

CUSTOMER UPDATION FORM FOR RE KYC - NON-INDIVIDUALS

(field marked with "*" are mandatory)

Bar code

CUSTOMER ID OF ENTITY

CUSTOMER ID OF PROPRIETOR/KARTA PAN NUMBER OF PROPRIETOR/KARTA

CUSTOMER Name Prefix (Mr./Miss/Mrs.) NAME OF PROPRIETOR/KARTA

F I R S T N A M E
M I D D L E N A M E S U R N A M E

NAME OF ENTITY

PAN OF ENTITY

Date :

*** MAILING ADDRESS & CONTACT**

There is no change in our mailing address. (Note: Address proof to be provided)

I/ We wish to change my/our mailing address/contact details as below. (Note: Address proof to be provided for address change)

* Shop No/Bidg Name

* Road Name

* Landmark

* City PIN Code

* State Country

Tel (Off) S T D - N U M B E R Extension Number Fax No.

Tel (R) S T D - N U M B E R

* Mobile No.

* E-mail ID

*** REGISTERED OFFICE ADDRESS**

Please tick in case of registered address is same as mailing address

* Shop No/Bidg Name

* Road Name

* Landmark

* City PIN Code

* State Country

* Registered Address Type Owned Rented/Leased

*** Business Details (Please tick on the appropriate Sub Category against the Type of Entity)**

* Type of Entity :-

Proprietorship Partnership Limited Liability Partnership Public / Private limited / One Person Company HUF

Government Bank Societies Insurance Self Help Group Foreign Bodies

Clubs Non-Government Organizations Mutual Fund Association Trust

Sub-Category of Entity:

PUB / PVT LTD COMPANY	GOVERNMENT	FOREIGN BODIES	TRUST	BANK
<input type="checkbox"/> Financial Services Company	<input type="checkbox"/> Central	<input type="checkbox"/> Foreign Govt.	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Indian Commercial Bank
<input type="checkbox"/> PSU	<input type="checkbox"/> State	<input type="checkbox"/> Project Office	<input type="checkbox"/> Public Trust	<input type="checkbox"/> Foreign Resident Bank
<input type="checkbox"/> Others	<input type="checkbox"/> Local Authorities	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Co-Operative Bank
ASSOCIATION	<input type="checkbox"/> State Electricity Boards	<input type="checkbox"/> Liaison Office	<input type="checkbox"/> Religious Trust	
<input type="checkbox"/> Business Association	<input type="checkbox"/> Quasi Government Bodies	<input type="checkbox"/> Consulates / Embassies	<input type="checkbox"/> Educational Trust	SOCIETIES
<input type="checkbox"/> Unregistered Association	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____	<input type="checkbox"/> PF Trust	<input type="checkbox"/> Credit Co-operative
<input type="checkbox"/> Other Association				<input type="checkbox"/> Non Credit Co-operative

Authorised Signatories details {All fields are mandatory}

1	Name of Authorised Signatory	1) _____	2) _____
2	Father's name		
3	Proof of Identity (Tick relevant and mention the details)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No. _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No. _____
4	Proof of Address (any one) (Please select any one Address proof)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No. _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No. _____
5	Current Address		
	Address - City		
	Address - State		
	Address - Country		
	Address - Pin Code		
6	Signature:	<div style="border: 1px solid black; width: 100%; height: 60px;"></div> Name : _____	<div style="border: 1px solid black; width: 100%; height: 60px;"></div> Name : _____
7	Recent colour photograph	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Please paste photograph of Authorized Signatory here</p> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Please paste photograph of Authorized Signatory here</p> </div>

**Extended KYC Annexure - Individuals (including sole-proprietors)
(Applicable for Resident and Non-Resident Customers)(Mandatory)**

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

SECTION A

A OF Number:

--	--	--	--	--	--	--	--	--	--	--	--

Please fill the information below as requested	First Account Holder	Second Account Holder
Name of the Account Holder		
Customer ID		
Maiden Name (if any)		
Father's Name (mandatory)		
Spouse's Name		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
Identification Type- Document submitted as proof of identity of the individual	<input type="checkbox"/> Passport Date of Expiry ___/___/___ <input type="checkbox"/> Driving License Date of Expiry ___/___/___ <input type="checkbox"/> Letter from national population register <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> Voter's ID card <input type="checkbox"/> NREGA Card	<input type="checkbox"/> Passport Date of Expiry ___/___/___ <input type="checkbox"/> Driving License Date of Expiry ___/___/___ <input type="checkbox"/> Letter from national population register <input type="checkbox"/> Aadhaar card / letter <input type="checkbox"/> Voter's ID card <input type="checkbox"/> NREGA Card
Identification Number - for the identification type mentioned above		
Please mention your Residential Status if it is any one of these	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin Visa Type <input type="checkbox"/> Employment Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Business Visa <input type="checkbox"/> Multiple Entry Visa <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Others (pls specify) <input type="checkbox"/> Visa Expiry Date: ___/___/___	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin Visa Type <input type="checkbox"/> Employment Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Business Visa <input type="checkbox"/> Multiple Entry Visa <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Others (pls specify) <input type="checkbox"/> Visa Expiry Date: ___/___/___
Proof of Address	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Letter from national population register <input type="checkbox"/> Utility Bill <input type="checkbox"/> Property or Municipal Tax Receipt <input type="checkbox"/> Pension Payment Order <input type="checkbox"/> Letter of allotment & L and L Agrmt	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Letter from national population register <input type="checkbox"/> Utility Bill <input type="checkbox"/> Property or Municipal Tax Receipt <input type="checkbox"/> Pension Payment Order <input type="checkbox"/> Letter of allotment & L and L Agrmt
Please tick if Address Type is other than Residential	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Nationality (if national of more than one country, please mention all the countries separated by a comma).		

SECTION B Foreign tax residency details if any (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Please tick, if you are a tax resident of any country outside India. If you do not tick, it is your affirmation that you are a tax resident of India and not of any other foreign country

- First account holder : (To tick, especially in cases where the individual is a citizen/green card holder of USA)
- Second account holder: (To tick, especially in cases where the individual is a citizen/green card holder of USA)

If yes, please indicate all countries in which you are resident for tax purposes and the relevant details in below section:

Account holder details	Country/(ies) of Tax residency #	Tax Identification Number (TIN)%	Identification Type (TIN or Other%, please specify)	Please tick if your Address for Tax purpose is other than your Mailing Address	Please tick if Address Type for tax purpose is other than Residential
First				<input type="checkbox"/> Same as permanent address	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Second				<input type="checkbox"/> Same as permanent address	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

*To also include USA, where the individual is a citizen/ green card holder of USA, * In case Tax Identification Number is not available, kindly provide functional equivalent*

Below details required if tax resident outside India / Nationality is other than India	First Account Holder	Second Account Holder
Please mention if your "Country of Birth" is other than India		
City of Birth		

Certification: I/We have understood the information requirements of this Form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same. I/We understand that my personal details as provided /available in the bank records will be used for CBDT reporting / Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS / Email.

Signature of first holder

Signature of second holder

Date: ___ / ___ / ___ Place: _____

CBDT Terms and Conditions - The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with HDFC Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

CBDT Instructions - If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/ CRS indicia
		If customer does not agree to be Specified U.S. person/ reportable person status
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a US resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/ mailing address in a country other than India	1. Self-certification (in attached format) that the account holder is not resident for tax purposes in that country; and 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is not resident for tax purposes in that country; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality

For Bank use only :

Documents Received : Self Certified True Copies Notary

Employee Name : _____ Employee Code : _____

Employee designation : _____

Sourcing Employee Branch Name : _____ Branch Code : Signature verified and form approved by : _____

BDA / BM employee Code : _____ Signature & Date : _____