<u>SPECIMEN PROFORMA FOR KYC UPDATION</u>
(In case of joint account, separate form required for each joint a/c holder)

Branch Name	e & Sol II	<u> </u>		_		DATE
First Name						
Middle Name		Photo				
Last Name						
Customer ID					Specimen Signatures or thumb impression	
A/C number						
CKYCR ID, if			-			
available						Specimen Signatures or thumb impression
Personal infor	rmation					
Gender (M/F/T)			PAN Number/Fo		rm 60	
DOB				Profession/Activity		
Father's Name			Annual Incom			
Mother's name			Expected annual cred		credit	
Residential status					married	
Identity/ Add	ress deta	nils				
OVD type			OVD number			
OVD Issue date				OVD Expiry date		
Mention add	dress as			. ,		
per OVD, if OVD						
submitted		District	State			PIN
Communica						
address If different from OVD		District		State		PIN
Attach Docume	entary pro	of for OVD, Tax-ID (PA	N/ Form 60		of orSelf Declara	ation in respect of current address, natur
		tatus (whichever applica				
-		=				d authentication system and I give
		Aadhaar Number for		based Know Your	customer. (op	tional) YES 🗆 NO 🗆
		Authentication, if car		anal dataila/KVC		with CKVCP portal for any purpose
						vith CKYCR portal for any purpose ny KYC Records from the Central K
						rom the database of CKYCR Regist
			es my K`	YC Records /Pers	sonal informa	tion such as my name, address, da
of birth, PAN	numbe	r etc.				
		mer		_		
Contact Numb	ber			En	nail ID	
		rr.	For (Office Use Only		
Name of Authorized Officer Signature with GBPA No./ PF No.				Stamp/ seal		
			Acknowle	dgement		
				_		
Sh./Ms						Dated:
						Dated:

details; provided on declaration basis, shall be subject to verification of declared address by the branch.