

STATE BANK OF INDIA _____ BRANCH
SELF DECLARATION FORM FOR KYC UPDATION
(OTHER THAN INDIVIDUALS: CHANGE IN KYC INFORMATION)

Account Number																											
CKYCR No (If available)																											
Entity Details																											
Name																											
Entity Constitution Type		Nature of Business																									
Date of Incorporation/ Formation		Country of incorporation/ Formation																									
Date of Commencement of Business (Applicable in case of Public Limited Companies)																											
PAN Number (If available)		Annual Turnover																									
Registered Office Address		Line 1: _____ Line 2: _____ City/Village: _____ District: _____ State: _____ PIN: _____ Country: _____																									
Local Address in India (If different from above)		Line 1: _____ Line 2: _____ City/Village: _____ District: _____ State: _____ PIN: _____ Country: _____																									
Documents submitted (As per entity type)		<table border="1"> <thead> <tr> <th>S No</th> <th>KYC Document submitted</th> <th>Document Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		S No	KYC Document submitted	Document Number																					
S No	KYC Document submitted	Document Number																									
Sources of Income (Please tick all applicable)		Salary Business Income Agriculture Investment Income Pension Others																									
Mobile Number		Telephone Number																									
Email ID		FAX No																									
Number of Beneficial Owners																											
Beneficial Owner Details																											
Full Name of Beneficial owner/controlling natural person(s) <small>[Separate Annexure II of the Non-Individual AOF (Personal Details of Beneficial Owner) to be obtained]</small>		Controlling ownership Interest (%)																									

CUSTOMER'S DECLARATION

I/We hereby declare that the KYC details submitted by me/us are true to the best of my/our knowledge and belief. I/we authorise the Bank to update KYC details/ address as per information provided by me/us. I/We undertake the responsibility to declare and disclose 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/us 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/us am/are aware that I/we may be held liable for it.

Date:.....
 Place:.....

Signature/Thumb Impression of Customer
 Name

For Office Use only

- PAN details (if available) have been verified from database issuing authority.
- Information submitted by the customer (Entity) and Beneficial Owners verified & updated in the CBS.
- 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)