

CUSTOMER INFORMATION UPDATE FORM

RE-KYC FORM - NON RESIDENT INDIVIDUALS (NRI)

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

Customer ID: Application Date: NRE Account No.: NRO Account No.:

ACCOUNT HOLDER DETAILS

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

Salutation*	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others <u>Please Specify</u>
First Name*:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name*:	<input type="text"/>
Gender*:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
Marital Status*:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others
Mother's Maiden Name*:	<input type="text"/>
Country of Residence*:	<input type="text"/>
Nationality*:	<input type="text"/>
Residential Status*:	<input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin(PIO) <input type="checkbox"/> Overseas Citizen of India (OCI) <input type="checkbox"/> Others <u>(Please specify)</u>
Passport No*:	<input type="text"/>
Date of Expiry*:	<input type="text"/>
Type of Visa/ Labour Card/ Work Permit*:	<input type="text"/>
<i>(Visitor & Business Visas are not allowed)</i>	
Visa No.:	<input type="text"/>
Visa Issuance Date*:	<input type="text"/>
Visa Expiry Date*:	<input type="text"/>
Date of Birth*:	<input type="text"/>
PAN ¹ :	<input type="text"/>
No. of Years Abroad*:	<input type="text"/>
Differently Aabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Issue*:	<input type="text"/>
Date of Issue*:	<input type="text"/>

CUSTOMER PROFILE FORM KYC CHECK LIST

OCCUPATION*	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Self-Employed Professionals <input type="checkbox"/> Retired <input type="checkbox"/> House-wife <input type="checkbox"/> Student <input type="checkbox"/> Others: <u>Please Specify</u>
SOURCE OF FUNDS*	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Gift <input type="checkbox"/> Professional Fee <input type="checkbox"/> Others: <u>Please Specify</u>
MONTHLY INCOME*	<input type="checkbox"/> Up to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1 lac <input type="checkbox"/> ₹ 1 lac to ₹ 3 lacs <input type="checkbox"/> ₹ 3 lacs to ₹ 5 lacs <input type="checkbox"/> Above ₹ 5 lacs
LINE OF BUSINESS* <i>(In case of salaried persons that of the employer)</i>	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Services <input type="checkbox"/> Wholesale Trader <input type="checkbox"/> Retail Trader <input type="checkbox"/> Import/ Export <input type="checkbox"/> Others: <u>Please Specify</u>
NATURE OF INDUSTRY*	<input type="checkbox"/> Agriculture <input type="checkbox"/> Airlines <input type="checkbox"/> Antique/ Art Dealer <input type="checkbox"/> Arms Dealer <input type="checkbox"/> Automobiles <input type="checkbox"/> Banking Services <input type="checkbox"/> BPO <input type="checkbox"/> Business Correspondent <input type="checkbox"/> Call Centre <input type="checkbox"/> Cement <input type="checkbox"/> Chemicals <input type="checkbox"/> Chit Funds <input type="checkbox"/> Construction/ Real Estate <input type="checkbox"/> Consumer Durables <input type="checkbox"/> Education <input type="checkbox"/> Electronics <input type="checkbox"/> Embassies/ Consulates <input type="checkbox"/> Engineering <input type="checkbox"/> FMCG <input type="checkbox"/> Fertilisers/ Seeds/ Pesticides <input type="checkbox"/> Gems & Jewellery <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/ Restaurant <input type="checkbox"/> Infrastructure <input type="checkbox"/> IT/ ITES <input type="checkbox"/> Leather <input type="checkbox"/> Logistics <input type="checkbox"/> Metals & Mining <input type="checkbox"/> Media & Entertainment <input type="checkbox"/> Money Changer/ Forex Dealer <input type="checkbox"/> NBFC <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Petrol Pump/ Gas Station <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Political Party <input type="checkbox"/> Power <input type="checkbox"/> Religious Institution <input type="checkbox"/> Retail <input type="checkbox"/> Shipping <input type="checkbox"/> Telecom <input type="checkbox"/> Textiles <input type="checkbox"/> Tobacco <input type="checkbox"/> Travel & Tourism <input type="checkbox"/> Stock/ Commodity Broker <input type="checkbox"/> Others: <u>Please Specify</u>
ARE YOU A POLITICALLY EXPOSED PERSON (PEP)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Heads of States of Governments, senior politicians, senior government/ judicial/ military officers, senior executives of state-owned corporations, important political party officials, etc. In addition, a 'Politically Exposed Person' includes the immediate family members of a Politically Exposed Person such as spouse, children, parents and other relatives. Politically Exposed Person includes even close associates like advisors, secretaries and other associates of a Politically Exposed Person who conduct transactions on behalf of a Politically Exposed Person.

DECLARATION AS PER FATCA-CRS*	Are you a Tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If YES, please provide the following information. Please indicate all the countries in which you are a resident for tax purposes and the associated Tax Identification Number below		
	Country	Tax identification No. <i>(In case Tax identification No. is not available, kindly provide functional equivalent)</i>	Identification Type <i>(TIN or Others, please specify)</i>
If NO, I am a resident at _____ Country from _____ years. Currently I am not paying any tax at _____ Country, hence TIN is not issued/applied to me. Any change in tax residency or issuance of TIN, the same will be updated with the Bank within 30 days of issuance or status change.			

COMMUNICATION ADDRESS (Please leave space between two words)

☐ There is no change in my mailing address ☐ I wish to change my mailing address/ contact details as below

Address*: _____

Landmark: _____

City/ Town/ Province: _____ State*: _____

PIN/ ZIP*: _____ Country*: _____

Mobile No.*: _____
Country Code - Number

Tel. No.: _____
Country Code - Area Code - Number

Fax: _____
Country Code - Area Code - Number

DECLARATION

I do hereby declare that the information provided with respect to my account is up to date and correct. Details declared on this form will be updated in bank records and treated as the latest data. I hereby attach the following self attested proof:

☐ Address Proof: _____

☐ Identity Proof: _____

☐ Working Permit: _____

Place: _____

Date:

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

Recent Passport
Size Photograph
(Sign Across)

FOR BRANCH USE ONLY

All Documents Self-Attested and Verified <input type="checkbox"/>	Branch Code: _____
Signature on the form/ documents matched bank records <input type="checkbox"/>	
Any other comments: _____ _____ _____ _____	Branch Name: _____
	Name & ECN: _____
	Signature: _____

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. _____