



UCIC / CIF Number																				
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Account Number																				
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Name *	Title	First Name	Middle Name	Last Name				
Father / Mother / Spouse Name (Please tick applicable) any one mandatory #	Title	First Name	Middle Name	Last Name				
Date of Birth	D	D	M	M	Y	Y	Y	Y
Correspondence / Current Address*	Flat No / Bldg Name							
	Road Name							
	Landmark							
	City							
	PIN Code							
	State							
	Country							
Permanent Address* (Please tick ✓ if same as current address) <input type="checkbox"/>	Flat No / Bldg Name							
	Road Name							
	Landmark							
	City							
	PIN Code							
	State							
	Country							
Mobile Number (as per Bank record) along with ISD Code								
Email ID (as per Bank record)								
Occupation *	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife							
	<input type="checkbox"/> Politician <input type="checkbox"/> Self-employed Professional <input type="checkbox"/> Other (Please Specify)							
Annual Income (amount in actual)*	<input type="checkbox"/> < 50 k <input type="checkbox"/> 50 k to < 1 Lakh <input type="checkbox"/> 1 to < 3 Lakhs <input type="checkbox"/> 3 to < 5 Lakhs <input type="checkbox"/> 5 to < 10 Lakhs							
	<input type="checkbox"/> 10 to < 15 Lakhs <input type="checkbox"/> > 15 Lakhs							
Source of Income (please tick all that are applicable)*	<input type="checkbox"/> Salary <input type="checkbox"/> Agriculture <input type="checkbox"/> Business Income <input type="checkbox"/> Investment Income <input type="checkbox"/>							
	Other (Please Specify) _____							

PAN Number (if issued by Income Tax Department)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
CKYCR Number											

Customer's Declaration

I hereby declare that there is no change in existing status of my KYC information which was provided at the time of opening the account / last KYC updation. I undertake the responsibility to declare, disclose and provide 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 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 am aware that I may be held liable for it. I hereby authorize the bank to Search and Download the CKYC details from CERSAI, from my identification details.

Date: _____

Signature / Thumb Impression of Customer

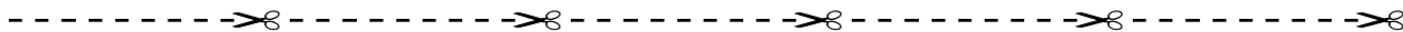
Place _____

Name _____

For Office Use Only

1. Certified that KYC documents of the Customer available with the Bank are as per current Customer Due Diligence (CDD) Standard.
2. CKYCR Number of the customer is available in Bank records.
3. PAN Number details (if available) have been verified from database issuing authority.
4. Information submitted by the customer verified with data entered in CBS.

Maker Signature		Checker Signature	
Emp. Number		Emp. Number	
Name		Name	



Acknowledgement Copy for Customer

Dear Sir / Madam,

Date: _____

Bank has received your request for periodic updation of KYC in CIF Number / UCIC _____

(Account No. _____)

Signature of the Bank Official

Name of the Bank Official