

**POST OFFICE SAVINGS BANK
NEW/CHANGE KYC (Know Your Customer) Form (to be sent to CPC)**

	<u>Signature</u>	<u>Recent Photograph</u>
Applicant (1) Name:- CIF ID No. Account No.	(1)	
	(2)	
Applicant (2) Name:- CIF ID No. Account No.	(1)	
	(2)	
Applicant (3) Name:- CIF ID No. Account No.	(1)	
	(2)	

Please fill all the information below in case of new account and only relevant information in case of Change in KYC

Name (in capital letters)			
Flat/House No.		Locality	
Road		Landmark	
City		PIN	
State		Country	
Tel (Off)		Tel (Res)	
Mobile No		E Mail ID	

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

Proof of Identity (doc. type & no.)	
Proof of address (doc. type & no.)	

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

Signature/Thumb Impression:- 1st Applicant

2nd Applicant

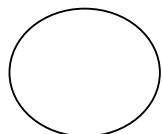
3rd Applicant

(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
Date:



Signature of SPM

Signature of Postmaster

Date Stamp:-