

SAMASTIPUR DISTRICT CENTRAL CO-OPERATIVE BANK



Customer Information Updation Form

Name of Applicant 1:							
Date of Birth		PAN					
Relationship with primary applican	nt						
Name of Applicant 2:							
Date of Birth		PAN					
Relationship with primary applicar	nt						
Account Type: SB / FD / CA / CC /	KCC / OD / TL / other	TITI				d Inuco	
Account number :	sed Photograph	Cust ID			200		
Village Name	sor 9			rigit			
Post office							
Block		P.S					
City / District :	Name	State				J. BARNE	Vi.
PIN Code	Photo	Country:					
I wish to update my contact details	as below						
Tel (off):	Ext.no	Tel(R)				601	
Fax no.	*Mobile	no	ne <mark>o d</mark> o 1	014145			SIS
E-mail	s it succeed to dopument	ou Ulle Fame e		ni to bes	nores e eneni	e. 1.1m 2.1f	
PAN	Aadhar n	umber :					

Customer Declaration

- I understand and agree that Aadhaar number provided will be updated in the account. Aadhaar number updated in the Savings Bank Account will be shared with National Payment Corporation of India (NPCI) for receiving Direct Benefit Transfer credits
- I / We declare, confirm and agree to inform SDCC Bank regarding any change in my/our residence / communication
- address and to provide new address to the bank within two weeks of such a change.

CUSTOMER PROFILE

1. Occupation :	NAL CO-OPERATIVE BANK	DISTRICT CENT	ASTIPURI	MAS YELL	
2. Education :	Under graduate Gra	aduate Post G	Graduate	Professional Other	
3. Gross Annual	Income : Nil up to 1	lakh >1lakh	1 - 10 lac	>1 0 lakh -25 lakh	
	>25 lakh - 1CR	>1CR and mo	ore	A topsido A Topsido A	
4. Source of Inco	ome : Salary	Business Income	Agr	iculture Investment	
	Inheritance	Rent Pens	sion	Funds of family members	
	other please spec	ify			
Corporate Custo	mer: Yes No				
Address Ref. No.	TAAQ .			Date of Birth	
Residential Ref.	No.				
Account No.		111111111111111111111111111111111111111	CATUUTRO	NUTIBE EQUINIDES A	
		s and Photographs	therized ciarri	Account number of	
Please paste rec	cent passport size photograph of al	Photo .	Signature		
Photo	Signature	T Hoto	Olgitature	· · · · · · · · · · · · · · · · · · ·	
				eomo/893	
				Block	
Name		Name		City / District	
Photo	Signature	Photo	Signature		
		NO.	details as i	I wish to update my contact	
Nama	Talian Canada	Name		The state of the s	
Name	your proof of Identity and Commur			Pax no.	
2. If there 3. The sub	ress on this form should be same a are more than 4 signatories, use p omitted data is valid for all account mitted :(To be filled by Bank Offici	hotocopies of this for numbers held in you	m.	E-mail liem-B	
Photographs	Identity proof	Address proof		Pan number	
10/0	Activis	Customer Osci	andha t tadt	uaring how haptershall a	
I confirm to have	e met Mr./MrsI also confirm that the	in person at his a e form has been sign	her residence ed and filled	e /office/others (Please by the applicant in my	
Date	weeks of such a change			Signature of Bank official	