

KYC UPDATION CUM CUSTOMER SERVICE REQUEST FORM (NON INDIVIDUALS) CRF-1 B (CPC)

(Office use only)	Branch Code <input style="width:40px;" type="text"/>	Date dd/mm/yyyy <input style="width:40px;" type="text"/>	Ref. No.: <input style="width:40px;" type="text"/>
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KYC-Updation Request (Non Individual/Corporate Client)

 Account No.:
Instructions

1. Please fill in BLOCK letters only. Please leave one box blank between words. Tick (✓) the appropriate boxes 2. Please tick mark and fill relevant sections relating to the change/ updation request only. 3. Please furnish self certified copies of relevant documents/resolution etc, supporting the change requested for, in the client data 4. This form may be submitted to the base branch where the account is maintained or at any CSB branch 5. Please furnish individual customer profile form for adding a new-to-Bank client as designated person/authorised signatory to the corporate account 6. The change request is specific to the account. Separate request form needs to be submitted for each account

Please update my KYC data in the Bank's records as per details furnished below

[If your account is inoperative/frozen, please perform a credit/debit transaction in the account within 7 working days from submission of this request, to activate the account. Signatories to the corporate account may also update their KYC data using A 151 KYC I or CRF-1 A (CPC), if there is any change in their profile]

Account Details

 Name of Applicant Firm/Company/Entity
 Updation of Address for Communication

← Please tick here and furnish details below, if you need to update your Address for Communication

← Furnish valid proof of address

Line - 1	<input style="width:900px;" type="text"/>
Line - 2	<input style="width:900px;" type="text"/>
Line - 3	<input style="width:900px;" type="text"/>
City	<input style="width:450px;" type="text"/> District <input style="width:450px;" type="text"/>
State	<input style="width:700px;" type="text"/> Pin <input style="width:200px;" type="text"/>

 Corporate Office Address Updation

← Please tick here and furnish details below, if you need to update your Corporate Office Address

← Furnish valid proof of address

 Tick if same as Address for Communication as mentioned as above

Line - 1	<input style="width:900px;" type="text"/>
Line - 2	<input style="width:900px;" type="text"/>
Line - 3	<input style="width:900px;" type="text"/>
City	<input style="width:450px;" type="text"/> District <input style="width:450px;" type="text"/>
State	<input style="width:700px;" type="text"/> Pin <input style="width:200px;" type="text"/>

 Registered Office Address Updation

← Please tick here and furnish details below, if you need to update your Registered Office Address

← Furnish valid proof of address

 Tick if same as Address for Communication as mentioned as above

 Tick if same as Corporate Office Address as mentioned as above

Line - 1	<input style="width:900px;" type="text"/>
Line - 2	<input style="width:900px;" type="text"/>
Line - 3	<input style="width:900px;" type="text"/>
City	<input style="width:450px;" type="text"/> District <input style="width:450px;" type="text"/>
State	<input style="width:700px;" type="text"/> Pin <input style="width:200px;" type="text"/>

 Corporate Details Updation

← Please tick here and furnish details below, if you need to update the corporate details

Telephone No.: Land line: <input style="width:150px;" type="text"/>	Mobile: <input style="width:100px;" type="text"/>
Line of Activity	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Banking & Finance <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Construction <input type="checkbox"/> Service <input type="checkbox"/> Export/Import <input type="checkbox"/> Agriculture <input type="checkbox"/> Others <input style="width:100px;" type="text"/>
CIN/Registration No. <input style="width:450px;" type="text"/>	Reg. Date (dd/mm/yyyy) <input style="width:100px;" type="text"/>
Registration Authority <input style="width:450px;" type="text"/>	Reg. Expiry Date (dd/mm/yyyy) <input style="width:100px;" type="text"/>
PAN/GIR No. of Applicant Entity <input style="width:100px;" type="text"/>	Expected Annual Turnover In Account (Rs. in Lakhs) <input style="width:150px;" type="text"/>

P.T.O.

Acknowledgement (to be issued to the customer by the recipient branch)

Customer Name: _____

Date: _____ Account No.: _____

Request received for updation of:

- | | | | | | |
|--|---|--|--|--|---|
| <input type="checkbox"/> Address for Communication | <input type="checkbox"/> Corporate Office Address | <input type="checkbox"/> Registered Office Address | <input type="checkbox"/> Corporate Details | <input type="checkbox"/> Remove Authorised Person(s) | <input type="checkbox"/> Add Authorised Person(s) |
|--|---|--|--|--|---|

Seal & Signature of Bank Official/Marketing Officer

Remove Authorised Person(s)

← Please tick here and furnish details below, if you need to Remove Authorised Person(s)

	Name of Authorised Person(s)	Client ID
1.	<input type="text"/>	<input type="text"/>
	Designation: <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> POA Holder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Others <input type="text"/>	
2.	<input type="text"/>	<input type="text"/>
	Designation: <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> POA Holder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Others <input type="text"/>	
3.	<input type="text"/>	<input type="text"/>
	Designation: <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> POA Holder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Others <input type="text"/>	

Add Authorised Person(s)

← Please tick here and furnish details below, if you need to Add Authorised Person(s)

If the Authorised Person is a new-to-bank client, Individual Customer Profile Form along with KYC Documents has to be submitted with this request
Request for modification/change in the Individual Profile of an existing authorised signatory is to be made using CRF-1 A (CPC)

	Name of Authorised Person(s)	Client ID
1.	<input type="text"/>	<input type="text"/>
	Designation: <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> POA Holder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Others <input type="text"/>	
2.	<input type="text"/>	<input type="text"/>
	Designation: <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> POA Holder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Others <input type="text"/>	
3.	<input type="text"/>	<input type="text"/>
	Designation: <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> POA Holder <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Others <input type="text"/>	

Declaration/Terms & conditions

I/We hereby declare that the above mentioned information with respect to my/our Bank account(s) held with your Bank is/are true & correct. I/We understand that the Bank will update all such information, including address and contact details in the Bank's records replacing the existing client data. I/We also understand that all deliverables sent by the Bank will henceforth be dispatched to the address for communication as mentioned in this request form or otherwise already available in the Bank's records.

Certified copies of relevant supporting documents for updating the client data, are attached.

Date

Signature of Authorised Signatory 1

Signature of Authorised Signatory 2

Signature of Authorised Signatory 3

Office Use only

For Branch Use

Emp Code

Risk Categorization

Profile of the Customer Based on Risk Categorization High Medium Low

Documents attached (if applicable) have been verified with the originals, as per the KYC/AML guidelines

Seal & Signature of Principal Officer

For CPC Use

Entered by: Employee Code

Verified by: Employee Code

Signature

Signature

Terms & Conditions



- Changes requested would be effected in the Bank's records by the Bank within the committed period from the date of receipt at the Branch and the said changes would be effective in the systems from that date only.
- Depending on customer's choice, all deliverables will be sent to the base branch or the primary/first holder's mailing/communication address as per the latest records available with the Bank.

Account Upgrade Request

← Please tick here if you need to upgrade your account

AQB- Average Quarterly Balance
AMB- Average Monthly Balance

Please upgrade/move my Savings account to

CSB Orange
Savings Account

CSB Silver
Savings Account
(Min. AQB Rs. 5,000)

CSB Gold
Savings Account
(Min. AQB Rs. 25,000)

CSB Platinum
Savings Account
(Min. AQB Rs. 1 lakh)

Please upgrade/move my Current account to

CSB Orange
Current Account
(Min. AMB Rs. 5,000)

CSB Silver
Current Account
(Min. AMB Rs. 25,000)

CSB Gold
Current Account
(Min. AMB Rs. 50,000)

CSB Platinum
Current Account
(Min. AMB Rs. 1 lakh)

I/We, have understood the features and terms & conditions governing the different product variants offered by the Bank and agree to abide by the same

Resolution/Letter of mandate for CSB Internet Banking/Mobile Banking/Debit Card Facility for Corporate Accounts

Resolved that the CSB Internet Banking/Mobile Banking/Debit card facility being offered by The Catholic Syrian Bank be availed in my/our account/s mentioned overleaf.

Further resolved that Sri./Smt.

(name of authorized person/mandate holder/POA holder) (designation) be issued

ID/Password/PIN by the Bank for the purpose of Internet Banking/Mobile banking/Debit card facility and be permitted to access/operate the account using the ID/Password/PIN and is authorised to execute necessary documents/undertakings on behalf of the company in connection with the CSB Internet Banking/Mobile Banking/ATM card facility offered by the bank. I/We also agree and undertake that all acts, deeds including execution of necessary documents/undertakings on my/our behalf in connection with the CSB internet banking/ mobile banking/ATM services, etc, done or omitted to be done by him/her shall be binding on me/us and shall not question the same.

Declaration/Undertaking

I/ We, have read understood and agree to the terms and conditions posted on the bank's website www.csb.co.in governing the CSB internet banking/mobile banking facility. I/We accept and agree to be bound by the said terms and conditions and to any changes there in from time to time by bank at its sole discretion without any notice to me/us.

Date

Signature of mandate holder (if applicable)

Authorised Signatory's designation & Seal

Authorised Signatory's designation & Seal

Authorised Signatory's designation & Seal

Declaration by the Branch

Verified the documents furnished with the originals, as per the KYC/AML guidelines

Name of Bank Official

Designation Date

Seal & Signature of Section Officer
/Marketing Executive

Emp Code

Identity of the applicant/s verified and found correct

Name of Bank Official

Designation Date

Seal & Signature of Principal Officer

Emp Code

For CPC Use Entered by: Employee Code

Signature

Updated by: Employee Code

Signature

Terms & Conditions for service request



- Changes requested would be effected in the Bank's records by the Bank within the committed period from the date of receipt at the Branch and the said changes would be effective in the systems from that date only.
- Depending on customer's choice, all deliverables will be sent to the account holding branch or the applicant/ mandate holder's (for mandate holder) mailing / communication address as per the latest records available with the Bank.
- Mobile banking, IMPS based Mobile banking have lower financial limits which may be revised as and when instructed by RBI.