NRI CUSTOMER UPDATION FORM FOR RE-KYC

*CUSTOMER ID								
	PREFIX FULL NAME							
NAME OF ACCOUNT HOLDER								
ACCOUNT NO.								
ACCOUNT NO.								
GENDER	Male Female Transgender							
PAN NO								
Source of Funds	Salary Business Income Agriculture Investment Income Others (PIs 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	Nature of Business Residence Type							
Years	Months Manufacturing Service Provider Trader Owned Rented / Lease							
Date of Incorporation:	Agriculture Stock Broker Ancestral / Family							
	Real Estate Others (pls specify) 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 (PIs specify)							
Name Of currency (Mention the which you are earning)								
Crease Amount Income Manager	<50K							
Gross Annual Income (INR)	<50K 50K-1L 1-3L 3-5L 5-7.5L 7.5-10L 80 80							
	10-15L 15-25L 25-50L 50-1Cr > 1Cr							

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	w / choice of correspondence address Indian Overseas (If there is change in any address then overseas and Indian address is mandatory on RE-KYC form)																																						
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	I hereby submit a photocopy of the following as:- Passport Visa / Resident Card OCI / PIO (For Foreign Passport Holder Only) Address Proof																																						
	Signature of Applicant Please Affix photo with signature across																																						
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Sourcing Bra	inch I	Nam	ne _												Sig	gnati	ure	/ Cu	istor	mer	ID	Veri	ified	/ Ac	Idres	ss C	han	ge '	Ver	ifie	d								
Branch Code															Sig	gnati	ure	of P	B: _								P	ВC	ode	e									

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 Numb	er:										
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	□ Married □ Unmarried □ Others	□ Married □ Unmarried □ Others										
Identification Type- Document submitted as proof of identity of the individual (Passport No & Expiry date are man-	 Passport Date of Expiry// Driving License Date of Expiry// // Letter from national population register 	 Passport Date of Expiry// Driving License Date of Expiry// License Date of Expiry// 										
datory for NRI/PIO/Foreign National)	□ Aadhaar card / letter □ Voter's ID card □ NREGA Card	□ Aadhaar card / letter □ Voter's ID card □ NREGA Card										
Identification Number - for the identification type mentioned above												
Please mention your Residential Status if it is any one of these (Visa Type & Visa expiry date are mandatory for NRI/Foreign National)	 Resident Individual Non Resident Indian Foreign National Person of Indian Origin Visa Type Employment Visa Student Visa Business Visa Multiple Entry Visa Tourist Visa Others (pls specify) Visa Expiry Date:/ 	 Resident Individual Non Resident Indian Foreign National Person of Indian Origin Visa Type Employment Visa Student Visa Business Visa Multiple Entry Visa Tourist Visa Others (pls specify) Visa Expiry Date:/_/ 										
Proof of Address	 Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card Letter from national population register Utility Bill Property or Municipal Tax Recpt Pension Payment Order Letter of allotment & L and L Agrmt 	 Passport □ Driving License UID (Aadhaar) □ Voter Identity Card NREGA Job Card Letter from national population register Utility Bill □ Property or Municipal Tax Recpt Pension Payment Order Letter of allotment & L and L Agrmt 										
Please tick if Address Type is other than Residential	 Residential and Business Business Registered Office 	 Residential and Business Business 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:

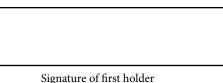
Account holder details	Country/(ies) of Tax residency #	Tax Identification Number (TIN)%	Identification Type (TIN or Other%, please specify)	Please tick if your Ad- dress for Tax purpose is other than your Mailing Address	Please tick if Address Type for tax purpose is other than Residential
First				□ Same as permanent address	 Residential and Business Business Registered Office
Second				□ Same as permanent address	 Residential and Business Business Registered Office

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[#]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^{\$}

Below details required if tax resident outside India / Nationality is other than India	First Account Holder	Second Account Holder
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.



Place:

Signature of second holder

Date: ___ / __

/

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
		If customer does not agree to be Specified U.S. person/ reportable person status
1	U.S. place of birth	 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; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 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	 Self-certification (in attached format) that the account holder is not resident for tax purposes in that country; and Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	 Self-certification (in attached format) that the account holder is not resident for tax purposes in that country; and 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 : DDDD Signature verified and form approved by :						
BDA / BM employee Code : Signature &	& Date :						