

# POST OFFICE SAVINGS BANK

## Customer Information Updation Form for existing Customers

<u>CIF ID</u>	<u>Existing Name of Account Holder</u>	<u>PAN Number (wherever applicable)</u>	<u>Date of Birth</u>

**Please tick the required changes**

I would request to update my name

(fresh ID proof of new name to be attached.)

I would request to change my signature

(fresh signatures to be given below)

I would request to change my address

fresh address details to be filled below and proof to be attached)

I would request to change my contact details

(fresh contact details to be filled below)

I would request to update my photo

(fresh photo be pasted below)

Flat / Door No.		Building Name	
Road		Landmark	
City		PIN	
State		Country	
Tel (Off)		Tel (Res)	
Mobile No		E Mail ID	
New Name			
<b>Specimen of Latest Signature</b>			
<b>Fresh Photo</b>			

I hereby submit photo copy of the following documents (self-attested) for the proof of –

Proof of Identity (new name)	
Proof of new address	

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

**Date:**

**Signature/Thumb Impression:-**      1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

3<sup>rd</sup> Applicant

(In case of joint a/c holders all applicants have to sign)

**For Office Use only**

**Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.**

**Signature of BPM**

**Signature of SPM**

**Signature of Postmaster**

Date Stamp

