fincare Small Finance Bank

CUSTOMER UPDATION FORM FOR RE-KYC (NON-INDIVIDUALS)

(field marked with "*" are mandatory)

Bar code

CUSTOMER ID OF ENTITY

Date : D D M M Y Y Y Y

CUSTOMER ID OF PROPRIETOR/ KARTA

PAN NUMBER OF PROPRIETOR/ KARTA

CUSTOMER NAME Prefix (Mr./Miss/Mrs.)

NAME OF PROPRIETOR/ KARTA FIRST NAME MIDDLE NAME SURNAME

NAME OF ENTITY

PAN OF ENTITY

*MAILING ADDRESS & CONTACT

☐ There is no change in our mailing address. (Note: Address proof to be provided)

☐ I/We wish to change my/our mailing address/contact details as below. (Note: Address proof to be provided for address change)

* Shop No/Bldg Name

* Road Name

* Landmark

* City PIN Code

* State Country

Tel (Off) STD - NUMBER Extention Number Fax No.

Tel (R) STD - NUMBER

* Mobile No.

* E-mail ID

*REGISTERED OFFICE ADDRESS

☐ Please tick in case of registered address is same as mailing address

*Registered Office

* Address

*City/Town

*State

*PIN Code

*Registered Address Type ☐ Owned ☐ Rented/Leased

* Business Details (Please tick on the appropriate Sub Category against the Type of Entity)

*** Type of Entity:**

☐ Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Public / Private limited / One Person Company ☐ HUF

☐ Government ☐ Bank ☐ Societies ☐ Insurance ☐ Self Help Group ☐ Foreign Bodies

☐ Clubs ☐ Non-Government Organizations ☐ Mutual Fund ☐ Association ☐ Trust

Sub-Category of Entity:

PUB / PVT LTD COMPANY	GOVERNMENT	FOREIGN BODIES	TRUST	BANK
☐ Financial Services Company	☐ Central	☐ Foreign Government	☐ Charitable Trust	☐ Indian Commercial Bank
☐ PSU	☐ State	☐ Project Office	☐ Public Trust	☐ Foreign Resident Bank
☐ Others	☐ Local Authorities	☐ Branch Office	☐ Private Trust	☐ Co-operative Bank
ASSOCIATION	☐ State Electricity Boards	☐ Liaison Office	☐ Religious Trust	
☐ Business Association	☐ Quasi Government Bodies	☐ Consulates/ Embassies	☐ Educational Trust	**SOCIETIES**
☐ Unregistered Association	☐ Others _____	☐ Others _____	☐ PF Trust	☐ Credit Co-operative
☐ Other Association				☐ Non Credit Co-operative

Beneficiary Owner (BO):

☐ We have submitted BO details at the time of account opening & there is no change in the details already furnished.

☐ We confirm that BO details have undergone change. Please find the current BO details along with the applicable documents attached herewith.

Self-employed Professional (Please tick):

☐ CA/ CS/ ICWA/ CMA	☐ Lawyer	☐ Doctor
☐ Architect	☐ IT Consultant	☐ Others (Please specify) _____

* Nature of Business(Please tick):

☐ Manufacturing	☐ Service Provider	☐ Stock Broker	☐ Real Estate	☐ Agriculture
☐ Retail Trading	☐ Wholesale Trading	☐ Others (PI Specify) _____		

Details of Activity: _____

Date of Incorporation: D D M M Y Y Y Y

Annual Turnover (Rs. Lacs) _____

Whether involved in: ☐ Import ☐ Export

IEC No. _____

Value (Rs. Lacs) _____

* Nature of Industry (Please Tick):

☐ Automobile	☐ Restaurants	☐ IT/ Software/ BPO	☐ Agricultural Commodities
☐ Petrol Pump	☐ Forex Dealer/ Bullione`	☐ Media/ Entertainment	☐ Leasing and Hire Purchase
☐ Contractors	☐ Chit Funds	☐ Construction	☐ Housing Finance
☐ Oil	☐ Fisheries/ Poultry	☐ Steel/ Hardware	☐ Fertilizers – Chemicals – Seeds – Pesticides
☐ Consultancy	☐ Cements/ Paints	☐ Dairy/ food processing	☐ Electronic – Computer Hardware
☐ Education	☐ Engineering Goods	☐ Shroff	☐ Issue and Portfolio Management
☐ NBFC	☐ Pharmaceuticals	☐ Textile/ Garments	☐ Hospital/ Nursing Home/ Clinics
☐ Retail Jewelry	☐ Hotels/ Resorts	☐ Printing/ Publishing	☐ FMCG
☐ Furniture/ Timber	☐ Consumer Durables	☐ Travel/ Touring Agency	☐ Term Lending Institutions
☐ Broking	☐ Money Lender	☐ Marble/ Granite	☐ Auto Finance
☐ Advertising Agencies	☐ Transportation/ Logistics	☐ Others (PI Specify) _____	

I submit a self attested photocopy of the following as:

Entity Proof 1) _____

2) _____

Address Proof of Entity _____

Identity Proof of Proprietor/ Karta _____

_____	_____	_____
Signature of Authorized Signatory 1	**Signature of Authorized Signatory 2**	**Signature of Authorized Signatory 3**

Place _____

Date _____

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

FOR BRANCH USE ONLY

DATE D D M M Y Y Y Y

Sourcing Branch Name _____ Signature of RM _____ RM CODE: _____

Branch Code _____ Signature of BOM/BM: _____ BOM/BM Code: _____

Signature/ Customer ID verified/ Address change verified