

CUSTOMER INFORMATION UPDATE FORM

RE-KYC REQUEST FORM - NON-INDIVIDUAL ENTITIES

Please fill the form in BLOCK LETTERS only. *Fields are mandatory

Application Date: Branch: Branch Code:

ACCOUNT DETAILS*

Customer ID:
 Account Title:
 GSTN[^]: Applicable Not Applicable
 PAN: CIN[§]:
 Date of Incorporation/Registration: Registration Number (Any Other):

[^]For GSTN Invoice GSTN Registration is mandatory. [§]Applicable for Company/LLP/OPC.

COMMUNICATION ADDRESS*

There is no change in my mailing address. (Note: Address proof to be provided)
 I/We wish to change my/our mailing address/contact details as below. (Note: Address proof to be provided for address change)
 Address 1:
 Address 2:
 Landmark:
 City: PIN:
 State: Country:
 Phone: - Premises: Owned Rented/Leased

REGISTERED ADDRESS*

Address 1:
 Address 2:
 Landmark:
 City: PIN:
 State: Country:
 Phone: - Premises: Owned Rented/Leased

BUSINESS ADDRESS*

Please tick if same as Communication Address Please tick if same as Registered Address

Address 1:
 Address 2:
 Landmark:
 City: PIN:
 State: Country:
 Phone: - Premises: Owned Rented/Leased

KEY CONTACT DETAILS*

Key Contact Person:
 Mobile No. of Key Contact Person:
 E-mail ID:

CONSTITUTION*

HUF Proprietorship Partnership LLP One Person Company Private Limited
 Public Limited Trust Association Society Club Co-operative Banks
 PSU Govt Dept Foreign Entity Section 8/Section 25 Co. Others (Please Specify)

TYPE OF BUSINESS*

Manufacturer Wholesaler Retailer Service

PLACE OF BUSINESS*

Residential SEZ/EOU Industrial Area / Commercial Premises

