

STATE BANK OF INDIA \_\_\_\_\_ BRANCH

**SELF DECLARATION FORM FOR KYC UPDATION  
(INDIVIDUALS: NO CHANGE IN KYC INFORMATION)**

Account Number*			
CKYCR No *			
OVDs submitted to Bank are valid/not expired (as on date) *	YES	NO	Date of Expiry of OVD (If applicable)
Name*			
PAN Number (If available)			
Current Address*	Line 1: _____ Line 2: _____ City/Town/Village: _____ District: _____ State: _____ PIN: _____ Country: _____		
Occupation*			
Annual Income*			
Sources of Income (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.
2. CKYCR Number of the customer is available in Bank records.
3. PAN details (if available) have been verified from database issuing authority.
4. Information submitted by the customer verified & KYC updation date entered in CBS.

Maker.....  
PF No.....

Checker.....  
(S.S. No \_\_\_\_\_)

**(This form is to be sent to LCPC for digitisation and storage)**