SOUTH INDIAN Bank
EXPERIENCE NEXT-GEN BANKING

Regd.Office, SIB House, T.B Road
Mission Quarters, Thrissur, 680001, Kerala

Branch

Branch Code Customer ID

Account No.

CUSTOMER / ACCOUNT Modification Form

I/We request you to kindly update / modify the following customer / account particulars,

Revised Customer KYC and Account Opening Form enclosed ☐ Yes ☐ No

Particulars to be modified (Field Name)	**Present Data** (Existing Data Value)	**To be modified as under** (Reason for modification to be specified if address/ mobile number/ email id is modified)

(Use additional sheet/s if required)

Encl : Supporting Document/s 1 ..... 2 ..... 3 .....

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. My/our personal KYC details may be shared with Central KYC Registry / Tax Authorities / Regulators both local and foreign. I/We hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number / email address.

Place : ..... Date : ..... Signature : .....

Office Use

Documents received ☐ Self certified ☐ True copy ☐ Notary

Signature of Officer (Sign Code.....)

Signature of Branch Head (Sign Code.....)