DEPARTMENT OF POSTS - INDIA POST

KNOW YOUR CUSTOMER (KYC) FORM

(For POSB, PPF, SCSS, SSA, MIS, KVP & NSC Accounts)

ACCOUNT PARTICULARS		
CIF ID: _____	Account No: _____	Post Office Branch: _____
Account Type: [ ] POSB [ ] RD [ ] TD [ ] MIS [ ] SCSS [ ] PPF [ ] SSY [ ] KVP/NSC		
PERSONAL DETAILS		
1. Full Name of Account Holder: _____		
2. Father's / Husband's Name: _____		
3. Date of Birth: ____/____/19____	4. Gender: [ ] Male [ ] Female [ ] Transgender	
5. Residential Address: _____		
6. Mobile No: _____	7. Email ID: _____	
8. Aadhaar No: [____] [____] [____]	9. PAN / Form 60: _____	
IDENTIFICATION & ADDRESS PROOF SUBMITTED		
Proof of Identity (PoI): _____	Proof of Address (PoA): _____	

SPECIMEN SIGNATURES OF APPLICANT			**PHOTOGRAPH**
Specimen 1 _____	Specimen 2 _____	Specimen 3 _____	Affix Recent Passport Size Photo Here

DECLARATION BY ACCOUNT HOLDER

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform the Post Office of any changes therein immediately. Self-attested copies of identity and address proof documents are attached herewith.

Date: ____/____/20____

Place: _____

_____

Signature / Thumb Impression of Account Holder

FOR POST OFFICE USE ONLY
KYC documents verified with original documents. Particulars entered and updated in Finacle software System.
Date: ____/____/20____ Postal Officer Name & Designation: _____ Signature & Date Stamp