## KYC UPDATION FORM INDIVIDUAL



	Date							
Branch Name Branch Code Fields marked asterix (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature		_						
(For office use only)		Ban	k/Branch t name	to affix ru e and cod		amp of		
Customer ID								
Account No. CKYC No.								
Account type Normal Small (For low risk customers) (Mandatory for CKYC update request)								
1. Personal Details								
Existing Customer ID: (If applicable)								
Name*								
(Same as ID Proof) Prefix								
Maiden Name*								
Date of Birth* Gender* Male Female Transgender Marital Status*	Mar	ried	Unmar	ried		Others		
Name of Father/Mother/								
Spouse* (Please Tick One) (Father's name is mandatory if PAN is not provided)								
No. of Dependents								
Illiterate YES NO if yes: Identification Marks								
Name of Guardian								
(In Case Of Minor*)  Relationship with Guardian								
Nationality* In-Indian Others Country Name								
Occupation Type* S-Service Private Sector Government Sector								
O-Others Professional Self employed Retired House Wife Student								
B-Business X-Not categorised - Please specify								
Monthly Income* Rs. Net Worth (approx value) Rs								
Religion: Hindu Muslim Christian Sikh Others								
Category: General OBC SC ST								
Person with disability Yes No If yes, i. Visually impaired ii. Differently abled								
Educational Qualification Below SSC SSC HSC Graduate Post Graduate Professional Others								
Organization's Name Designation/Profession: Nature of Busin	ness							
Please Tick the Applicable box*:  Politically exposed Person  Related to politically Exposed Person  None								
ISO 3166 Country Code of Jurisdiction of Residence* (Code for India is IN)								
Place/City of Birth*   ISO 3166 Country of Code of Birth*   Citizenship								
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)								
PAN*/Tax Identification Number or equivalent (If issued by jurisdiction) (If PAN is not submitted, submit Form 60 - Annexure I)								
2 Contact Details (All communications will be sent on provided Mobile No./Email-ID)								
Mobile No. Email ID								
Alternate Mob. No. STD Tel. (Off):								
Atternate Mob. No.	1 1							

- 1. PAN details (if available) have been verified from database issuing authority.
- 2. Information submitted by the customer verified & updated in the CBS.
- 3. KYC updation data entered in CBS.

Maker	Checker	
PF No.	(SS No	