



Affix Passpost  
size photo  
recently taken  
(within six months)

**Customer KYC Updation Form**

To  
Branch Manager  
Lakshmi Vilas Bank Ltd

|  |                    |                          |        |                          |             |                          |          |                            |  |  |  |  |  |  |  |
|--|--------------------|--------------------------|--------|--------------------------|-------------|--------------------------|----------|----------------------------|--|--|--|--|--|--|--|
| Customer ID  |                    |                          |        |                          |             |                          |          | Account Number             |  |  |  |  |  |  |  |
| Customer Name  |                    |                          |        |                          |             |                          |          |                            |  |  |  |  |  |  |  |
| Sex  | Male               | <input type="checkbox"/> | Female | <input type="checkbox"/> | Transgender | <input type="checkbox"/> | Religion |                            |  |  |  |  |  |  |  |
| Date of Birth  | D                  | D                        | M      | M                        | Y           | Y                        | Y        | Y                          |  |  |  |  |  |  |  |
| Valid Document   | Driving License No |                          |        |                          |             |                          |          | Expiry Date                |  |  |  |  |  |  |  |
|  | Passport No        |                          |        |                          |             |                          |          | Expiry Date                |  |  |  |  |  |  |  |
|  | Aadhaar No         |                          |        |                          |             |                          |          | Voter ID                   |  |  |  |  |  |  |  |
|  | PAN No             |                          |        |                          |             |                          |          |                            |  |  |  |  |  |  |  |
| Mobile No  |                    |                          |        |                          |             |                          |          | Email ID.                  |  |  |  |  |  |  |  |
| Occupation   |                    |                          |        |                          |             |                          |          | Annual Income (Rs in Lacs) |  |  |  |  |  |  |  |
| Full address(if there is change of address, please provide proof of address) |                    |                          |        |                          |             |                          |          |                            |  |  |  |  |  |  |  |
| Residence  | Rented             | <input type="checkbox"/> | Own    | <input type="checkbox"/> |             |                          |          |                            |  |  |  |  |  |  |  |

- 1) For changing the name customer name, appropriate gazette notification copy required.
- 2) If Aadhaar No. is not submitted already, kindly provide copy of Aadhaar card.
- 3) PAN No, if available and not submitted, provide copy of the same.
- 4) Proof document for Date of Birth is required for minor and Senior citizens accounts.

I hereby affirm that the above information is true. Please update the above in the bank records.

(Signature of Account holder)

Date:

Approval of the branch: Originals verified by BH/BOH/RM and Permitted to make necessary changes/modifications to the customer master/KYC master for the above mentioned ID as requested by the customer.

Signature of Branch Official

Employee Id No.

Date

Signature of the customer is verified with opening form / in CBS and KYC details updated.

Signature of Branch Official

Employee Id No.

Date



To  
Branch Head  
Lakshmi Vilas Bank Ltd

|             |  |        |  |      |   |   |   |   |   |   |   |   |
|-------------|--|--------|--|------|---|---|---|---|---|---|---|---|
| Customer ID |  | A/c No |  | Date | D | D | M | M | Y | Y | Y | Y |
|-------------|--|--------|--|------|---|---|---|---|---|---|---|---|

**(A) Non-Individual Details:**

|                                     |  |  |  |  |  |  |                |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|
| Name of the Firm/<br>Company . Unit |  |  |  |  |  |  |                |  |  |  |  |  |  |
| Name of Activity /<br>Business :    |  |  |  |  |  |  | Constitution : |  |  |  |  |  |  |

(Proprietorship / Partnership / HUF / PvtLtd Co./Public Ltd Co./ LLP / Society / Club / AOP / Association / Trust / SHG / NGO /State Govt. / Central Govt. / Banks / etc., )

**(B) Additional Details : (Please attache copy of the documentary proof for Identity and address)**

|   |   |   |   |   |   |   |   |   |                                       |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---------------------------------------|---|---|---|---|---|---|---|---|
| Date of Partnership /<br>Registration : | D | D | M | M | Y | Y | Y | Y | Date of Commencement of<br>Business : | D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---------------------------------------|---|---|---|---|---|---|---|---|

|               |  |  |  |  |  |  |                               |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|
| CIN :         |  |  |  |  |  |  | LLPIN :                       |  |  |  |  |  |  |
| GST Regn.no   |  |  |  |  |  |  | GST – Date of Registration    |  |  |  |  |  |  |
| IE Code No. : |  |  |  |  |  |  | TIN / NSME No                 |  |  |  |  |  |  |
| PAN No. :     |  |  |  |  |  |  | TAN No. :                     |  |  |  |  |  |  |
| Mobile No. :  |  |  |  |  |  |  | Landine No.<br>with STD Code: |  |  |  |  |  |  |
| Email ID :    |  |  |  |  |  |  |                               |  |  |  |  |  |  |

**(c) Business / Mailing Address (fill up and submit proof in case of any change of address only)**

|                 |  |  |  |  |  |  |            |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|------------|--|--|--|--|--|--|
| Address Line 1: |  |  |  |  |  |  |            |  |  |  |  |  |  |
| Address Line 2: |  |  |  |  |  |  |            |  |  |  |  |  |  |
| Address Line 3: |  |  |  |  |  |  |            |  |  |  |  |  |  |
| City :          |  |  |  |  |  |  | Country :  |  |  |  |  |  |  |
| State :         |  |  |  |  |  |  | Pin / Zip: |  |  |  |  |  |  |

**(D) Details of the Partners / Karta / Directors / Trustees / Authorised Signatories : (BO – Beneficial Owners)**

| Full Name: | Designation : | BO | Customer ID: |
|------------|---------------|----|--------------|
| 1.         |               |    |              |
| 2.         |               |    |              |
| 3.         |               |    |              |
| 4.         |               |    |              |
| 5.         |               |    |              |
| 6.         |               |    |              |
| 7.         |               |    |              |
| 8.         |               |    |              |

**Note:**

In case of Corporates, Directors having 25% of capital/profits/property are to be reported as beneficial owners and tick the BO column against their names.

In case of Partnership, Trust and others, Names of persons having 15% of capital/profits/property are to be reported as beneficial owners and tick the BO Column against their names.

(E) Income of entity as per IT return (Rs in Lacs) \_\_\_\_\_

Annual Turnover (Rs in Lacs) \_\_\_\_\_

Annual Receipts / Donations (Rs in Lacs) \_\_\_\_\_

(NON -TRADING FIRMS, COMMISSION AGENTS , SERVICE PROVIDERS, TRUSTS ASSOCIATE) ETS/ OTHERS)

**(F) All partners / karta / Directors / Trustees / Authorised signatories to sign using BLACK INK INSIDE THE BOX**

I/we hereby certify that the information provided in this form is true and correct to the best of my/ our knowledge. I / We also undertake to inform any changes in future, in respect of any of the information furnished above including changes in the Constitution / Operation Instructions.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|      |      |      |      |
|------|------|------|------|
| Name | Name | Name | Name |
|------|------|------|------|

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorised Signatory     | Authorised Signatory     | Authorised Signatory     | Authorised Signatory     |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|      |      |      |      |
|------|------|------|------|
| Name | Name | Name | Name |
|------|------|------|------|

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorised Signatory     | Authorised Signatory     | Authorised Signatory     | Authorised Signatory     |

**(G) For Branch office Use :**

RISK LEVEL :  LOW  MEDIUM  HIGH  Threshold Limit

Approval of the branch: Originals verified by BH/BOH/RM and Permitted to make necessary changes/modifications to the customer master/KYC master for the above mentioned ID as requested by the customer.

Signature of Branch Official  
Employee Id No.  
Date

Signature of the customer is verified with opening form / in CBS and KYC details updated.

Signature of Branch Official  
Employee Id No.  
Date