



Date:

To,

Standard Chartered Bank.

Dear Sir/Madam,

Affix Photograph

Ref: Account / Loan / Credit Card Numbers*

I undersigned (Account Holder / Power of Attorney) of above-mentioned account/s hereby declare that the information given below in respect of the above-mentioned bank account/s is true and correct. I understand that my KYC information will be used for Central KYC Registry portal update in line with local regulatory requirements.

Full Name as mentioned in the KYC document *

Name as mentioned in the PAN Record *

Personal Details - Please update the following details in my records maintained with your Bank. I understand that the changes will apply to all accounts with the Bank.

[illegible]**Residence Address*** - Please carry proof of Residence in original for us to verify the same[illegible]

Mailing Address (same as Residence Address)

Yes ☐ No ☐

*Applicable across all products



KYC Update form for Individuals

Father, Mother or Spouse Name*											
Relationship with the Account Holder* (Please tick as appropriate)		Father		Mother		Spouse					
Occupation* (Please tick as appropriate)	☐ Salaried	☐ Professional	☐ Self Employed	☐ Retired	☐ Housewife	☐ Student	☐ Unemployed				
	☐ Business	Employer / Business Entity Name*									
Nature of Business* (Please tick as appropriate)	☐ Manufacturing	☐ Trading	☐ Export/Import	☐ Service	☐ Retailing	☐ Wholesaler					
	Other _____										
	Industry in which the client's Business entity or Employer Operates (e.g. Jewellery, diamond, textile, chemicals, law/accounting firm etc) *										
In the event of change in address due to relocation or any other reason, I shall intimate the new address to the Bank within two weeks of such change.											
Declaration											
I/We hereby declare that all the details provided in this form are true and correct and supported by valid documents enclosed with this form. I/We accept and agree that this declaration shall be in addition to any other declaration provided by me/us with respect to the facility provided by Standard Chartered Bank and agree to indemnify and keep the Bank indemnified from any loss, damage, claim, action, costs, charges and expenses which the Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration. I/We also understand that my new Resident address shall be updated across all the linked accounts/lockers where I am an account holder or Loans or Credit Cards held by me. I/We understand and agree that the mailing address can be changed by any of the account holders (Primary or Joint) and the same shall apply to all products. In case the Account operating mandate is "JOINT" the request will have to be signed by all the joint holders. I/We understand that this change would be affected in the Bank's records within a period of 5 working days from the date of this request, subject to the correctness and completeness of the information/documents provided by me and subject to the Bank's requirements/verifications. Till such time, any communication by the Bank will continue to be dispatched to the previous mailing address on the Bank's records. In order to comply with the PML Rules, and to remain compliant with the regulatory stipulation, I agree to keep the bank informed within 30 days of any change or update made to any of the documents submitted at the time of periodic review and thereafter and shall submit the updated document / information for the purpose of updating bank and regulatory records.											
Applicant Signature											
Signature (1st Applicant)						Signature (2nd Applicant)					
Note: Change in Personal Particulars must be signed by the respective account holder. Change of Mailing address can be signed by joint account holder as well. All account holder signatures are required only in case of Joint Operating Mandate.											
Attestation / For Office Use											
Certified Copies (Please tick as appropriate)	☐ E-KYC data received from UDAI	☐ Data received from offline Verification	☐ Digital KYC process	☐ Equivalent e-document	☐ Video Based KYC						
Employee Name											
Employee ID											
Employee Designation											
Branch Name											
Date											