

# CUSTOMER UPDATION FORM FOR RE KYC - NON-INDIVIDUALS

(field marked with\* are mandatory)

Bar code

CUSTOMER ID OF ENTITY

CUSTOMER ID 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

PAN NUMBER OF PROPRIETOR/KARTA

Date :

D

D

M

M

Y

Y

Y

Y

\* 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

\* State

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

\* State

\* 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
<b>ASSOCIATION</b>	<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 Bodiews	<input type="checkbox"/> Consulates / Embassies	<input type="checkbox"/> Educational Trust	<b>SOCIETIES</b>
<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

Self Employed Professional (Please Tick) :

<input type="checkbox"/> CA / CS / ICWA / CMA	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Doctor
<input type="checkbox"/> Architect	<input type="checkbox"/> I T Consultant	<input type="checkbox"/> Others (PI Specify) _____

\* Nature of Business (Please Tick) :

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Retail Trading	<input type="checkbox"/> Wholesale Trading	<input type="checkbox"/> Others (PI Specify) _____		

Details of Activity: \_\_\_\_\_

Date of Incorporation: 

D	D	M	M	Y	Y	Y	Y
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Annual Turnover (In Figures): \_\_\_\_\_

Annual Turnover (In Words): \_\_\_\_\_

Whether Involved in: ☐ Import ☐ Export

Value (Rs. Lacs) \_\_\_\_\_

IEC No: 

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\* Nature of Industry (Please Tick) :

<input type="checkbox"/> Automobile	<input type="checkbox"/> Restaurants	<input type="checkbox"/> IT/Software/BPO	<input type="checkbox"/> Agricultural Commodities
<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Forex Dealer/Bullion	<input type="checkbox"/> Media / Entertainment	<input type="checkbox"/> Leasing & Hire Purchase
<input type="checkbox"/> Contractors	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Construction	<input type="checkbox"/> Housing Finance
<input type="checkbox"/> Oil	<input type="checkbox"/> Fisheries/Poultry	<input type="checkbox"/> Steel/Hardware	<input type="checkbox"/> Fertilizers-Chemicals-Seeds-pesticides
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Cements/Paints	<input type="checkbox"/> Dairy/food processing	<input type="checkbox"/> Electronics-computer hardware
<input type="checkbox"/> Education	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Shroff	<input type="checkbox"/> Issue & Portfolio Management
<input type="checkbox"/> NBFC	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Textile/Garments	<input type="checkbox"/> Hospital/Nursing Home/Clinics
<input type="checkbox"/> Retail Jewelry	<input type="checkbox"/> Hotels/Resorts	<input type="checkbox"/> Printing/publishing	<input type="checkbox"/> FMCG
<input type="checkbox"/> Furniture/Timber	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Travel/Touring Agency	<input type="checkbox"/> Term Lending Institutions
<input type="checkbox"/> Broking	<input type="checkbox"/> Money Lender	<input type="checkbox"/> Marble/Granite	<input type="checkbox"/> Auto Finance
<input type="checkbox"/> Advt. Agencies	<input type="checkbox"/> Transportation / Logistics	<input type="checkbox"/> Others (PI Specify) _____	

I submit a self attested photocopy of the following as:-

Entity Proof

1) 


2) 

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Address proof of Entity

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Identity proof of Proprietor / Karta

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Signature of  
Authorised Signatory 1

Signature of  
Authorised Signatory 2

Signature of  
Authorised Signatory 3

Place \_\_\_\_\_

Date: \_\_\_\_\_

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

FOR BRANCH USE ONLY

DATE : 

D	D	M	M	Y	Y	Y	Y
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Sourcing Branch Name ; \_\_\_\_\_ Signature of PB: \_\_\_\_\_ PB CODE: \_\_\_\_\_

Branch code 

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 Signature of BDA: \_\_\_\_\_ BDA CODE: \_\_\_\_\_

Signature/Customer ID verified /Address Change Verified

CUSTOMER ACKNOWLEDGEMENT COPY

Reference Number \_\_\_\_\_ cknowledgement Date : 

D	D	M	M	Y	Y	Y	Y
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 Signature of Bank Official \_\_\_\_\_

## Extended Annexure - CKYC For Non-Individual Entities (For Account opening and Re-KYC)

**{All fields are mandatory}**

**Date:** DD / MM / YYYY

AOF Number \_\_\_\_\_

**Name of the entity:**

[illegible]

**Customer ID**  
(Applicable for existing Customer)

[illegible]

**Document submitted for Identity of Entity (Please tick and mention document number):**

- ☐ **Certificate of Incorporation**
  - ☐ **Registration Certificate**
  - ☐ **Partnership Deed**
  - ☐ **Trust Deed**
  - ☐ **Memorandum & Article of Association**
  - ☐ **Resolution of Board / Managing Committee**
  - ☐ **Activity Proof 1 (For Sole Proprietorship)**
  - ☐ **Activity Proof 2 (For Sole Proprietorship)**

[illegible]

**Document submitted for Mailing Address (Please tick and mention document number):**

- ☐ **Certificate of Incorporation**  
☐ **Registration Certificate**  
☐ **Any other document**

[illegible]

(Please specify) \_\_\_\_\_

**Beneficial Owner details {As Applicable}**

1	Name of Beneficial Owner		
2	Current Address  <input type="checkbox"/> Tick if same as FATCA Part B	1) _____	2) _____
	Address – City		
	Address – State		
	Address – Country		
	Address - Pin Code		

**Authorized Signatories details {All fields are mandatory}**

1	<b>Name of Authorized Signatory</b>	1) _____	2) _____
2	<b>Father's name</b>		
3	<b>Proof of Identity</b> (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	<b>Proof of Address</b> (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	<b>Current Address</b> <input type="checkbox"/> Tick if same as AOF		
	Address – City		
	Address – State		
	Address – Country		
	Address - Pin Code		
6	<b>Politically exposed person (Mandatory)</b>  Politically exposed person are individuals who are or have been entrusted with prominent public function in India or in a foreign country, e.g., Head of State or of Governments, Senior Government / Judicial / Military	Applicant PEP / Relative or Close Associate of PEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant PEP / Relative or Close Associate of PEP: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Officers, Senior Executives of State-owned corporations, important political party officials, etc., I hereby agree that the Bank reserves the right to close the account, in case, the aforesaid declaration is found to be untrue. In the event of any change in this declaration and/or if subsequently become a Politically Exposed Person(s) or a relative of a Politically Exposed Person, after the opening of account, I hereby agree to promptly inform the Bank regarding the same and forthwith submit the relevant Politically Exposed Person (PEP) declaration at an HDFC Bank Branch.	
7	<b>Recent Colour Photographs:</b> (Photo is Non- mandatory for Account opening)	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding-top: 40px;">           Paste recent colour photograph here         </div>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding-top: 40px;">           Paste recent colour photograph here         </div>
8	<b>Signature:</b>	<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div> Name :- _____	<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div> Name: _____

## 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

AOF Number:

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Please fill the information below as requested	First Account Holder	Second Account Holder
Name of the Account Holder		
Customer ID		
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  (Passport No & Expiry date are mandatory for NRI/PIO/Foreign National)	<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 (Visa Type & Visa expiry date are mandatory for NRI/Foreign National)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <b>Visa Type</b> <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 <b>Visa Type</b> <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 Date of Expiry: ____/____/____ <input type="checkbox"/> Driving License Date of Expiry: ____/____/____ <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 Recpt <input type="checkbox"/> Pension Payment Order <input type="checkbox"/> Letter of allotment & L and L Agrmt	<input type="checkbox"/> Passport Date of Expiry: ____/____/____ <input type="checkbox"/> Driving License Date of Expiry: ____/____/____ <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 Recpt <input type="checkbox"/> Pension Payment Order <input type="checkbox"/> Letter of allotment & L and L Agrmt
Identification Number of Address proof above		
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<sup>s</sup>

<b>Below details required if tax resident outside India / Nationality is other than India</b>	<b>First Account Holder</b>	<b>Second Account Holder</b>
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 understand that any inaccurate, incomplete or false disclosure of statement of financial transaction or reportable account by me would lead to penal consequence on the Bank under applicable law. The Bank shall be entitled to take any necessary action and recover from me such amount levied due to such inaccuracy, incompleteness, or false disclosure. I shall indemnify the Bank in respect of all or any liabilities incurred by Bank, by reason of any of the information or particulars given by me, being incorrect or false or being suppressed or omitted. 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 India 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 : \_\_\_\_\_