## Re-KYC / Periodic Updation Form

## (Change in KYC and Other details)

|                                      | Photo                           | Ph         | oto  | Р | hoto |      |  |
|--------------------------------------|---------------------------------|------------|--|---|------|------|--|
|                                      |                                 |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
|                                      | ACCOUNT NUME                    | BER (s)    |  |   |      |      |  |
|                                      | NAME                            |            |  |   |      |      |  |
| Sr.                                  | Parameter                       |            | Туре                                       |   | Nur  | mber |  |
| 1                                    | Identity Proof                  |            |  |   |      |      |  |
| 3                                    | Communication Address Prod      | of         |  |   |      |      |  |
| 5                                    | Permanent Address Proof         |            |  |   |      |      |  |
|                                      | PERSON <i>A</i>                 | AL DETAILS |  |   |      |      |  |
| Fathe                                | er's Name                       |            |  |   |      |      |  |
|                                      | , if not available mention Form | 60         |  |   |      |      |  |
| Number                               |                                 |            |  |   |      |      |  |
| City of Birth                        |                                 |            |  |   |      |      |  |
| Natio                                | onality                         |            |  |   |      |      |  |
| Marital Status                       |                                 |            | Married / Unmarried                        |   |      |      |  |
| Wish to update contact details (Y/N) |                                 |            | If Yes, Mobile No:                         |   |      |      |  |
|                                      |                                 | ΕN         | Лаil ID :                                  |   |      |      |  |
| Office/ Communication / Mailing      |                                 |            |  |   |      |      |  |
| Addı                                 | ress                            |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
| Perm                                 | nanent Address                  |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
|                                      |                                 |            |  |   |      |      |  |
| Are you politically exposed          |                                 |            | Iama Politically Exposed Person. (Y / N)   |   |      |      |  |
|                                      |                                 |            | Related to Politically Exposed Person(Y/N) |   |      |      |  |

## Annexure-3 (For Individuals)

| Occupation  |   |  |  |  |  |
|---|---|--|--|--|--|
|   |   |  |  |  |  |
| If Salaried, Employer Name  |   |  |  |  |  |
|   |   |  |  |  |  |
| If Self Employed, Type of employment  |   |  |  |  |  |
| If Business , Type of Business  |   |  |  |  |  |
| 11 DOSITIOSS / 17 DO OT DOSITIOSS   |   |  |  |  |  |
| Nature of business  |   |  |  |  |  |
|   |   |  |  |  |  |
| Annual Income in case of salaried /   |   |  |  |  |  |
| Annual turnover in case of Business / Self-   |   |  |  |  |  |
| employed.   |   |  |  |  |  |
| Major Source of Fund  |   |  |  |  |  |
|   |   |  |  |  |  |
| Declaration I have by declare the state of the  | s furnished above are true ?                |  |  |  |  |
| Declaration: I hereby declare that the detail   |   |  |  |  |  |
| best of my knowledge & belief and affixing my signature in individual capacity. I   |   |  |  |  |  |
| hereby undertake to inform the bank of any  | changes therein immediately.                |  |  |  |  |
| I have by fight as declare and confirm that in  | be event may of the otherweinforms which is |  |  |  |  |
| I hereby further declare and confirm that in the  | ·   |  |  |  |  |
| found to be FALSE or UN-TRUE or MIS-REPRES  | ENTING, the bank reserves the right to take |  |  |  |  |
| necessary action including but not limited to   | freezing my account.                        |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Date:   |   |  |  |  |  |
|   | 1   |  |  |  |  |
|   | . 1   |  |  |  |  |
| Place:  | *.  |  |  |  |  |
| Place:  | Signature / Thumb Impression of customer    |  |  |  |  |
| Place:  | Signature / Thumb Impression of customer    |  |  |  |  |
| Place:  | Signature / Thumb Impression of customer    |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a   | <u>sustomer</u>                             |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to c   | <u>:ustomer</u><br>n CBS by                 |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a   | <u>sustomer</u>                             |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a<br>Verified in CBS on Signature Verified from   | :ustomer<br>n CBS by                        |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a<br>Verified in CBS on Signature Verified from   | :ustomer<br>n CBS by                        |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a Verified in CBS on Signature Verified from  | <u>:ustomer</u><br>n CBS by                 |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a Verified in CBS on Signature Verified from  | :ustomer<br>n CBS by                        |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a Verified in CBS on Signature Verified from  CUSTOMER ACKNOWLEDGEMENT COPY  A/c No/ID No:  Declaration and documents received for Re-KYC | :ustomer<br>in CBS by(Sign of Official)     |  |  |  |  |
| FOR BRANCH USE Date of acknowledgement to a verified in CBS on Signature Verified from CUSTOMER ACKNOWLEDGEMENT COPY  A/c No/ID No:   | :ustomer<br>in CBS by(Sign of Official)     |  |  |  |  |