

STATE BANK OF INDIA _____ BRANCH
SELF DECLARATION FORM FOR KYC UPDATION
(OTHER THAN INDIVIDUALS: NO CHANGE IN KYC INFORMATION)

Account Number			
CKYCR No (Mandatory) *			
Entity Details			
Name			
Entity Constitution Type		Nature of Business	
Date of Incorporation/ Formation		Country of incorporation/ Formation	
CIN Number <small>(only in case of Companies)</small>		Annual Turnover	
PAN Number (If available)			
Registered Office Address	Line 1: _____ Line 2: _____ City/Village: _____ District: _____ State: _____ PIN: _____ Country: _____		
Sources of Income <small>(Please tick all that are applicable)</small>	Salary Business Income Agriculture Investment Income Pension Others		
Mobile Number		Telephone Number	
Email ID		Number of Beneficial Owners	
Beneficial Owner Details			
Full Name of Beneficial owner/ controlling natural person(s) <small>[Separate Annexure II of the Non-Individual AOF (Personal Details of Beneficial Owner) to be obtained in case of change in Beneficial Owner(s)]</small>	Date of Birth	Controlling ownership Interest (%)	

* If CKYCR number is not provided by the customer, branch should check for the CKYCR number in CBS.

CUSTOMER'S DECLARATION

I/We hereby declare that there is no change in existing status of my KYC Information which was provided at the time of opening the account / last KYC updation. I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, 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. In case the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

Date:.....

Signature of Customer

Place:.....

Name

For Office Use only

1. Certified that KYC Documents of the Customer (Entity) available with the Bank are as per current Customer Due Diligence (CDD) Standards.
2. Certified that Beneficial Owner details have been verified and Beneficial Owner is linked.
3. CKYCR Number of the customer is available in Bank records.
4. PAN details (if available) have been verified from database issuing authority.
5. Information submitted by the customer verified & KYC updation date entered in CBS.

Maker.....

Checker.....

PF No.....

(S.S. No _____)

(This form is to be sent to LCPC for digitisation and storage)