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

		Sign	nature	Recent Photograph
		(1)		2,
Applicant (1)				
Name:-				
		(2)		
CIF ID No.				
Account/Registration N	lo.			
		(1)		
Applicant (2)				
Name:-		(2)		
CIF ID No.				
Account/Registration N	lo.			
		(1)		
Applicant (3)				
Name:-		(2)		
CIF ID No.				
Account/Registration N	lo.			
Diagon fill all the informa	tion balow	in acce of new account and	anly relevant information	in case of Change in KVC
	ition below	in case of new account and	only relevant information	in case of change in KTC
Name (in capital letters) Flat/House No.			Locality	
Road			Landmark	
City			PIN	
State			Country	
Tel (Off)			Tel (Res)	
Mobile No			E Mail ID	
I hereby submit photo co	opy of the fo	ollowing documents (self-att	ested) for the proof of -	
Proof of Identity (doc. type				
Proof of address (doc. typ I do hereby solemnly de		ne information provided above	ve with respect to my acc	count is up to date and correct.
,,,				
Signature/Thumb Impres	SSION:-	1 st Applicant	2 nd Applicant	3 rd Applicant
		For Office Use of	only	firm that KVC narma are fully compli
with.	nea the acc	uments submitted with this	application form and con	firm that KYC norms are fully compli
Signature of BPM Date:	(Signature of SF	PM	Signature of Postmaster
				

Date Stamp:-