

| Branch      |  |  |  |  |             |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| Br. Code    |  |  |  |  | Customer ID |  |  |  |  |  |  |  |  |  |
| Account No. |  |  |  |  |             |  |  |  |  |  |  |  |  |  |

## Mission Quarters, Thrissur, 680 001, Kerala **CUSTOMER / ACCOUNT Modification Form** I/We request you to kindly update / modify the following customer / account particulars, Revised Customer KYC and Account Opening Form enclosed No Yes Particulars to be modified **Present Data** To be modified as under (Field Name) (Existing Data Value) (New Data Value) (Use additional sheet/s if required) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. My/our personal KYC details may be shared with Central KYC Registry / Tax Authorities / Regulators both local and foreign. I/We hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number / email address. Place: Signature Signature Office Use Documents received Self certified True copy **Notary** Signature of Officer (Sign Code ......) Signature of Branch head (Sign Code ......)