

# KYC UPDATION FORM-COMPANY



Customer No: \_\_\_\_\_

Account No :  
\_\_\_\_\_

**Company Name:**

IN BLOCK LETTERS

1. Name of Company / Proprietor / Partnership / Director / Trust / Society

_____	_____	_____
_____	_____	_____
_____	_____	_____

**PAN No:**

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**TIN No:**

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**CIN No / Registration No** (as applicable):

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**Date of Incorporation** (as applicable): \_\_\_\_\_

**Mailing Address:**

IN BLOCK LETTERS

Flat No. / Bldg. Name: \_\_\_\_\_

Road Name: \_\_\_\_\_

Landmark: \_\_\_\_\_

City: \_\_\_\_\_ Pin code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel.: \_\_\_\_\_ STD code: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email id: \_\_\_\_\_

We / I do hereby solemnly declare that the information provided above with respect to our / my account is up to date and correct. We / I hereby agree to the Bank merging our / my Customer identification number across all our / my relationship with the Bank so that the Bank shall allot us / me an Unique Customer Identification Code as mandated by the Reserve Bank of India.

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Authorised Signatory with stamp**

\*\*\*\*Please provide address proof even if there is no change in address.

**Customer Identification Procedure Features to be verified  
and Documents that may be obtained from Customers**

<b>Company Accounts</b>	
(i)	Certificate of incorporation and Memorandum & Articles of Association
(ii)	Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account
(iii)	Power of Attorney granted to its managers, officers or employees to transact business on its behalf
(iv)	Copy of PAN allotment letter / PAN
(v)	Copy of the telephone bill
<b>Partnership Accounts</b>	
(i)	Registration certificate, if registered
(ii)	Partnership deed
(iii)	Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf
(iv)	Any officially valid document identifying the partners and the persons holding the Power of Attorney and their addresses
(v)	Telephone bill in the name of firm / partners
<b>Trusts &amp; Foundations Accounts</b>	
(i)	Certificate of registration, if registered
(ii)	Power of Attorney granted to transact business on its behalf
(iii)	Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders / managers / directors and their addresses
(iv)	Resolution of the managing body of the foundation / association
	Telephone bill

**FOR BRANCH USE ONLY :**

KYC updated on: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Signature of the Branch Officer with stamp: \_\_\_\_\_

Employee Code: \_\_\_\_\_