

# NRI CUSTOMER UPDATION FORM FOR RE-KYC

\*CUSTOMER ID

PREFIX

FULL NAME

NAME OF ACCOUNT HOLDER



ACCOUNT NO.

GENDER

☐ Male ☐ Female ☐ Transgender

PAN NO

Source of Funds

☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Others (Pls specify) \_\_\_\_\_

Occupation

☐ Salaried ☐ Self employed ☐ Retired ☐ Self-employed prof. ☐ Housewife  
☐ Politician ☐ Student ☐ Unemployed ☐ Others (pls specify) \_\_\_\_\_

If salaried employed with

☐ Private Ltd ☐ Partnership ☐ Proprietorship ☐ Public Limited ☐ Public Sector  
☐ Government ☐ Multinational ☐ Others (pls specify) \_\_\_\_\_

Self employed since

 Years  Months

Date of Incorporation:

Nature of Business

☐ Manufacturing ☐ Service Provider ☐ Trader  
☐ Agriculture ☐ Stock Broker  
☐ Real Estate ☐ Others (pls specify) \_\_\_\_\_

Residence Type

☐ Owned ☐ Rented / Lease  
☐ Ancestral / Family  
☐ Company Provided

Type of Company / Firm

☐ Sole proprietorship ☐ Public Limited Co. ☐ Partnership ☐ Private Limited Co.  
☐ Others (Pls specify) \_\_\_\_\_

Self employed professional

☐ Doctor ☐ CA / CS / ICWA ☐ Lawyer ☐ Architect  
☐ I.T. Consultant ☐ Others (Pls specify) \_\_\_\_\_

Name Of currency (Mention the foreign currency which you are earning)

Gross Annual Income (INR)

☐ <50K ☐ 50K-1L ☐ 1-3L ☐ 3-5L ☐ 5-7.5L ☐ 7.5-10L  
☐ 10-15L ☐ 15-25L ☐ 25-50L ☐ 50-1Cr ☐ > 1Cr

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## CHANGE OF ADDRESS

<input type="checkbox"/> There is no change in my address	<input type="checkbox"/> I wish to change my Indian address
<input type="checkbox"/> I wish to change my overseas address	<input type="checkbox"/> I wish to change my contact details

New / choice of correspondence address ☐ Indian ☐ Overseas (If there is change in any address then overseas and Indian address is mandatory on RE-KYC form)

Mailing Address same as Overseas Address ☐

## Overseas Address

Flat No. &	
Bldg. Name	
Landmark	
City	
State	
Country	Pin Code

## Indian Address

Flat No. &	
Bldg. Name	
Landmark	
City	
State	
Country	Pin Code

## Contact Details

*Email ID		
Country code	Number	
*Mobile no.		
Country code	Area code	Number
Tel (R)		
Tel (O)		

I hereby submit a photocopy of the following as:-

<input type="checkbox"/> Passport	<input type="checkbox"/> Visa / Resident Card	<input type="checkbox"/> OCI / PIO (For Foreign Passport Holder Only)	<input type="checkbox"/> Address Proof
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Signature of Applicant
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Please Affix photo with signature across

## Note:

- 1) You have to attach self attested Indian passport, visa & any of the address proof either Indian or Overseas
- 2) Please provide self attested passport, visa & address proof even when there are no changes of your addresses

## FOR BRANCH USE ONLY

Sourcing Branch Name	Signature / Customer ID Verified / Address Change Verified
Branch Code	Signature of PB: PB Code

## Extended KYC Annexure - Individuals (including sole-proprietors) (Applicable for Resident and Non-Resident Customers)(Mandatory)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

### SECTION A

AOF Number:

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Please fill the information below as requested	First Account Holder	Second Account Holder
Name of the Account Holder		
Customer ID		
Maiden Name (if any)		
Father's Name (mandatory )		
Spouse's Name		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
Identification Type- Document submitted as proof of identity of the individual	<input type="checkbox"/> Passport   Date of Expiry ____/____/____ <input type="checkbox"/> Driving License   Date of Expiry ____/____/____ <input type="checkbox"/> Letter from national population register <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> Voter's ID card <input type="checkbox"/> NREGA Card	<input type="checkbox"/> Passport   Date of Expiry ____/____/____ <input type="checkbox"/> Driving License   Date of Expiry ____/____/____ <input type="checkbox"/> Letter from national population register <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> Voter's ID card <input type="checkbox"/> NREGA Card
Identification Number - for the identification type mentioned above		
Please mention your Residential Status if it is any one of these	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <b>Visa Type</b> <input type="checkbox"/> Employment Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Business Visa <input type="checkbox"/> Multiple Entry Visa <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Others ( pls specify) <input type="checkbox"/> Visa Expiry Date: ____/____/____	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <b>Visa Type</b> <input type="checkbox"/> Employment Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Business Visa <input type="checkbox"/> Multiple Entry Visa <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Others ( pls specify) <input type="checkbox"/> Visa Expiry Date: ____/____/____
Proof of Address	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Letter from national population register	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Letter from national population register
Please tick if Address Type is other than Residential	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Nationality (if national of more than one country, please mention all the countries separated by a comma).		

### SECTION B Foreign tax residency details if any (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Please tick, if you are a tax resident of any country outside India. If you do not tick, it is your affirmation that you are a tax resident of India and not of any other foreign country

- First account holder :   ☐ (To tick, especially in cases where the individual is a citizen/green card holder of USA)

- Second account holder:   ☐ (To tick, especially in cases where the individual is a citizen/green card holder of USA)

If yes, please indicate all countries in which you are resident for tax purposes and the relevant details in below section:

Account holder details	Country/(ies) of Tax residency #	Tax Identification Number (TIN)%	Identification Type (TIN or Other%, please specify)	Please tick if your Address for Tax purpose is other than your Mailing Address	Please tick if Address Type for tax purpose is other than Residential
<b>First</b>				<input type="checkbox"/> Same as permanent address	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
<b>Second</b>				<input type="checkbox"/> Same as permanent address	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

\*To also include USA, where the individual is a citizen/ green card holder of USA, \* In case Tax Identification Number is not available, kindly

provide functional equivalent<sup>s</sup>

<b>Below details required if tax resident outside India / Nationality is other than India</b>	<b>First Account Holder</b>	<b>Second Account Holder</b>
Please mention if your "Country of Birth" is other than India		
City of Birth		

**Certification:** I/We have understood the information requirements of this Form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same. I/We understand that my personal details as provided /available in the bank records will be used for CBDT reporting / Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS / Email.

Signature of first holder

Signature of second holder

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place: \_\_\_\_\_

**CBDT Terms and Conditions** - The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, 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. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with HDFC Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

**CBDT Instructions** - If you have any questions about your tax residency, please contact your tax advisor. 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.

\$ 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. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/ CRS indicia
		<b>If customer does not agree to be Specified U.S. person/ reportable person status</b>
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a US resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/ mailing address in a country other than India	1. Self-certification (in attached format) that the account holder is not resident for tax purposes in that country; and 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is not resident for tax purposes in that country; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*
2. Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)

\* Government or agency thereof or a municipality

**For Bank use only :**

Documents Received : ☐ Self Certified ☐ True Copies ☐ Notary

Employee Name : \_\_\_\_\_ Employee Code : \_\_\_\_\_

Employee designation : \_\_\_\_\_

Sourcing Employee Branch Name : \_\_\_\_\_ Branch Code :□□□□ Signature verified and form approved by :

BDA / BM employee Code : \_\_\_\_\_ Signature & Date : \_\_\_\_\_