## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

## **Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick ( $\checkmark$ ) in the box available before the section number and strike off the sections not required to be updated.



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For office use only	Application Type*	New	□Update					
	institution) KYC Number			(Mandatory for KYC update request)				
	Account Type*	Normal	☐ Simplified (f	for low risk customers)				
1. PERSONAL DETAILS (Please refer instruction A at the end)								
_		irst Name		Middle Name Last Name				
☐ Name* (Same as ID	proof)							
Maiden Name (If any*)								
Father / Spouse Name	e*							
Mother Name*								
Date of Birth*	D D — M M — Y Y	YY		РНОТО				
Gender*	☐ M- Male		☐ F- Female	☐ T-Transgender				
Marital Status*	☐ Married		Unmarried	Others				
Citizenship*	☐ IN- Indian		Others (ISO 31	166 Country Code )				
Residential Status*	Resident Individual		Non Resident Ir					
Residential Status	☐ Foreign National		Person of Indiar					
Occupation Type*	☐ S-Service(☐ Privat		☐ Public Sector	Government Sector )				
обобранон туро	☐ O-Others (☐ Profes		Self Employed	Retired Housewife Student)				
	☐ B-Business			SA 2 umb				
	X- Not Categorised			tellin —				
☐ 2. TICK IF APPL	ICABLE RESIDENCE FOR	R TAX PURPO	OSES IN JURISDI	ICTION(S) OUTSIDE INDIA (Please refer instruction <b>B</b> at the end)				
ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)								
ISO 3166 Country Code of Jurisdiction of Residence*								
Tax Identification Number or equivalent (If issued by jurisdiction)*								
Place / City of Birth*  ISO 3166 Country Code of Birth*								
ridge / Gity of Birth			ice of occurring	, dodd o'i Birar				
3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end)								
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)								
☐ A- Passport Numb		oi, noodo to o	o casimica <sub>j</sub>	Passport Expiry Date				
☐ B- Voter ID Card				r dosport Expiry Bute				
☐ C- PAN Card								
☐ D- Driving Licence				Debite a License Frain, Date Co. 1919 VVVVV				
☐ E- UID (Aadhaar)	<b>,</b>			Driving Licence Expiry Date DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD				
_ ` ` /	. rd							
☐ F- NREGA Job Ca								
` -	ument notified by the central gover	,		Identification Number				
S- Simplified Measures Account - Document Type code Identification Number								
4. PROOF OF A	DDRESS (PoA)*							
_	RMANENT / OVERSEAS ADDRES			on <b>D</b> at the end)				
(Certified copy of any one	of the following Proof of Address	[PoA] needs to	be submitted)					
Address Type* Residential / Business Residential Business Registered Office Unspecified								
Proof of Address*								
☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ Didas specify ☐ Simplified Measures Account - Document Type code								
Address			. , , , , , , , , , , , , , , , , , , ,					
Line 1*								
Line 2								
Line 3		<b>D</b> ( <b>C</b> ) : [		City / Town / Village*				
District*	Pin /	Post Code*		State / U.T Code* ISO 3166 Country Code*				

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction <b>E</b> at the end)								
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')								
Line 1*								
Line 2								
Line 3		City	/ / Town / Village*					
District*	Pin / Post Code*	State / U.T Co	de* ISO 3166 Country Code*					
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)								
Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details								
Line 1*								
Line 2								
Line 3		City	/ Town / Village*					
State*		ZIP / Post Code*	ISO 3166 Country Code*					
T 5 CONTACT DETAILS (All servers	and the state of t	- / F	E addition and					
5. CONTACT DETAILS (All commi		o. / Email-ID) (Please refer instruction	r at the end)					
Tel. (Off)	Tel. (Res)		Mobile					
FAX	Email ID							
☐ 6. DETAILS OF RELATED PERS	ON (In case of additional related persons	, please fill 'Annexure B1') (please refe	er instruction <b>G</b> at the end)					
Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)								
Related Person Type*	dian of Minor	e	presentative					
Prefix	First Name	Middle Name	Last Name					
Name* (If KYC n	umber and name are provided, below detai	ls of section 6 are optional)						
·	·							
	TED PERSON* (Please see instruction (H)	·						
A- Passport Number		Passport Expiry	Date DDD-MM-YYYY					
B- Voter ID Card								
C- PAN Card		7						
D- Driving Licence		Driving Licence E	Expiry Date DD-MM-YYYY					
☐ E- UID (Aadhaar)								
☐ F- NREGA Job Card								
Z- Others (any document notified by the central government)								
□ S- Simplified Measures Account - Document Type code Identification Number								
☐ 7. REMARKS (If any)								
8. APPLICANT DECLARATIO								
therein, immediately. In case any of the above info	are true and correct to the best of my knowledge and ormation is found to be false or untrue or misleading or							
for it. [Signature / Thumb Impression]								
_ `	ntral KYC Registry through SMS/Email on the above re	gistered number/email address.	Circolor (Thursb become of April 2011					
Date: DDD—MM—YYYY	Place :		Signature / Thumb Impression of Applicant					
9. ATTESTATION / FOR OFFIC	CF USF ONLY		A 3					
_								
Documents Received								
KYC VERIFICATION	CARRIED OUT BY		NSTITUTION DETAILS					
Date DD — M N		Name						
Emp. Name		Code						
Emp. Code								
Emp. Designation								
Emp. Branch								
[Institution Stamp]								
[Employee Signature]								