

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

	Signature	Recent Photograph
Applicant(1) Name:-	(1)	
CIF ID No.		
Account /Registration No.		
Applicant(2) Name:-	(1)	
CIF ID No.		
Account /Registration No.		
Applicant(3) Name:-	(1)	
CIF ID No.		
Account /Registration No.		

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)			
Flat/House Number		Locality	
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)	
Proof of address (doc.no./date/issuing authority)	

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:- 1st Applicant 2nd Applicant 3rd Applicant
(in case of Joint A/c, all applicants have to sign)

FOR OFFICE USE ONLY

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

Signature of GDS BPM

Signature of SPM

Signature of Postmaster

Date:-

Date Stamp

