

CIF No: 

STATE BANK OF INDIA: \_\_\_\_\_ Branch

**SELF CERTIFICATION FORM FOR KYC UPDATION\***

1. Name (Same as ID proof)  Prefix  First Name  Middle Name  Last Name

Account No 2. PAN No  (If PAN not available FORM 60 to be submitted)

## 3. ADDRESS:

Line 1

Line 2

Line 3  City / Town / Village

District  Pin / Post Code  State / U.T.

## 4. CONTACT DETAILS

Tel (Off)  Tel (Res)  Mobile

Email ID

## 5. CUSTOMER'S DECLARATION

I hereby declare that, there is no change in existing status of my identity & address which have been provided at the time of opening of the account and/ or subsequently. The details furnished earlier at the time of opening of the account and/ or subsequently are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately. 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 (DD-MM-YYYY): -- Place:

Signature / Thumb Impression of Customer

**FOR OFFICE USE ONLY****SELF CERTIFICATION SUBMITTED BY THE CUSTOMER VERIFIED & KYC UPDATION DATE ENTERED IN CBS**

Maker \_\_\_\_\_

Checker \_\_\_\_\_

- ⇒ This form along with KYC documents (if applicable) is to be sent to LCPC for storage.
- ⇒ Identity /Address details to be verified with bank records.
- ⇒ Acknowledgement to be provided to the customer.

## KYC DETAILS UPDATE

KYC ANNEXURE 'B'

STATE BANK OF INDIA: \_\_\_\_\_ Branch

## 1. PERSONAL DETAILS

	Prefix	First Name	Middle Name	Last Name
Name (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account No	<input type="text"/>			
Residential Status:	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type:	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector ) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student ) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Cateagorised Please specify.....			
Annual Income/Turnover:	<input type="text"/>			



## 2. IDENTIFICATION INFORMATION

## MANDATORY

Aadhaar No:  PAN No:  (If PAN not available FORM 60 to be submitted)

Certified copy of any one of the following documents to be submitted

OVD: ☐ Passport    ☐ Voter ID    ☐ Driving Licence    ☐ NREGA Job Card    ☐ Letter issued by National Population RegisterDOCUMENT NO: 

## 3. 3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

If Aadhaar Card/OVD does not contain current address certified copy of any one of the following documents to be submitted

Address Type: ☐ Residential Business    ☐ Residential    ☐ Business    ☐ Registered Office    ☐ unspecifiedOVD: ☐ Passport    ☐ Voter ID    ☐ Driving Licence    ☐ NREGA Job Card    ☐ Letter issued by National Population RegisterDOCUMENT NO: 

Line 1	<input type="text"/>																			
Line 2	<input type="text"/>																			
Line 3	<input type="text"/>															City / Town / Village				
District	<input type="text"/>										Pin / Post Code					State / U.T				

## 3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS

Line 1	<input type="text"/>																			
Line 2	<input type="text"/>																			
Line 3	<input type="text"/>															City / Town / Village				
District	<input type="text"/>										Pin / Post Code					State / U.T				

## 4. CONTACT DETAILS

Tel (Off)	<input type="text"/>	Tel (Res)	<input type="text"/>	Mobile	<input type="text"/>
Email ID	<input type="text"/>				

## 5. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of 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 (DD-MM-YYYY): —— Place: 

## 6. ATTESTATION/FOR OFFICE USE ONLY

Signature / Thumb Impression of Customer

Documents Received      Proof of Identify      Proof of Address

KYC VERIFICATION CARRIED OUT &amp; ENTERED IN CBS ON \_\_\_\_\_ BY

Maker \_\_\_\_\_

Checker \_\_\_\_\_

This Form along with KYC document to be sent to LCPC for Storage

\*\*Identity /Address details to be verified with Bank records.

\*\*\* Acknowledgement to be provided to the customer.