



# Re-KYC Form for Individuals

## PERSONAL

Customer ID \_\_\_\_\_ Account Type\* \_\_\_\_\_ Normal \_\_\_\_\_ Minor \_\_\_\_\_ Aadhaar OTP based E-KYC (in non-face to face mode)

Customer Name **VINAY DHARMESH BHAI RANA** **72620100016561**

Father/Spouse/Mother **DHARMESH BHAI RANA**

Date Of Birth\* \_\_\_\_\_ Gender\* ☒ M - Male ☐ F - Female ☐ T - Transgender

PAN Number \_\_\_\_\_ Form 60. ☐ (Non PAN Card holder) "CKYC Number, if available" \_\_\_\_\_

PROOF OF IDENTITY & ADDRESS DOCUMENT PROVIDED ☐ Yes ☐ No If Yes DOCUMENT NAME \_\_\_\_\_ DOCUMENT NAME \_\_\_\_\_  
CURRENT ADDRESS IF DIFFERENT FROM ADDRESS MENTIONED IN PROOF OF IDENTITY & ADDRESS DOCUMENT ☐ Yes ☐ No If Yes CURRENT ADDRESS \_\_\_\_\_ CURRENT ADDRESS \_\_\_\_\_  
DOCUMENT NAME \_\_\_\_\_ DOCUMENT NAME \_\_\_\_\_

## OCCUPATION & INCOME

Occupation Salaried \_\_\_\_\_ Self-Employed \_\_\_\_\_ Retired \_\_\_\_\_ Self-Employed Professional \_\_\_\_\_ Student \_\_\_\_\_ Housewife \_\_\_\_\_ Politician \_\_\_\_\_  
Private Limited \_\_\_\_\_ Proprietorship \_\_\_\_\_ Public Sector \_\_\_\_\_ Multinational \_\_\_\_\_ Partnership \_\_\_\_\_ Public Limited \_\_\_\_\_ Government \_\_\_\_\_

Self Employed Since \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ (If Company Owner)

Nature of Business Agriculture \_\_\_\_\_ Stock Broker \_\_\_\_\_ Real Estate \_\_\_\_\_ Manufacturing \_\_\_\_\_ Service Provider \_\_\_\_\_ Trader \_\_\_\_\_

Type of Company/ Firm Partnership \_\_\_\_\_ Private Limited Co. \_\_\_\_\_ Public Limited Co. \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Self Employed Professional Source of Funds \_\_\_\_\_ Doctor \_\_\_\_\_ IT Consultant \_\_\_\_\_ Lawyer \_\_\_\_\_ CA/Cs \_\_\_\_\_ Architect \_\_\_\_\_  
Salary/Pension \_\_\_\_\_ Agriculture \_\_\_\_\_ Business Income \_\_\_\_\_ Investment Income \_\_\_\_\_  
Gross Annual Income (Rs) <50,000 \_\_\_\_\_ 50,000-1 Lac \_\_\_\_\_ 1-3 Lac \_\_\_\_\_ 3-5 Lac \_\_\_\_\_ 7.5-10 Lac \_\_\_\_\_ 10-15 Lac \_\_\_\_\_ >15 Lac \_\_\_\_\_ Rs. \_\_\_\_\_  
Residence Type Owned \_\_\_\_\_ Rental/Leased \_\_\_\_\_ Ancestral/Family \_\_\_\_\_ Company Provided \_\_\_\_\_

There is no change in my mailing/ permanent address/ Contact Number

I wish to change my mailing/ permanent address/ contact details as below

Document Attached \_\_\_\_\_ Mailing \_\_\_\_\_ Permanent \_\_\_\_\_

## PERMANENT ADDRESS

Flat No/ Bldg Name **171, NEW HARI DHAM SOCIETY,**  
Road Name **NEAR SUVIDHA HOSPITAL,**  
Landmark **BAMROJI ROAD, BUDHNA,**  
City **SURAT**  
State \_\_\_\_\_ Tel. (0) \_\_\_\_\_  
Email ID \_\_\_\_\_

PIN Code \_\_\_\_\_  
Country \_\_\_\_\_

(Please leave space between two words)

Mobile Number +91 \_\_\_\_\_

## MAILING/CURRENT ADDRESS (If different from permanent Address)

Flat No/ Bldg Name \_\_\_\_\_  
Road Name \_\_\_\_\_  
Landmark \_\_\_\_\_  
City \_\_\_\_\_ PIN Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_

Note: - For Minor below 10 years, separate Re-KYC form for both "Minor" as well as "Guardian" is Mandatorily required.

## DECLARATION

I declare that the information provided above with respect to my account is up to date and correct.

I submit a self attested photocopy of the following as:

- 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 information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from CKYC Registry through SMS/Email on the above registered number/email address.

Address and Identity Proof

Address Proof, if different from above

PAK \_\_\_\_\_ OR FORM 60 \_\_\_\_\_ Please sign in black ink only

I have also attached my recent photograph alongside

Place \_\_\_\_\_

Date \_\_\_\_\_

**Vinay R**  
X

Signature/Customer ID Verified/Address Change Verified

**Vinay R**  
X



Branch \_\_\_\_\_

SOL ID \_\_\_\_\_

Specimen Sign No. \_\_\_\_\_

## FOR BRANCH USE ONLY

\*Branch to carry out CKYC and obtain re-tailed Form 60 additionally if Form 60 is selected

RISK CATEGORY H ☐ M ☐ L ☐

Reference Number \_\_\_\_\_

Acknowledgement date \_\_\_\_\_

Signature of Bank Official \_\_\_\_\_