NRI CUSTOMER UPDATION FORM FOR RE-KYC



*CUSTOMER ID	6364828
NAME OF ACCOUNT HOLDER	PREFIX FULL NAME ANUP SRIKRISHNA JOSHI
ACCOUNT NO.	
GENDER	Male Female Transgender
PAN NO	AELPJ8595G
Source of Funds	Salary Business Income Agriculture Investment Income Others (Pls specify)
Occupation	Salaried Self employed Retired Self-employed prof Housewife
	Politician Student Unemployed Others (pls specify)
If salaried employed with	Private Ltd Partnership Proprietorship Public Limited Public Sector
	Government Multinational Others (pls specify)
Self employed since Years Date of Incorporation	Months Nature of Business
Type of Company / Firm	Sole proprietorship Public Limited Co Partnership Private Limited Co
<u>~</u>	Others (Pls specify)
Self employed professional	Doctor CA / CS / ICWA Lawyer Architect
	IT Consultant Others (Pls specify)
Name Of currency (Mention the which you are earning)	
Gross Annual Income (INR)	
=	. 10-15L 15-25L 25-50L 50-1Cr > 1Cr

NRI CUSTOMER UPDATION FORM FOR RE-KYC



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Signature / Customer ID Verified / Address Change Verified

FOR BRANCH USE ONLY
Sourcing Branch Name ___