



ಭಾರತ ಸರ್ಕಾರ / भारत सरकार / GOVERNMENT OF INDIA
ಅಂಚೆ ಇಲಾಖೆ / डाक विभाग / Department of Posts
O/o Circle Processing Centre (CBS),
3ನೇ ಮಹಡಿ, ಬೆಂಗಳೂರು ಜಿ ಪಿ ಓ, ಬೆಂಗಳೂರು - 560001 / 3rd मंजिल बेंगलुरु जी पी ओ,
बेंगलूर - 560001 /
3rd floor, Bengaluru GPO, Bengaluru - 560001
ದೂರವಾಣಿ ಸಂಖ್ಯೆ / द्वार भाषास / Phone No - 08022850173,
ಇಮೇಲ್ / ईमेल / email : cbscpc.ka@indiapost.gov.in

To

The Postmasters General,

Bengaluru HQ / South Karnataka / North Karnataka Regions
Bengaluru-560 001 / BG 560 001/ Dharwad – 590 001

No. CBS-CPC /Signature Scanning/KAR/2025-26 dated at Bengaluru – 560 001 the 19-01-26

Sub: Model KYC forms for reference -reg.

Ref: This office letter of even no dated 17.12.2025

In continuation to this office letter dated 17.12.2025, model KYC forms for below mentioned categories are enclosed herewith for reference in order to avoid the common omissions, which were circulated vide the said letter. The mandatory details to be filled up, signature, mentioning account category, seal and signature are printed in 'RED' colour font for easy recognition.

- 1) Model KYC 1 - Single Account
- 2) Model KYC 2- Account operated by LTI
- 3) Model KYC 3- Joint account
- 4) Model KYC 4- Minor account operated through guardian
- 5) Model KYC 5- Minor account operated by self

It is requested to circulate the enclosed model KYC forms to all SOLs under your region and instruct them to strictly adhere to the same in order to avoid omissions in KYC applications thereby ensuring smooth and timely processing of KYCs.

Encl: As above


Assistant Director
CBS-CPC, Karnataka Circle
3rd Floor, Bengaluru GPO
Bengaluru-560001

MODEL KYC I



SB-KYC MODE OF OPERATION: (SELF)

POST OFFICE SAVINGS BANK

NEW/CHANGE KYC (Know Your Customer) Form

AC TYPE:SB/SSA/PPF/RD/TD/MIS/SCSS (to be sent to respective CPC)

	Signature	Recent Photograph
Applicant(1) Name:- NAME OF ACCOUNT HOLDER CIF ID No: CIF NO OF ACCOUNT HOLDER Account /Registration No.	(1) SIGNATURE (MANDATORY) If in English , signature must be in running hand and not in capital letters (2)	PHOTO OF APPLICANT (MANDATORY) Attestation with seal across the photo is mandatory (Face should be visible) PHOTOGRAPH MUST BE PASTED BY USING GLUE ONLY
Applicant(2) Name:- CIF ID No: Account /Registration No.	(1) (2)	
Applicant(3) Name:- CIF ID No. Account /Registration No.	(1) (2)	

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)	FILL NAME		
Flat/House Number	FILL ALL THE INFORMATION	Locality	FILL ALL THE INFORMATION
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)	MANDATORY
Proof of address (doc.no./date/issuing authority)	MANDATORY

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:- Signature of Account holder 2nd Applicant 3rd Applicant (in case of Joint A/c, all applicants have to sign)

FOR OFFICE USE ONLY

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

MANDATORY Signature of GDS BPM MANDATORY Signature of SPM / MANDATORY Signature of Postmaster Date:-

Date Stamp

Date Stamp

Date Stamp

MODEL KYC 2



SB-KYC MODE OF OPERATION: (SELF)

POST OFFICE SAVINGS BANK

NEW/CHANGE KYC (Know Your Customer) Form

AC TYPE:SB/SSA/PPF/RD/TD/MIS/SCSS (to be sent to respective CPC)

	Signature	Recent Photograph
Applicant(1) Name:- NAME OF ACCOUNT HOLDER CIF ID No: CIF NO OF ACCOUNT HOLDER Account /Registration No.	(1) LTI OF ACCOUNT HOLDER NAME LTI witness known to postoffice: signature of witness Name: W/o,D/o, S/o etc Name of village Post: Pincode Mob no/ac number in case of incomplete address OR LTI witness by post office official Signature, name , designation, office name	PHOTO OF APPLICANT (MANDATORY) Attestation with seal across the photo is mandatory(Face should be visible) PHOTOGRAPH MUST BE PASTED BY USING GLUE ONLY
	(2)	
Applicant(2) Name:- CIF ID No: Account /Registration No.	(1) (2)	
Applicant(3) Name:- CIF ID No. Account /Registration No.	(1) (2)	

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)	FILL NAME		
Flat/House Number	FILL ALL THE INFORMATION	Locality	FILL ALL THE INFORMATION
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)		MANDATORY
Proof of address (doc.no./date/issuing authority)		MANDATORY

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:- same as above 2nd Applicant 3rd Applicant (in case of Joint A/c, all applicants have to sign)

FOR OFFICE USE ONLY

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

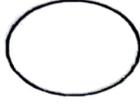


MANDATORY
Signature of GDS BPM

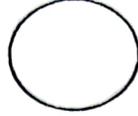
MANDATORY /
Signature of SPM

MANDATORY
Signature of Postmaster Date:-

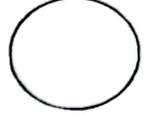
Date Stamp



Date Stamp



Date Stamp



MODEL KYC 3

SB-KYC **MODE OF OPERATION: (JOINT)**

POST OFFICE SAVINGS BANK

NEW/CHANGE KYC (Know Your Customer) Form

AC TYPE: **SB/SSA/PPF/RD/TD/MIS/SCSS** (to be sent to respective CPC)



	Signature	Recent Photograph
Applicant(1) Name:- NAME OF ACCOUNT HOLDER 1 CIF ID No: CIF NO OF ACCOUNT HOLDER 1 Account /Registration No.	(1) SIGNATURE (MANDATORY) If in English , signature must be in running hand and not in capital letters (2)	PHOTO OF APPLICANT 1 (MANDATORY) Attestation with seal across the photo is mandatory(Face should be visible) PHOTOGRAPH MUST BE PASTED BY USING GLUE ONLY
Applicant(2) Name:- NAME OF ACCOUNT HOLDER 2 CIF ID No: CIF NO OF ACCOUNT HOLDER 2 Account /Registration No.	(1) SIGNATURE (MANDATORY) If in English , signature must be in running hand and not in capital letters (2)	PHOTO OF APPLICANT 2 (MANDATORY) Attestation with seal across the photo is mandatory(Face should be visible) PHOTOGRAPH MUST BE PASTED BY USING GLUE
Applicant(3) Name:- CIF ID No. Account /Registration No.	(1) (2)	

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)	FILL NAME OF BOTH ACCOUNT HOLDERS		
Flat/House Number	FILL ALL THE INFORMATION	Locality	FILL ALL THE INFORMATION
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)	MANDATORY
Proof of address (doc.no./date/issuing authority)	MANDATORY

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:- Signature of Account holder1 Signature of Account holder2 3rd Applicant (in case of Joint A/c, all applicants have to sign)

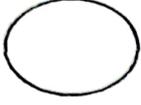
FOR OFFICE USE ONLY

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

MANDATORY
Signature of GDS BPM

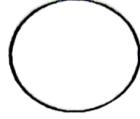
[Handwritten Signature]

Date Stamp



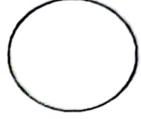
MANDATORY
Signature of SPM

Date Stamp



MANDATORY
Signature of Postmaster Date:-

Date Stamp



MODEL KYC 4



SB-KYC MODE OF OPERATION: (MINOR THROUGH GUARDIAN)

POST OFFICE SAVINGS BANK

NEW/CHANGE KYC (Know Your Customer) Form

AC TYPE: SB/SSA/PPF/RD/TD/MIS

(to be sent to respective CPC)

	Signature	Recent Photograph
Applicant(1) MINOR Name:- MINOR NAME CIF ID No: CIF NO OF MINOR Account /Registration No.	(1) GUARDIAN SIGNATURE (2)	MINOR PHOTO (OPTIONAL)
Applicant(2) GUARDIAN Name:- GUARDIAN NAME CIF ID No: CIF NO OF GUARDIAN Account /Registration No.	(1) GUARDIAN SIGNATURE (If signature is in English , signature must be in running hand and not in capital letters) (MANDATORY) (2)	GUARDIAN PHOTO (MANDATORY) Attestation with seal across the photo is mandatory (Face should be visible) PHOTOGRAPH MUST BE PASTED BY USING GLUE ONLY
Applicant(3) Name:- CIF ID No. Account /Registration No.	(1) (2)	

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)	FILL MINOR NAME		
Flat/House Number	FILL ALL THE INFORMATION	Locality	FILL ALL THE INFORMATION
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)	MANDATORY
Proof of address (doc.no./date/issuing authority)	MANDATORY

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:- Signature of guardian 2nd Applicant 3rd Applicant (in case of Joint A/c, all applicants have to sign)

FOR OFFICE USE ONLY

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

MANDATORY Signature of GDS BPM / **MANDATORY** Signature of SPM / **MANDATORY** Signature of Postmaster Date:-

Date Stamp

Date Stamp

Date Stamp

MODEL KYC 5

SB-KYC **MODE OF OPERATION: (MINOR OPERATED BY SELF)**



POST OFFICE SAVINGS BANK

NEW/CHANGE KYC (Know Your Customer) Form

AC TYPE: SB/SSA/PPF/RD/TD/MIS (to be sent to respective CPC)

	Signature	Recent Photograph
Applicant(1) MINOR Name:- MINOR NAME CIF ID No: CIF NO OF MINOR Account /Registration No.	(2) MINOR SIGNATURE (MANDATORY) If signature is in English , signature must be in running hand and not in capital letters	MINOR PHOTO (MANDATORY) Attestation with seal across the photo is mandatory(Face should be visible) PHOTOGRAPH MUST BE PASTED BY USING GLUE ONLY
Applicant(2) Name:- CIF ID No: Account /Registration No.	(1) (2)	
Applicant(3) Name:- CIF ID No. Account /Registration No.	(1) (2)	

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)	FILL MINOR NAME		
Flat/House Number	FILL ALL THE INFORMATION	Locality	FILL ALL THE INFORMATION
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)	MANDATORY
Proof of address (doc.no./date/issuing authority)	MANDATORY

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:- Signature of Minor 2nd Applicant 3rd Applicant (in case of Joint A/c, all applicants have to sign)

FOR OFFICE USE ONLY

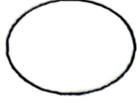
Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

MANDATORY MANDATORY / MANDATORY

Sign of GDS BPM with date stamp Sign of SPM with date stamp Sign of Postmaster with date stamp

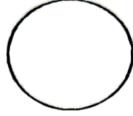
MANDATORY
Signature of GDS BPM

Date Stamp



MANDATORY /
Signature of SPM

Date Stamp



MANDATORY
Signature of Postmaster Date:-

Date Stamp

