



प्रधान कार्यालय : 'लोकमंगल', 1501, शिवाजीनगर, पुणे - 411005.  
H. O.: 'Lokmangal', 1501, Shivajinagar, Pune - 411005.

## Self-Declaration Form for Periodic Updation of KYC (Individuals: If, No change in KYC Information)

Bank of Maharashtra \_\_\_\_\_ (Branch)

Name *	Title	First Name	Middle Name	Last Name
Father/Mother Name/Spouse Name (Please tick applicable) any one mandatory #	Title	First Name	Middle Name	Last Name
Date of Birth (DD/MM/YYYY)#				
CIF Number				
Account Number*				
Current Address*	City:	District:		
	State:	Pin Code:		
Permanent Address* <input type="checkbox"/>				
(Please tick ✓ if same as current address)	City:	District:		
	State:	Pin Code:		
Mobile Number (as per Bank record) along with ISD Code				
Email ID (as per Bank record)				
Occupation *				
Annual Income (amount in actual)*				
Source of Income (please tick all that are applicable)*	Salary	Business income	Agriculture	Investment Income Pension Others
PAN Number (if issued by Income Tax Department)				
CKYCR Number (if available)				

\*Mandatory field.

# Mandatory field, if CKYCR Number field is blank.

### 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. I hereby Authorize the bank to Search and Download the CKYC details from CERSAI, from my identification details.

Date: .....  
Place:.....

Signature/Thumb Impression of Customer  
Name.....

### ACKNOWLEDGEMENT COPY FOR CUSTOMER

Dear Sir/Madam,

Date:

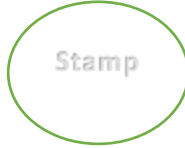
Bank has received your request for periodic updation of KYC in CIF Number \_\_\_\_\_  
(Account No. \_\_\_\_\_)



Signature of the Bank Official  
Name of the Bank Official

**For Office Use Only**

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



Maker Signature  
PF Number:

Checker Signature  
PF Number:

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

---