

CUSTOMER UPDATION FORM

Bar code

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CUSTOMER Name Prefix (Mr./Miss/Mrs.)						/IE OF IPRIE		/KAR	RTA	F		R	S	Т		N	A		E]					
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Others					.ocal	Autho	oritie	\$S				Branch Office						Private Trust							Co-Operative Bank										
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Other Association																							Non	Crea	dit Co	-oper	ative								



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Self Employed Professional ((Please Tick) :				
CA / CS / ICWA / CMA	Lawy	er		Doctor	
Architect	I T Co	nsultant		Others (PI Specify	/)
* Nature of Business (Please	Tick) ·				
Manufacturing	Service Provider	Stock Broke	er 🗌 Real Es	state	Agriculture
Retail Trading	Wholesale Trading	Others (PI S	Specify)		
Details of Activity:					
Date of Incorporation: D D M	M Y Y Y Y		Annual Turnover (In Figures): _		
Whether Involved in:	t Export		Annual Turnover (In Words):		
Value (Rs. Lacs)				IEC No:	
* Nature of Industry (Please					
Automobile	Restaurants		IT/Software/BP0		Agricultural Commodities
Petrol Pump	Forex Dealer/Bullio	n	Media / Entertainment		Leasing & Hire Purchase
Contractors	Chit Funds		Construction		Housing Finance
Oil	Fisheries/Poultry		Steel/Hardware		Fertilizers-Chemicals-Seeds-pesticides
Consultancy	Cements/Paints		Dairy/food processing		Electronics-computer hardware
Education	Engineering Goods		Shroff		ssue & Portfolio Management
NBFC	Pharmaceuticals		Textile/Garments		Hospital/Nursing Home/Clinics
Retail Jewelry	Hotels/Resorts		Printing/publishing		FMCG
Furniture/Timber	Consumer Durable	S	Travel/Touring Agency		Term Lending Institutions
Broking	Money Lender		Marble/Granite		Auto Finance
Advt. Agencies	Transportation / Lo	gistics	Others (PI Specify)		
l submit a self attested photocopy o	f the following as:-				
Entity Proof 1)					
2)					
Address proof of Entity					
Identity proof of					
Proprietor / Karta					
	Signature of		Signature of		Signature of
А	uthorised Signatory 1		Authorised Signatory 2		Authorised Signatory 3
Place					
Date:					
I / We hereby solemnly declare that	the information provided above wit	h respect to my / o	our account is up to date and co	orrect.	
FOR BRANCH USE ONLY				DATE :	D D M M Y Y Y Y
Sourcing Branch Name ;	Sig	nature of PB:		PB CODE:	
Branch code	Signature of B	DA:		BDA CODE:	
Signature/Customer ID verified /Addre					
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CUSTOMER ACKNOWLEDG	EMENT COPY				
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Reference Number	cknowledge	ment Date : D	D M M Y Y Y Y	Signature of Ban	< Official



Extended Annexure – Re-KYC of Non-Individual Entities

{All fields are mandatory}

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[Registration Certificate																																			
		Partnership Deed																																		
		Trust Deed																																		
		Memorandum & Article of Association																																		
]	Resolution of Board / Managing Committee																																		
L		Activity Proof 1 (For Sole Proprietorship)																																		
L	Activity Proof 2 (For Sole Proprietorship)																																			
-	Document submitted for Mailing Address (Please tick and mention document number):																																			
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Authorised Signatories details {All fields are mandatory}

1	Name of Authorised Signatory	1)	2)
2	Father's name		
3	Proof of Identity (Tick relevant and mention the details)	 Passport No. Voter ID No Driving License No. Aadhaar No. NREGA Job Card No. Letter from National Population register Mention ID No. 	 Passport No. Voter ID No. Driving License No. Addhaar No. NREGA Job Card No. Letter from National Population register Mention ID No.
4	Proof of Address (any one) (Please select any one Address proof)	 Passport No. Voter ID No. Driving License No. Aadhaar No. NREGA Job Card No. Letter from National Population register Mention ID No. 	 Passport No. Voter ID No. Driving License No. Aadhaar No. NREGA Job Card No. Letter from National Population register Mention ID No.
5	Current Address		
	Address - City		
	Address – State		
	Address - Country		
	Address - Pin Code		
6	Signature:	Name :	Name :
7	Recent colour photograph	Please paste photograph of Authorized Signatory here	Please paste photograph of Authorized Signatory here



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	A OF 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								
	□ Passport Date of Expiry//	Passport Date of Expiry/_/								
Identification Type- Document submitted as proof of identity of the individual	 Driving License Date of Expiry // Letter from national population register Aadhaar card / letter Voter's ID card □ NREGA Card 	 Driving License Date of Expiry // Letter from national population register 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	 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 Origi 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

- Second account holder: D (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

* 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.

Signature of first holder

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: 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 :							
Employee Name :	Employee Code :						
Employee designation :							
Sourcing Employee Branch Name :	Branch Code : DDD Signature verified and form approved by :						
BDA / BM employee Code : Si	ignature & Date :						