



CUSTOMER KYC UPDATE FORM (INDIVIDUAL ACCOUNTS)
AMENDMENT OF EXISTING DATA

ACCOUNT OPENING BRANCH

Account Number: 326	Account Type:
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PLEASE TICK THE INFORMATION YOU WISH TO UPDATE



A.	ID/Passport/Visa	
B.	Physical Address	
C.	Income Details	
D.	Communication Details (Mobile/Telephone/email)	
E.	Signature	
F.	OTHER (Please specify)	

1	Name & Surname	
2	Physical Address	
3	Postal Address (If different from physical)	
4	Date of Birth	
5	Place of birth	
6	Nationality	
7	ID/Passport Number	
8	Nature of Visa/Work Permit	
9	Passport Date Issue	
10	Passport Expiry Date	
11	Visa/Work Permit Number	
12	Visa Work Permit Expiry Date	
13	RSA Cell phone Number	
14	Telephone Number	
15	Fax Number	
16	Email Address	
17	Occupation	

18	Employers Name	
19	Employers Address	
20	If Self-employed, The nature of Self-Employment	
21	Source of Funds	
22	Gross Annual Income (In ZAR)	
23	Net Annual Income	
24	Support Documents	Passport & Visa Proof of Address Proof of Income Other: Please Specify

Declaration/Undertaking:

I hereby declare that the information provided above is true and correct. I undertake to notify SBI any change in data/information immediately.

I undertake that I shall be the true beneficial owner of all funds to be deposited to this account with SBI. No part of the funds is associated with money laundering activity or criminal activity. Money remitted from my account shall not be towards financing terrorism or to entities banned by RSA. I authorise the bank to send mail/SMS to my mail address or mobile number as given above and registered with SBI.

I authorise the bank to debit my account with all bank charges as applicable and notified on the bank's website, <https://za.statebank> from time to time.

I, _____ hereby indemnify State Bank of India, South Africa of any loss or damage as a consequence of instructions executed on receipt of any email, fax or any other electronic instructions issued or purported to have been issued by me from the email address registered with the Bank.

I understand that the Bank might be unable to verify the authenticity of electronic instructions and I hereby indemnify the Bank against any loss or damage incurred as a result of acting upon such instructions.

I authorise the bank to act on my instructions sent over my fax/E-mail registered with the bank and indemnify the bank for any loss on account of such instructions sent by me or purported to have been sent by me.

SIGNATURE

DATE

PLACE:

FOR OFFICE USE

	Name	Date
Data captured by:		
Date verified by:		



FATCA & CRS SELF DECLARATION FORM

Foreign Account Tax Compliance Act ("FATCA")
Common Reporting Standard ("CRS")

This form must be completed by all individuals who wish to establish a customer relationship with State Bank of India, South Africa

For the purpose of the US Foreign Accounts Tax Compliance Act (FATCA), please confirm whether you are a US Person/Citizen.

Please Yes or No to the following questions (as applicable):

1.	Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are you a Green Card holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Are you a US tax Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are you born in the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Do you have a US residential or correspondence Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Do you have a US Telephone number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Have you issued a standing instruction to transfer funds to an account with US address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Have you given Power of Attorney or Signature Authority to a person with US address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Is the only address you have with the bank a "Hold Mail" address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Please provide us with your income tax (including foreign tax number)/pan number		

I confirm the information provided above is true, accurate and complete. I also agree to notify the Bank within 30 calendar days if there is any change in any information which I have provided.

I hereby consent for State Bank of India or any of its affiliates (collectively "the Bank") to share my information with domestic and overseas tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

Surname:

First Name:

Signature:

Date:

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