POST OFFICE SAVINGS BANK NEW/CHANGE KYC (Know Your Customer) Form (to be sent to CPC)

<u>•</u> '	1LW/OHAIN			Signature	1) 1 01111 (10	Recent Photog	raph
		(1)	<u>.</u>				
Applicant (1)							
Name:-		(2)					
CIF ID No.							
Account No.							
		(1)					
Applicant (2)							
Name:-		(2)				-	
		(2)					
CIF ID No.							
Account No.							
		(1)					
Applicant (2)							
Applicant (3)							
Name:-		(2)				7	
CIF ID No.							
Account No.							
Please fill all the informa	ation below in	case of n	new account a	nd only releva	nt information	in case of Change in k	(VC
Name (in capital letters)	Ition below in	case of fi	iew account a	ilu olliy releva	in information	in case of onlinge in t	(10
Flat/House No.				Locality			
Road				Landmark			
City				PIN			
State				Country			
Tel (Off)				Tel (Res)			
Mobile No				E Mail ID			
hereby submit photo co	opy of the foll	owing do	cuments (self	-attested) for t	he proof of -		1
Proof of Identity (doc. type	e & no.)						
Proof of address (doc. typ	e &no.)			h			
do hereby solemnly de	ciare that the	intormati	on provided a	ibove with resp	Dect to my acc	ount is up to date and	correct.
Signature/Thumb Impression:- 1 st Applicant In case of joint a/c holders all applicants have to sign)				2 nd Applicant		3 rd	Applicant
Certified that I have veri	fied the docur	ments sub	For Office Us omitted with the		form and con	firm that KYC norms a	re fully comp
Signature of BPM Date:		Signature of SR			Signature of Postmaster		
Date Stamp:-							