

Re-KYC Form for Individuals

PERSONAL

Customer ID

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

Customer Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

Father/Spouse/Mother PREFIX FIRST NAME MIDDLE NAME LAST NAME

Date Of Birth* DD MM YYYY Gender* M - Male F - Female T - Transgender

PAN Number Form 60. (Non PAN Card holder) "CKYC Number, if available"

PROOF OF IDENTITY & ADDRESS DOCUMENT PROVIDED Yes No If Yes DOCUMENT NAME..... DOCUMENT NAME.....

CURRENT ADDRESS IF DIFFERENT FROM ADDRESS MENTIONED IN PROOF OF IDENTITY & ADDRESS DOCUMENT. Yes No If Yes CURRENT ADDRESS..... CURRENT ADDRESS.....

OCCUPATION & INCOME

Occupation Salaried Self-Employed Retired Self-Employed Professional Student Housewife Politician Others (Please Specify)

Private Limited Proprietorship Public Sector Multinational Partnership Public Limited Government Others (Please Specify)

Self Employed Since Years Months Date of Incorporation DD MM YYYY If Company Owner

Nature of Business Agriculture Stock Broker Real Estate Manufacturing Service Provider Trader Others (Please Specify)

Type of Company/ Firm Partnership Private Limited Co. Public Limited Co. Sole Proprietorship Others (Please Specify)

Self Employed Professional Doctor IT Consultant Lawyer CA/CS Architect Others (Please Specify)

Source of Funds Salary/Pension Agriculture Business Income Investment Income Others (Please Specify)

Gross Annual Income (₹) <50,000 50,000-1 Lac 1-3 Lac 3-5 Lac 7.5-10 Lac 10-15 Lac >15 Lac. Rs.....

Residence Type Owned Rental/Leased Ancestral/Family Company Provided

There is no change in my mailing/permanent address/ Contact Number I wish to change my mailing/ permanent address/ contact details as below Document Attached Mailing Permanent

PERMANENT ADDRESS

(Please leave space between two words)

Flat No/ Bldg Name Road Name Landmark City State PIN Code Country

Tel. (R) STD - NUMBER Tel. (0) STD - NUMBER Extension Number

Email ID* Mobile Number +91 NUMBER

MAILING/CURRENT ADDRESS (If different from permanent Address)

Flat No/ Bldg Name Road Name Landmark City State PIN Code Country

Note: - For Minor below 10 years, separate Re-KYC form for both "Minor" as well as "Guardian" is Mandatorily required.

DECLARATION

I declare that the information provided above with respect to my account is up to date and correct. **I submit a self attested photocopy of the following as:**

- 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 information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from CKYC Registry through SMS/Email on the above registered number/email address.

Address and Identity Proof

Address Proof, if different from above

PAN OR FORM 60 **Please sign in black ink only**

I have also attached my recent photograph alongside

Place

Date

Signature of Account Holder

Please Affix Recent Photo

Sign Across

FOR BRANCH USE ONLY

*Branch to carry out CKYC and obtain detailed Form 60 additionally if Form 60 is selected

RISK CATEGORY H M L

Signature/Customer ID Verified/Address Change Verified

Signature of Verifying Official

Branch ALPHA

SOL ID

Specimen Sign No.

CUSTOMER ACKNOWLEDGEMENT COPY

Reference Number Acknowledgement date DD MM YYYY Signature of Bank Official