



We understand your world

CUSTOMER UPDATION FORM FOR RE KYC - NON-INDIVIDUALS

(field marked with* are mandatory)

Bar code

CUSTOMER ID OF ENTITY

CUSTOMER ID OF PROPRIETOR/KARTA

CUSTOMER Name Prefix (Mr./Miss/Mrs.)

NAME OF PROPRIETOR/KARTA

F I R S T N A M E
M I D D L E N A M E S U R N A M E

NAME OF ENTITY

PAN OF ENTITY

Date :

D D M M Y Y Y Y

PAN NUMBER OF PROPRIETOR/KARTA

* MAILING ADDRESS & CONTACT

☐ There is no change in our 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)

* Shop No/Bidg Name

* Road Name

* Landmark

* City

* State

Tel (Off)

S T D - N U M B E R Extension Number Fax No.

Tel (R)

S T D - N U M B E R

* Mobile No.

* E-mail ID

PIN Code

Country

* REGISTERED OFFICE ADDRESS

☐ Please tick in case of registered address is same as mailing address

* Shop No/Bidg Name

* Road Name

* Landmark

* City

* State

* Registered Address Type

☐ Owned ☐ Rented/Leased

PIN Code

Country

* Business Details (Please tick on the appropriate Sub Category against the Type of Entity)

* Type of Entity :-

☐ Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Public / Private limited / One Person Company ☐ HUF

☐ Government ☐ Bank ☐ Societies ☐ Insurance ☐ Self Help Group ☐ Foreign Bodies

☐ Clubs ☐ Non-Government Organizations ☐ Mutual Fund ☐ Association ☐ Trust

Sub-Category of Entity:				
PUB / PVT LTD COMPANY	GOVERNMENT	FOREIGN BODIES	TRUST	BANK
<input type="checkbox"/> Financial Services Company	<input type="checkbox"/> Central	<input type="checkbox"/> Foreign Govt.	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Indian Commercial Bank
<input type="checkbox"/> PSU	<input type="checkbox"/> State	<input type="checkbox"/> Project Office	<input type="checkbox"/> Public Trust	<input type="checkbox"/> Foreign Resident Bank
<input type="checkbox"/> Others	<input type="checkbox"/> Local Authorities	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Co-Operative Bank
ASSOCIATION	<input type="checkbox"/> State Electricity Boards	<input type="checkbox"/> Liaison Office	<input type="checkbox"/> Religious Trust	
<input type="checkbox"/> Business Association	<input type="checkbox"/> Quasi Government Bodiews	<input type="checkbox"/> Consulates / Embassies	<input type="checkbox"/> Educational Trust	SOCIETIES
<input type="checkbox"/> Unregistered Association	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____	<input type="checkbox"/> PF Trust	<input type="checkbox"/> Credit Co-operative
<input type="checkbox"/> Other Association				<input type="checkbox"/> Non Credit Co-operative

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93318/28.01.2021

Self Employed Professional (Please Tick) :

<input type="checkbox"/> CA / CS / ICWA / CMA	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Doctor
<input type="checkbox"/> Architect	<input type="checkbox"/> I T Consultant	<input type="checkbox"/> Others (PI Specify) _____

* Nature of Business (Please Tick) :

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Retail Trading	<input type="checkbox"/> Wholesale Trading	<input type="checkbox"/> Others (PI Specify) _____		

Details of Activity: _____

Date of Incorporation:

D	D	M	M	Y	Y	Y	Y
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Annual Turnover (In Figures): _____

Whether Involved in: ☐ Import ☐ Export

Annual Turnover (In Words): _____

Value (Rs. Lacs) _____

IEC No:

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* Nature of Industry (Please Tick) :

<input type="checkbox"/> Automobile	<input type="checkbox"/> Restaurants	<input type="checkbox"/> IT/Software/BPO	<input type="checkbox"/> Agricultural Commodities
<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Forex Dealer/Bullion	<input type="checkbox"/> Media / Entertainment	<input type="checkbox"/> Leasing & Hire Purchase
<input type="checkbox"/> Contractors	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Construction	<input type="checkbox"/> Housing Finance
<input type="checkbox"/> Oil	<input type="checkbox"/> Fisheries/Poultry	<input type="checkbox"/> Steel/Hardware	<input type="checkbox"/> Fertilizers-Chemicals-Seeds-pesticides
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Cements/Paints	<input type="checkbox"/> Dairy/food processing	<input type="checkbox"/> Electronics-computer hardware
<input type="checkbox"/> Education	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Shroff	<input type="checkbox"/> Issue & Portfolio Management
<input type="checkbox"/> NBFC	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Textile/Garments	<input type="checkbox"/> Hospital/Nursing Home/Clinics
<input type="checkbox"/> Retail Jewelry	<input type="checkbox"/> Hotels/Resorts	<input type="checkbox"/> Printing/publishing	<input type="checkbox"/> FMCG
<input type="checkbox"/> Furniture/Timber	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Travel/Touring Agency	<input type="checkbox"/> Term Lending Institutions
<input type="checkbox"/> Broking	<input type="checkbox"/> Money Lender	<input type="checkbox"/> Marble/Granite	<input type="checkbox"/> Auto Finance
<input type="checkbox"/> Advt. Agencies	<input type="checkbox"/> Transportation / Logistics	<input type="checkbox"/> Others (PI Specify) _____	

I submit a self attested photocopy of the following as:-

Entity Proof

1)

2)

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Address proof of Entity

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identity proof of Proprietor / Karta

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Signature of
Authorised Signatory 1

Signature of
Authorised Signatory 2

Signature of
Authorised Signatory 3

Place _____

Date: _____

I / We hereby solemnly declare that the information provided above with respect to my / our account is up to date and correct.

FOR BRANCH USE ONLY

DATE :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sourcing Branch Name ; _____ Signature of PB: _____ PB CODE: _____

Branch code

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 Signature of BDA: _____ BDA CODE: _____

Signature/Customer ID verified /Address Change Verified

CUSTOMER ACKNOWLEDGEMENT COPY

Reference Number _____cknowledgement Date :

D	D	M	M	Y	Y	Y	Y
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 Signature of Bank Official _____