Annexure B	CDI								
	KYC UPDATION FORM INDIVIDUAL								
-	Date: D D M M Y Y Y								
Branch Name :	Branch Code Branch								
` '	y.Please fill up in BLOCK letters only and use black ink for signature Bank/Branch to affix rubber stamp of								
(For office use only)	name and code no.								
Customer ID:									
Account No.:	CKYC No.: (Mandatory for CKYC update request)								
1 Personal Details									
Existing Customer ID: (If applicable	e)								
Name*:									
(Same as ID Proof) Prefix									
Maiden Name :	IRSTNAME MIDDLENAME LASTNAME								
Date of Birth*: D D M M Y Y	Y Y Gender* Male Female Transgender Marital Status* Married Unmarried Others								
Prefix									
Name of Father/Mother	FIRSTNAME MIDDLENAME LASTNAME								
(Spouse* (Please Tick One) (Father's name is mandatory if PAN is not provided)									
No. of Dependents									
Illiterate YES	NO if yes : Identification Marks :								
Prefix Name of Guardian									
	ationship with Guardian								
(in case of	itionsinp with Guidean [] [] [] [] [] [] [] [] [] [
Nationality*: In-Indian	Others Country Name:								
Occupation Type* S-Service Private Sector Public Sector Government Sector									
O-Others									
D'DUSINES	SS X-Not categorised-Please specify								
Monthly Income*: Rs.	Net Worth(approx value) Rs.								
Source of Income Salary (Please tick all applicable)	Business Income Agriculture Investment Income Pension Others								
Religion: Hindu	Muslim Christian Sikh Others								
Category: General	OBC SC ST								
Person with disability Yes Educational Qualification:	No If yes, i. Visually impaired ii. Differently abled Below SSC SSC HSC Graduate Post Graduate Professional Others								
Educational Quamication.	Below SSC SSC HSC Graduate Post Graduate Professional Others								
Organization's Name:	Designation/Profession: Nature of Business:								
Please Tick the Applicable box*:	Politically exposed Person Related to politically Exposed Person None								
ISO 3166 Country Code of Jurisdiction									
nl /cv (ni.el.*	TOO NEE C. A. of Printlet Citizen ship								
Place/City of Birth*	ISO 3166 Country of Code of Birth* Citizenship								
Country of Tax Residence in India only and r	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 equi	ivalent (If issued by jurisdication) (If PAN is not submitted, submit Form 60 - Annexure I)								
2 Contact Details (All communication	ons will be sent on provided Mobile No./Email-ID)								
Mobile No.	Email ID								

3 Proof of Ide	ntit	y/A	ddr	ess	(Pl	leas	se ti	ick	the	ap	pro	pri	ate	Во	x (a	any	y or	ne I	Dt	yp	e) a	and	l gi	ive	de	tai	ls)	*																	
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Document No/I	den	tific	atio	n N	Jum	bei	r*																																						
Issue Date:*	ssue Date:* D D M M Y Y Y Y Expiry Date (If applicable):* D D M M Y Y Y Y																																												
4 Address de	tails	5	Cu	ırre	nt		P	err	man	ent	t	C)ver	sea	ıs																														
Address type*			R	esic	lent	tial	/Bus	sin	ess.			Residential Business Registered Office Unspecified																																	
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5 Address details Correpondence Local Same as Current/Permanent Address																																													
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State:*							T	Ŧ	T					Ī			Pi	in:*	· [
6 If the Proof	6 If the Proof of Address(OVD) provided does not contain current address-please provide any of the documents below.																																												
Letter of a	Utility Bill PPO/FPPO Property or Municipal tax receipt Letter of allotment of accomodation issued by employer/ issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accomodation.																																												
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7 DECLARATI	ON	CUN	M U	NDI	ERT	ΓAΙ	(INC	G C	CUM	SE	LF-	CE!	RTII	FIC	CAT	IO	N																												
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	1 I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002 2 I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank YES NO																																												
3. I agree that												ral	KYC	_		or	any			_																							-		I/
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PF No	(S.S. No)
(This form is to be sent to I	CPC for digitisation and storage)