



Annexure-B Request for dormant account activation and updation of Re-KYC (Non-Individual Customer)

Date: DD/MM/YYYY]	Service Requ	uest No:
Account Number/s:			
Dear Sir / Madam,			
I/We, authorized signatories of which is in Dormant status. The		•	quest you to activate my / our Account,
Section A - Entity / Company			
Type of Business:	Comm. Agent	Retailer Wholesaler	Agriculture Manufacturing
	Services	Trading Others (For ot	hers please specify) :
Nature of Business / activity:			
Annual Turnover / Income: (Rs. In Lakh) (Last FY)			
Annual Turnover / Income: (Rs. In Lakh) (Current FY Projected)			
Preferred Email ID:			
Preferred Mobile No.:			
Permanent Account Number: (PAN) of Entity OR Proprietor in case of Sole-Proprietor			
			Customer Signature with rubber stamp (as per mode of operation in account)
Section B – Declaration for Be	neficiary Owner (BO):	:	
BO details already submitted	ed as per extant rule 8	there is no change in the	details already furnished.
BO details not submitted details along with applical			ange & hence please find the current BO
Section C – Address:			
		or other details like const (YC documents for the pur	itutions, authorised signatories, mode of pose of Re-KYC updation.
			atories / mode of operation / PAN, etc. or the purpose of Re-KYC updation.





(To be filled ONLY IF THERE IS A CHANGE in the mailing address):

Please update th	e following information in	your records.	Also enclosed is	s the self- a	ttested copy of address pr	oof.
	proof for new address. dated as the New Address					
I / We have s	TCA/CRS Declaration: submitted FATCA / CRS det to submit / update FATCA /				,	
	·		·		sits form as applicable,	
Details for Aut	thorized Signatory-1	Benefic	cial Owner			
Section A – Pers	sonal:					
CRN:						
Customer Name	e: FIRSTNAME	MI	DDLENA	ME	SURNAME	
Section B – Con	tact details:					
There is no	change in my contact deta	ails.				
the new de	hange my contact details in etails. LY IF THERE IS A CHANGE			herewith a	are the KYC documents n	natching with
	For updating	ng New Address	(provide Addres	s Proof Docu	ıment)	
Address:						
City:	Pin-code:		State:		Country:	
	For updating New N	Mobile Number /	/ Email id (provid	e Identity Pr	oof Document)	
	Mobile		-			
	For upda	 ating Email ID (p	provide Identity P	Proof Docum	ent)	
Email ID						
				(P	Customer's Sign lease provide sign, name and Desigr stamp of organization)	nation with
Section C – FAT	CA/CRS Declaration					
☐ I/We have	submitted FATCA/CRS and	d there is no ch	nange in the de	tails already	/ furnished.	

Details for Authorized Signatory-2	Beneficial Owner	%
Section A – Personal:		
RN:		
Customer Name: FIRSTNAME	MIDDLEN	A M E S U R N A M E
Section B – Contact details:		
There is no change in my contact details.		
		ed herewith are the KYC documents matching with
To be filled ONLY IF THERE IS A CHANGE in	the contact details:	
Please update the following information in you	ur records. I have provide	ed identity / address proof for the same.
For updating N	New Address (provide Addr	ess Proof Document)
Address:		
City: Pin-code:	State:	Country:
For updating New Mobi	ile Number / Email id (prov	ride Identity Proof Document)
Mobile No.	: [SD-	
For updating	g Email ID (provide Identity	Proof Document)
Email ID		
		Customer's Sign (Please provide sign, name and Designation with stamp of organization)
Section C – FATCA/CRS Declaration		
I/We have submitted FATCA/CRS and th	ere is no change in the	datails already furnished
I/We wish to submit / update FATCA/CR	S details. (Enclose separa	ate FATCA / CRS form as applicable)
/ We confirm the above information furnished	d is true and correct and	the said details may be updated in the Bank record
Signature* of the Authorized Signator	ry-1	Signature* of the Authorized Signatory-2
Name:	Name:	
*Please sign as per Account Mode of Operation		
	-	
Customer Acknowledge	ement Copy: (Applicab	e if submitted at the branch)
Service Request No:		Acknowledgement date: DD/MM/YYYY
Signature of the Bank Official		
Signature of the Bank Official:		