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 (J) in the box available before the section number and strike off the sections not required to be updated.



at the end.		Section	number and surk	e on the sec	tions not re	equired to be	e upuateu.	•		& WATE	ATICIA Y
For office use only	Application Type*	□New	Update	е							
_	institution) KYC Number					(Manda	atory for	KYC upd	ate requ	est)	
	Account Type*	☐ Normal	Simpli	ified (for lo	w risk cı	ustomers)		Small			
☐ 1. PERSONAL DE	ETAILS (Please refer instruction	n A at the end)									
_		First Name			Middle Na	ame			Last N	Name	
☐ Name* (Same as ID)	proof)										
Maiden Name (If any*)											
Father / Spouse Name	*										
Mother Name*											
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	YY								PHOT	0
Gender*	☐ M- Male		☐ F- Female	: [T-Tran	nsgender					
Marital Status*	☐ Married		☐ Unmarried ☐ Othe			ers					
Citizenship*	☐ IN- Indian		☐ Others (IS	SO 3166 C	Country (Code)				
Residential Status*											
	☐ Foreign National		☐ Person of	Indian Ori	gin						
Occupation Type*	☐ S-Service (☐ Priva	te Sector	☐ Public Sed	ctor 🔲	Governm	nent Secto	or)				
	☐ O-Others (☐ Profe	essional	☐ Self Empl	oyed 🗌 I	Retired	House	ewife	Student	:)		
	☐ B-Business☐ X- Not Categorised										
	_ X Not Gategorised										
2. TICK IF APPLI	CABLE RESIDENCE FO	R TAX PURP	POSES IN JUI	RISDICTIO	ON(S) O	UTSIDE II	NDIA (PI	ease refer	instructio	n B at the	end)
ADDITIONAL DETAILS	S REQUIRED* (Mandatory only	y if section 2 is	ticked)								
ISO 3166 Country Cod	le of Jurisdiction of Residence	e*									
Tax Identification Number or equivalent (If issued by jurisdiction)*											
Place / City of Birth* ISO 3166 Country Code of Birth*											
☐ 3. PROOF OF IDE	ENTITY (Pol)* (Please refer in	struction C at t	the end)								
(Certified copy of any one	of the following Proof of Identity	[Pol] needs to l	be submitted)								
☐ A- Passport Numb	er er			Pas	ssport Ex	xpiry Date		D D —	M M -	Y Y Y	Υ
☐ B- Voter ID Card											
☐ C- PAN Card											
☐ D- Driving Licence				Driv	ving Lice	ence Expir	v Date	D D —	M M —	YYY	Υ
☐ E- UID (Aadhaar)					Ū	·					
☐ F- NREGA Job Ca	rd										
Z- Others (any docu	ment notified by the central gove	ernment)			Ident	tification N	lumber				
☐ S- Simplified Meas	ures Account - Document T	ype code			Ident	tification N	lumber				
4 PROOF OF A	DDDESS (DoA)*						ı				
4. PROOF OF AL	MANENT / OVERSEAS ADDRE	CC DETAILS	(Please see ins	etruction D a	it the and	`					
	of the following Proof of Address		•		it tile ella,)					
_	Residential / Business	Reside		_	iness		Registo	red Office	ے	Line	pecified
Proof of Address*	_	_		_			Negisie	red Office	-		Jecilieu
Proof of Address*											
	Simplified Measures Acco	unt - Docume	ent Type code				, ,				
Address Line 1*											
Line 2									$\frac{1}{1}$		+
Line 3						City / Tov	vn / Villa	ıge*			
District*	Pin	/ Post Code*		S	tate / U.	· -		ISO 316	6 Count	ry Code*	

4.2 CORRESPONDENCE	E / LOCAL ADDRI	ESS DETAILS * (Please	e see instructi	ion E at the end)		
Same as Current / Perma	nent / Overseas A	Address details (In case	of multiple c	correspondence / lo	cal addresses, please f	ill 'Annexure A1')
Line 1*						
Line 2					Ott. / T /	V(III = 1.5 *
Line 3 District*		Pin / Post Coo	lo*	Qta	te / U.T Code*	ISO 3166 Country Code*
District		Fill / Fost Coc		Ota	10 7 0.1 00dc	100 0 Too Country Code
4.3 ADDRESS IN THE JU	JRISDICTION DE	TAILS WHERE APPLIC	ANT IS RESI	IDENT OUTSIDE II	NDIA FOR TAX PURPO	OSES* (Applicable if section 2 is ticked)
Same as Current / Perma	nent / Overseas A	Address details		Same as Correspo	ondence / Local Address	s details
Line 1*						
Line 2 Line 3					City / Town / \	*encliiv
State*				ZIP / Post Code*		ISO 3166 Country Code*
						, <u> </u>
☐ 5. CONTACT DETAILS	(All communication	ns will be sent on provided	d Mobile no. / E	Email-ID) (Please ref	er instruction F at the end	1)
Tel. (Off)	_	Tel. (Res	s)		Mobile	
FAX	-	Email ID				
□ 6 DETAILS OF BELAT	ED DEDSON (n case of additional relate	d norsons inlo	asso fill 'Annoyuro P1	') (places refer instruction	a G at the end)
6. DETAILS OF RELAT Addition of Related Person	Deletion of R				Person (if available*)	To artife cita)
Related Person Type*	☐ Guardian of		Assignee		uthorized Representativ	ve
•	Prefix	First Name			dle Name	Last Name
Name*	(If KVC number of	and name are provided, be	Now details of	acation 6 are entions	51)	
	•	·		•	ai <i>)</i>	
PROOF OF IDENTITY [Pol] OF RELATED PE	RSON* (Please see instru	ıction (H) at th			
A- Passport Number				Passp	oort Expiry Date	
☐ B- Voter ID Card						
C- PAN Card						
☐ D- Driving Licence				Drivin	g Licence Expiry Dat	te $DD-MM-YYYY$
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Card						
Z- Others (any documen	-	-			Identification Number	
S- Simplified Measure	s Account - Do	cument Type code			Identification Number	er
7. REMARKS (If any)						
8. APPLICANT DECL	ARATION					
I hereby declare that the details furn		nd correct to the best of my kno	wledge and belie	ef and I undertake to info	m you of any changes	
therein, immediately. In case any of for it.	the above information is	s found to be false or untrue or m	nisleading or misre	epresenting, I am aware th	at I may be held liable	
I hereby consent to receiving inform	nation from Central KYC	Registry through SMS/Email on	the above register	red number/email address		
Date: DD - MM -	YYYY	Place :				Signature / Thumb Impression of Applicant
9. ATTESTATION / FO	R OFFICE USI	E ONLY				
Documents Received	Certified Copie	es				
KYC VER	IFICATION CARRIE	ED OUT BY			INSTITUTIO	ON DETAILS
Date	D - M M - Y	TYTYT		Name		
Emp. Name				Code		
Emp. Code						
Emp. Designation						
Emp. Branch						
						ion Stampl
	[Institution Stamp] [Employee Signature]					auri Staffipj

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Update

New

Application Type*

Important Instructions:

For office use only

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
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- 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.



(To be filled by financial institution) KYC Number (Manda	tory for KYC update request)
1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)	
☐ Same as Current / Permanent / Overseas Address details	
Line 1*	
Line 2	
Line 3 City / Tov	vn / Village*
District* Pin / Post Code* State / U.T Code*	ISO 3166 Country Code*
2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the	e end)
Tel. (Off) FAX Tel. (Res) Email ID	bbile
3. APPLICANT DECLARATION	
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.	
Date: DD - MM - Y Y Y Y Place:	Signature / Thumb Impression of Applicant

Annexure B1

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

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 (✓) in the box available before the section number and strike of the sections not required to be updated.



For office use only (To be filled by financial institu	Application Type*				
	, c.				
1. DETAILS OF RELAT	ED PERSON (Please refer instruction G at the end)				
Addition of Related Person	Deletion of Related Person KYC Number of Related Person (if available*)				
Related Person Type*	Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name				
Name*					
	(If KYC number and name are provided, below details of section 1 are optional)				
PROOF OF IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at the end)				
☐ A- Passport Number	Passport Expiry Date DD - MM - Y Y Y Y				
☐ B- Voter ID Card					
☐ C- PAN Card					
☐ D- Driving Licence	Driving Licence Expiry Date DD - MM - YYYY				
☐ E- UID (Aadhaar)					
☐ F- NREGA Job Card					
Z- Others (any documen	t notified by the central government) Identification Number				
□ S- Simplified Measures Account - Document Type code Identification Number					
2. APPLICANT DECL	ARATION				
	inished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held [Signature / Thumb Impression] Y Y Y Place: Signature / Thumb Impression of Applicant				
3. ATTESTATION / FO	R OFFICE USE ONLY				
	Certified Copies				
KYC VERI	FICATION CARRIED OUT BY INSTITUTION DETAILS				
Date	D — M M — Y Y Y Y				
Emp. Name	Code				
Emp. Code					
Emp. Designation					
Emp. Branch					
	[Employee Signature] [Institution Stamp]				