

**Latur Urban Co-Op Bank Ltd\_\_\_\_\_ Branch**

**SELF DECLARATION FORM FOR KYC UPDATION  
(INDIVIDUALS: NO CHANGE IN KYC INFORMATION)**

<b>Account Number*</b>	
<b>CKYCR No (if available)</b>	
<b>OVDs submitted to Bank are valid/not expired (as on date)</b>	YES                      NO                      Date of Expiry of OVD (If applicable)
<b>Name</b>	
<b>Date of Birth (DD/MM/YYYY)</b>	
<b>PAN Number (If available)</b>	
<b>Current Address*</b>	Line 1: _____ Line 2: _____ City/Town/Village: _____ District: _____ State: _____ PIN: _____ Country: _____
<b>Occupation*</b>	
<b>Annual Income*</b>	
<b>Sources of Income</b>	
<b>(Please tick all that are applicable) *</b>	Salary   Business Income   Agriculture   Investment Income   Pension   Others
<b>Mobile Number (As per Bank Record)</b>	
<b>Email ID</b>	

**CUSTOMER'S DECLARATION**

I hereby declare that there is no change in existing status of my KYC Information which was provided at the time of opening the account / last KYC updation. I undertake the responsibility to declare, disclose and provide immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. In case 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:.....

Signature/Thumb Impression of Customer

Place:.....

Name .....

**For Office Use only**

1. Certified that KYC Documents of the Customer available with the Bank are as per current Customer Due Diligence (CDD) Standards.
2. CKYCR Number of the customer is available in Bank records.
3. PAN details (if available) have been verified from database issuing authority.
4. Information submitted by the customer verified & KYC updation date entered in CBS.

Maker Id & Signature.....

Checker Id & Signature.....

**ACKNOWLEDGEMENT COPY FOR CUSTOMER**

Dear Sir/Madam,

Date:

Bank has received your request for periodic updation of KYC in Client Id Number\_\_\_\_\_

(Account No.\_\_\_\_\_)

Signature of the Bank Official  
Name of the Bank Official

**(This form is to be stored in branch record)**