



**Customer KYC details update form for Individuals**  
**AMENDMENT OF EXISTING DATA**

**STATE BANK OF INDIA, SOUTH AFRICA**

.....BRANCH

Type of account: CA/SB

<b>Account Number: 326</b>
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Please tick which information needs to be updated.

A. Personal Information (ID/Passport/VISA)	
B. Physical Address	
C. Income Details	
D. Communication Details (Mobile/Telephone/email)	
E. Any other Details	

**\*Please complete the mandatory self-assessment questionnaire for FATCA (page no 3).**

1	FULL NAME	Surname:	
		Name:	
2	FULL LOCAL RESIDENTIAL ADDRESS (PHYSICAL)		
3	POSTAL ADDRESS WITH PO BOX (if different from physical address)		
4	Date of birth	Place of birth	
5	Nationality		
6	ID/Passport No		
	Date of issue	Expiry date	
7	Nature of visa/work permit		
8	Work Permit/visa no		
9	Expiry date of visa (As Per visa/work Permit.)		
10	RSA Cell number (for SMS alerts)		
11	Tel and Fax number	Tel:	Fax:
12	E-mail address		
13	Occupation or public office held		
14	Employer's name and address (If self-employed, the nature of self-Employment)		

15	Source of funds	
16	Gross annual income (in ZAR)	
17	Documents attached (please tick)	Passport and visa : Address proof : Income proof : Any other document:

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, <http://statebank.co.za> from time to time.

I authorise the bank to act on my instructions sent over my fax/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 of Customer

Date: \_\_\_\_\_

Place: \_\_\_\_\_

FOR OFFICE USE	
Data Processed and entered in System	By _____ on _____
System updated	By _____ on _____

## FATCA Self-Assessment Questionnaire – Individuals

### Foreign Account Tax Compliance Act (“FATCA”)

This form must be completed by all individuals (including joint account holders) who wish to establish a customer relationship with State Bank of India.

Please complete in BLOCK LETTERS

Name of the Customer: \_\_\_\_\_

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

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

I confirm the information provided above is true, accurate and complete.

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.

I agree and undertake to notify the Bank within 30 calendar days if there is any change in any information which I have provided to the Bank.

Signature

Date