ General ☐ OBC ☐ SC ☐ ST

18. Person with disability Yes ☐ No ☐ If yes, ☐ i. Visually impaired ☐ ii. Differently abled

19. Educational Qualification: ☐ up to 9th Class passed ☐ 10th Class passed ☐ Graduate (Gen.) ☐ Postgraduate (Gen.)

☐ Med. Graduate/Postgraduate ☐ Eng. Graduate/Postgraduate ☐ Law Graduate/Postgraduate ☐ CA/ICWA/MBA/C

Computer Degree/Diploma/MCA ☐ ☐ Other Professional Degree/Diploma ☐ Illiterate if yes: Identification Marks: .....

20. Please Tick the Applicable box*: ☐ Politically exposed Person ☐ Related to politically Exposed Person ☐ None

(Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of State / Governments, Senior Politicians / Senior Governments/ Judicial /Military Officers Senior Executives of State-owned Corporations, important Political Party Officials, etc.)

21. Country of Tax Residence in India only and not in any other country or territory outside India* ☐ Yes ☐ No (If No, please fill the FATCA details form - Annexure II)

22.PAN* _____ (If PAN is not submitted, submit Form 60 - Annexure I)

B Contact Details (All communications will be sent on provided Mobile No./Email-ID)

Mobile _____ Email ID _____

STD Tel. STD _____ Tel. (Res): STD _____

C Proof of Identity/Address (Officially Valid Documents) [Please tick the appropriate Box (any one ID type) and give details] *

☐ A-PASSPORT ☐ B-VOTER'S IDENTITY CARD ☐ C-DRIVING LICENCE ☐ D-Proof of possession of Aadhaar Number (Verification ☐ E-KYC ☐ Offline

☐ E-NREGA JOB CARD ☐ F-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME & ADDRESS

Whether submitted document is equivalent e-document: ☐ Yes ☐ No.

Document No/Identification Number*

Issued By: Issue Date: * Expiry Date: *

Only for Foreign Nationals:

VISA Details (reference No):

Issued By: Issue Date: Expiry Date:

D Address details (as per OVD) current [ ] Overseas [ ]

Address type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address*

City/Village* District*:

State: * Pin: * Country Name*

E Address details ☐ Correspondence ☐ Same as Current/Overseas Address

Address type* Residential/Business Residential Business Registered Office Unspecified

Address*

City/Village* District*:

State: Pin: Country Name*

F If the Officially Valid Document (OVD) does not contain current address-please provide any of the documents below. (Not more than 2 months old)

Utility Bill PPO/FPPO Property or Municipal tax receipt

Letter of allotment of accommodation issued by employer/ issued by State or Central Government departments, statutory or regulatory bodies, public sector undertaking, scheduled commercial banks, Financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting Official accommodation.

Self-Declaration (If Aadhar is voluntarily provided for identification purpose and current address is different from address available in Central Identities Data Repository Authentication of Aadhaar number using e-KYC authentication facility provided by the UIDAI is mandatory

Document No. Date D D M M Y Y Y Y

G DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION

1. I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002
2. I hereby consent that the Bank may verify the same with the UIDAI and authorize the UIDAI expressly to release the identity and address through biometric / OTP based authentication to the Bank* ☐ Yes ☐ No

3. I agree that my personal KYC details may be shared with CKYC registry or any other competent authority. I hereby consent to receive information from the Bank/Central KYC Registry/GoI/RBI or any other authority through SMS/e-Mail on my registered mobile number/e-Mail I also agree that non-receipt of any such SMS/e-Mail shall not make the Bank liable for any loss or damage whatsoever in nature.

(*E-KYC authentication and Aadhaar seeding is mandatory for availing DBT benefits.)

PHOTO*

Recent passport Size (Do not Staple)

Signature/Thumb impression of the Applicant
Please sign in black ink only

Place

Date D D M M Y Y Y Y

H FOR OFFICE USE ☐ Documents received ☐ Self-certified ☐ True Copies ☐ Notary ☐ Equivalent e-Documents

i. PAN details (if available) have been verified from database issuing authority. ii. Information submitted by the customer verified & updated in the CBS / workflow.

ii. In person verification carried out and Signature/LTI of the applicant verified.

Maker ..... PF ID ..... Sign .....

Checker ..... PF ID ..... Sign .....

ACKNOWLEGEMENT

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

Signature of Bank Official with Seal

Date: