

RE-KYC FORM - RESIDENT INDIVIDUALS

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

Application Date:

Customer ID:

Account No.*:

PERSONAL DETAILS

For Joint Account Holder, please use a separate form for each account holder.

Name*:

Mothers Maiden Name*:

Date of Birth*:

Nationality*:

PAN No./Form 60*: *If PAN is not available, fill Form 60

Gender*: Male Female Third Gender

Aadhaar No: / /

OCCUPATION DETAILS

Occupation*:	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Politician	<input type="checkbox"/> Student	<input type="checkbox"/> Others _____
Business/ Industry*:	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Trader	<input type="checkbox"/> Others _____
Source of Funds*:	<input type="checkbox"/> Salary	<input type="checkbox"/> Business Income	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Others (Pls. specify) _____		
Gross Annual Income* (₹):	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50,000 – 1 Lac	<input type="checkbox"/> 1 – 3 Lac	<input type="checkbox"/> 3 – 5 Lac	<input type="checkbox"/> 5 – 7 Lac	<input type="checkbox"/> 7 – 10 Lac	<input type="checkbox"/> 10 – 15 Lac <input type="checkbox"/> >15 Lac
Residence type*:	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented/ Leased	<input type="checkbox"/> Family	<input type="checkbox"/> Company Provided			
Nature of Organization:	<input type="checkbox"/> Private Ltd	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Public Ltd	<input type="checkbox"/> Multinational		
	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government	<input type="checkbox"/> Others (Pls. specify) _____				
If Self-employed - since:	<input type="checkbox"/> <input type="text"/> Years	<input type="checkbox"/> <input type="text"/> Months					
Self-employed Professional:	<input type="checkbox"/> Doctor	<input type="checkbox"/> IT Consultant	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Architect	<input type="checkbox"/> CA/CS	<input type="checkbox"/> Others (Pls. specify) _____	
Do you have any link with Political Exposed person?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

COMMUNICATION ADDRESS

(Please leave space between two words)

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)

Flat No. & Bldg. Name:

Road Name:

Landmark:

City: PIN:

State:

Tel. (R):

Tel. (O):

E-Mail ID:

Mobile No:

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:

Address Proof:

Identity Proof:

I have also attached my recent photograph alongside



FATCA DECLARATION

Are you a tax resident of any country other than India? Yes No

Country	TIN/SSN/ Functional Equivalent	Identification Number (TIN or other please specify)

Details under FATCA-CRS/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. **Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Recent Passport
Size Photograph
(Sign Across)

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Account Holder

INDICATIVE LIST OF ACCEPTABLE OFFICIALLY VALID DOCUMENTS

Sr. No.	Name of the Document (Valid)	Identity Proof	Address Proof
1.	Passport	Yes	Yes
2.	Driving License	Yes	Yes
3.	Aadhaar	Yes	Yes
4.	Voter ID	Yes	Yes
5.	Job card issued by NREGA	Yes	Yes
6.	Letter issued by the National Population Register	Yes	Yes

FOR BRANCH USE ONLY

All Documents Self-Attested and Verified <input type="checkbox"/>
Signature on the form/ documents matched bank records <input type="checkbox"/>

Branch Code: _____

Branch Name: _____

Name & ECN: _____

Signature: _____

Any other comments: _____

CUSTOMER ACKNOWLEDGEMENT RECEIPT

Thank You

We have received your request for RE-KYC updation along with self-attested documents for your Customer ID _____ on _____ (dd/mm/yyyy). Your request ID for all future reference and communication is _____.

Once your Re-KYC is updated, an SMS will be sent to you on your registered mobile number updated in our system. If you do not receive any information in 3 working days from the date of request, please call 1860 267 7777 for more details.

Branch Official Stamp & Sign with ECN No. _____