Annexure A1 – Addition/Modi	fication/Change of Address – Correspondence/Local Add	dress CAMSKRA
Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters.		
For office use only (To be filled by financial institution)	Application Type* New Update/Chang	e (Mandatory for KYC update request)
1. Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof		
Same as Current / Perma	nent / Overseas Address details	
Line 1*		
Line 2		
Line 3		City / Town / Village*
District*	Zip / Post Code*	State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT	Country*	Country Code as per ISO 3166
2. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)		
Email ID		
Mobile	Tel. (Off)	Tel. (Res)
Fax		
3. Applicant Declaration		
therein, immediately. In case any of the liable for it. I hereby declare that I am legislation or any notifications/directions	d above are true and correct to the best of my knowledge and belief and I under above information is found to be false or untrue or misleading or misrepresentii not making this application for the purpose of contravention of any Act, Rule issued by any governmental or statutory authority from time to time. In from Central KYC Registry through SMS/Email on the above registered number	ng, I am aware that I may be held es, Regulations or any statute of [Signature / Thumb Impression]
Date: DD-MM-Y	Y Y Y Place:	Signature / Thumb Impression of Applicant