

ESAF Small Finance Bank Limited _____ Branch

Annexure 1 - Self-Declaration Form for KYC Updation -Individuals (Resident/NRI): No Change in KYC Information

Account Number/CIF	
Name of the Customer (As per the Bank Records) *	
CKYCR No	
OVDs submitted to Bank	
Current Address	Address Line 1: Address Line 2: Address Line 3: City/Town/Village: District: State: PIN: Country:
Occupation*	
Annual Income*	
Sources of Income (Please tick all that are applicable) *	Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Agriculture <input type="checkbox"/> Investment Income <input type="checkbox"/> Pension <input type="checkbox"/> Others <input type="checkbox"/>
Mobile Number	
Email ID	

Customer Declaration

I declare that, as on date, the KYC information provided by me to the Bank has not changed. I hereby undertake to declare any change in the KYC information provided by me including any change in certifications, within thirty days from the date of such change. I shall also submit supporting documentary proof thereof. I am aware that I shall be held liable for any false information provided to you or if I commit any breach of this Declaration.

Date:.....

Place:.....

Signature/Thumb Impression of Customer

Name

NB: The declaration may be sent by Post to the nearest ESAF branch address or email to **customer.rekyc@esafbank.com** from your Registered mail ID.