SELF- DECLARATION FORM

To,		Date:	
The Branch Manager / Manage	r,		
Nagpur Nagarik Sahakari Bank L	imited,		
Branch,	,		
City Name	(State Name) Pin Code	
Subject: No change in KYC infor	mation.		
Applicant Name:	.		3
Customer ID:	·		
Account Number:	·		, i
Dear Sir/Madam,			
I hereby confirm that to the bank at the time of my ac		ge in my KYC inform	ation submitted
Please treat my ID/A	ddress as it is at tl	ne time of account o	pening.
Yours Faithfully,			
			,
(Name of the Customer)			
Mobile Number:			