



**KYC Details Change form
(For Individuals Only)**



Place for
Intermediary Logo

Application No. :

Please fill this update / modification form in **ENGLISH** and in **BLOCK LETTERS** (Please strike off Sections that are not used).

A Name of Applicant (As per original KYC records)

Title Mr. Ms. Other (Please specify) _____ UID/Aadhaar, if any: _____ PAN _____

Name _____

Please Provide the new KYC details which should be updated in your KYC records.

B. Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name _____

2. Current Marital status Single Married

3. Current Nationality Indian Other (Please specify) _____

4. Current Gross Annual Income Details (Please tick (✓)): Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs **OR**

Net-worth in ₹. (*Net worth should not be older than 1 year) _____ as on (date) | d | d | / | m | m | / | y | y | y | y |

"FOR OFFICE USE ONLY" Columns at the bottom of the form is Mandatory-IPV for all KYCs done before 1st January, 2012 & Original Seen and Verified for change in Identity & Address Details.

C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).
Name _____

2. New Status Please tick (✓) Resident Individual Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN _____ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)
 UID (Aadhaar) Passport Voter ID Driving Licence Others _____ (Please see guideline 'D' overleaf)

D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village _____ State _____ Country _____ Pin Code _____

2. Contact Details

Tel. (Off.) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____
Mobile (ISD) (STD) _____ Fax (ISD) (STD) _____
E-Mail Id. _____

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village _____ State _____ Country _____ Pin Code _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

E. Other Details (please see guidelines overleaf)

2. New Occupation (Please tick(✓) any one and give brief details):
 Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

3. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person
For definition of PEP, please refer guideline overleaf

4. Any other information: _____

DECLARATION

SIGNATURE OF APPLICANT

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place: _____

Date: _____

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IPV Done on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary _____

Seal/Stamp of the intermediary should contain

Staff Name _____
Designation _____
Name of the Organization _____
Signature _____
Date _____

Seal/Stamp of the intermediary should contain

Staff Name _____
Designation _____
Name of the Organization _____
Signature _____
Date _____