

## **BCC Bank**

Bhopal Co-operative Central Bank Limited

## **KYC APPLICATION UPDATION FORM**

	ACCOUNT NO.															PHOTOGRAPH														
	ACCOUNT NO.																													
			Cł	(YC N	Ο.												CIF	NO.												
																												e affix		
Please fill this form in ENGLISH and in BLOCK LETTERS  (Please ✓ tick the box on left margin of appropriate row where CHANGE / CORRECTION is required and provide the details in the corresponding row)  A IDENTITY DETAILS														h and	t I															
Α	l					1	ı -	1		1								1		1	_	_		_		1	1			
	1. Name o	of the Ap	plica	nt M	L	/	М	S.							_						_	_							$\Box$	_
	2. Father's	s/Spouse	Nam	еМ	R.	/	М	S.																						
																					T									
	3. Mother's	s Name		л s.																		Ī								
			$^{\dagger}$																		T									
	4a. Gender Male Female 4b. Marital Status Single Married 4c. Date of Birth D D / M / M / Y Y Y																													
	5. Nationality Indian Other (Please Specify)																													
	6a. PAN										6b. Ur Numbe				n If any															
	7. Specif	fy Proo	f of l	dentify	subi	mitte	d	P	AN (	Card		Otl	ner (	Plea	ise s <sub>i</sub>	oecif	y)													
В	ADDRES	S DET	AILS																											
	1. Name f	or Corre	spon	dance																								$\dashv$	_	$\parallel$
	$\vdash$		+	+																								$\dashv$	$\dashv$	$-\parallel$
	City	/Town/	\/illa/																	Di	n C							$\dashv$	$\dashv$	$-\parallel$
	State	100011/	T	,. T									Pin Code Country											$\dashv$	$\dashv$	$-\parallel$				
	State																				ouri	цу								ᆀ
	2. Specif	y the P	roof	of Add	dress	subi	nitte	d for	corr	espo	onde	nce.	Addr	ess	:															
	3. Conta	ct Deta	ils																											
	Tel. (O	ff.)															Fa	ax										$\Box$		
	Tel.(Re	si.)															Мо	bile I	No.										$\neg$	
	E-Mail	ID	Fax										Pi	n Co	ode															

	П	4. Permanent Address (If different from above or overseas address, mandatory for Non-Resident Applicant)																													
	H	T	Т				<u> </u>										, 		, 	Ť				Г	Γ	T	Т	Τ	Т		
	$\vdash$	+	+	$\dashv$																$\vdash$						$\vdash$	╀	+	$\vdash$		
	$\vdash \vdash$		+	$\dashv$																		$\vdash$				$\vdash$	$\vdash$	-	$\vdash$		
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		. /\ /:					$\vdash$							_	L		L	├		<u> </u>	Ļ	Ļ		$\vdash$	╀	+	╀		
		City/To	)Wr	1/ V II	age	; 														$\vdash$		$\vdash$	n Co			-	╀	+	$\vdash$		
	Stat	ie																					ount	iry							
		5. Sp	ec	ify th	ie P	roof	of Ad	ddres	ss su	ıbmit	ted fo	or Pe	erma	nent	Add	ress	:														
С	ОТНЕ	ER DE	ΤA	ILS												_	_				_		_					_			
	1. Gros	1. Gross Annual Income Details (Please Specify) Income range per annum : Below ₹ 1 Lac Below ₹ 1-5 Lac ₹ 5-10 Lac ₹ 10.25 Lac More than ₹ 25 Lacs														₹ 25 Lacs															
	Thres	Threshold Limit (Annual Incomeor / Annual Gross Income																													
	2. Occupation (Please ✓ any one and give brief details) :																														
	Private Sector Public Sector Government Service Business Professional Agriculturist Retired																														
	Housewife Student Others (Please Specify)																														
	3. Please ✓Tick, If applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)																														
	4. Any other Information :																														
D	I herel and be of the	DECLARATION  I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to Inform you of any changes therein, Immediately. In case any of 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.																													
		Date D D / M / Y Y Y Y Signature of the Applicant																													
	FOR OFFICE HOE ONLY																														
	l——	FOR OFFICE USE ONLY In Person Verification (IPV) Details :																													
	ll .	e of th				•			e IPV	·:									_												
	Desi	gnatic	n : .							E	mplo	yee I	D : _						_												
	Nam	e of th	ie E	Branc	:h:_																										
	Date	of IP\	/ :[	D	D/	M	M	/ Y	Υ	Υ	Υ	Sign	ature o	of the p	erson	who h	as don	e the IF	<u>-</u> ∏			;	Seal/	'Stan	np o	f the	Inte	erme	diary		
		(Orig	ina	ls V	erifie	ed) T	rue	copie	es of	Doc	ume	nts r	ecei	ved.																	
		(Self	٩tte	este	d) S	elf C	ertifi	ied D	)ocu	ment	сор	es r	ecei	/ed.			Date	<del></del>		_	_	Si	gnat	ure (	of th	e Au	thor	ized	Sign	atory	
	•																														