

SELF DECLARATION FORM FOR KYC UPDATEION / Re-KYC

[In case of no change in KYC information of an individual]

To,
The Branch Manager,
The Varachha Co-op.Bank Ltd.,Surat

_____ Branch

Account Number			
Account Name	Name	Middle Name	Surname
UCIC Number			
CKYCR Number [Mandatory]			
PAN Number			
Current Address	Line 1: Line 2: City/Village: Pin Code: District: State:		
Date of Birth [DD/MM/YY]	/ /		
Mobile Number [Registered with Bank]	+91		
Email ID			
Occupation			
Annual Income	Rs.		
Source of Income [Tick all that are applicable, also specify other income, if any]	Salary	Business	Job Work Professional Agriculture Pension Investment Other _____
Annual Turnover [If Applicable]	Rs.		

I undersigned hereby declare that there is no change in existing status of my KYC information which was provided at the time of opening of account / last KYC updation. I request you to update my KYC and revise the date accordingly.

I undertake the responsibility to declare, disclose and provide, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change, within 30 days from the date of change. In case the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize the bank to Search and Download the CKYC details from CERSAI, from my identification details.

Date: - -

Signature/Thumb Impression of Customer

Place:

Name _____

For Office Use Only

1. Certified that KYC documents of the customer available with the bank are as per current CDD standards and are with valid date.
2. CKYCR Number is available in bank's record.
3. Information submitted by the customer is verified and KYC date revised in CBS.

Maker Name_____ S.code stamp_____ Signature_____

Checker Name_____ S.code stamp_____ Signature_____

Branch Name and Seal _____ Date _____