

**SUBMIT**

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CUSTOMER UPDATION FORM FOR KYC

As per the guidelines issued by Reserve Bank of India, please update the documents shared by you as a part of Know Your Customer (KYC) policy:

PREFIX FULL NAME

Name of Cardmember*

PREFIX	FULL NAME
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Credit Card Number*

CREDIT CARD NUMBER	XXXXXX
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Registered Mobile Number*

REGISTERED MOBILE NUMBER	PAN NO.*	PAN NO.*
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CHANGE OF ADDRESS

There is no change in my mailing address.
 I Wish to change my mailing address/contact details as below.

Address Line 1

Address Line 2

Area/Locality

Name/Landmark

City

Pin Code

State

Country

Nationality

Email ID

MANDATORY DISCLAIMER

I hereby submit my passport size photo and a self attested photocopy of the following as:

Address Proof ID _____ (Mandatory)

Identity Proof ID _____ (Mandatory)

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

Please paste a recent photograph here

NEW CHANGE REQUEST (Please tick if appropriate) DP ID : IN300351

KNOW YOUR CLIENT (KYC) Application Form - For Individual																																																					
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE REQUEST (Please tick if appropriate)			DP ID : IN300351																																																		
Please fill this form in ENGLISH and in BLOCK LETTERS (Please tick if the box on left margin if appropriate else where CHANGE/CORRECTION is required and provide the details in the corresponding box)			Acknowledgement No.																																																		
A IDENTITY DETAILS <table border="1"> <tr> <td>1. Name of the Applicant</td> <td colspan="5"></td> </tr> <tr> <td>2. Father's/Spouse Name</td> <td colspan="5"></td> </tr> <tr> <td>3a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td>3b. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married</td> <td>3c. Date of Birth</td> <td>3d. /</td> <td>3e. /</td> <td>3f. /</td> </tr> <tr> <td>4a. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____</td> <td colspan="5"></td> </tr> <tr> <td>4b. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National</td> <td colspan="5"></td> </tr> <tr> <td>5a. PAN</td> <td colspan="5"></td> </tr> <tr> <td>5b. Unique Identification Number (UID) / Aadhar, If any</td> <td colspan="5"></td> </tr> <tr> <td>6. Specify Proof of Identity submitted <input type="checkbox"/> PAN card <input type="checkbox"/> Other (Please specify) _____</td> <td colspan="5"></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> PHOTOGRAPH Please affix your recent passport size photograph and sign across it. </div>						1. Name of the Applicant						2. Father's/Spouse Name						3a. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3b. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	3c. Date of Birth	3d. /	3e. /	3f. /	4a. Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____						4b. Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National						5a. PAN						5b. Unique Identification Number (UID) / Aadhar, If any						6. Specify Proof of Identity submitted <input type="checkbox"/> PAN card <input type="checkbox"/> Other (Please specify) _____					
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