



UTTAR PRADESH COOPERATIVE BANK LTD.

Head Office, 2-M.G.Marg, Hazratganj, Lucknow-226001

Branch:.....

SELF DECLARATION FORM FOR KYC UPDATION

(please fill this form in case of Any change or No-change required)

Account Number	
CKYCR No (Mandatory)*	
Name	
PAN Number (If available)	
Existing Address as per CBS Record	Line 1: _____ Line 2: _____ Line 3: _____ City/Town/Village: _____ District: _____ State _____ PIN: _____ Country: _____
Current Address	Line 1: _____ Line 2: _____ Line 3: _____ City/Town/Village: _____ District: _____ State _____ PIN: _____ Country: _____
Aadhaar Details	Aadhaar No. _____ OVD Type _____ OVD number _____ Valid upto _____
Occupation	
Annual Income	
Sources of Income (Please tick all that are applicable)	Salary Business Income Agriculture Investment Income Pension Others
Mobile Number	
Email ID	

* If CKYCR number is not provided by the customer, branch should check for the CKYCR number in CBS.

CUSTOMER'S DECLARATION (Please tick appropriate option)

1. I hereby declare that there is no change in existing status of my KYC Information which was provided at the time of opening the account / last KYC updation except my Address Details for which I am providing my Self-Declared Current Address to the Bank as under:

a. I had already submitted my Aadhaar number voluntarily to the bank for identification purpose and had voluntarily given my consent to use Aadhaar details for authentication from UIDAI. I further state that, my address available on Aadhaar is different from my current Address for which I am giving my self-declared Current Address to the Bank.

OR

b. I am providing my Self-Declared Current Address to the Bank along with copy of an OVD with current address.

2. I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. In case the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date:

Place:

Signature/Thumb Impression of Customer

Name

For Office Use only

1. Certified that KYC Documents of the Customer available with the Bank are as per current Customer Due Diligence (CDD) Standards.
2. CKYCR Number of the customer is available in Bank records.
3. PAN details (if available) have been verified from database issuing authority.
4. Information submitted by the customer verified & KYC updation date entered in CBS.

Maker.....

Checker.....