

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

## For office use only

(To be filled by financial institution)

### Application Type\*

 New

 Update

### KYC Number

### Account Type\*

 Normal

 Simplified (for low risk customers)

 Small

## 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix

First Name

Middle Name

Last Name

Name\* (Same as ID proof) MR. PRAJJWAL  
 Maiden Name (If any\*)  
 Father / Spouse Name\* MR. PRAKASH  
 Mother Name\* MRS. PREMA  
 Date of Birth\* 08-07-2000  
 Gender\*  M- Male  
 Marital Status\*  Married  
 IN- Indian  
 Resident Individual  
 Foreign National  
 Occupation Type\*  S-Service (  Private Sector  
 O-Others (  Professional  
 B-Business  
 X- Not Categorised

F- Female  
 Unmarried  
 Others (ISO 3166 Country Code  )  
 Non Resident Indian  
 Person of Indian Origin  
 Public Sector  
 Self Employed  
 Retired  
 Housewife  
 Student



## 2. TICK IF APPLICABLE

### RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction 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\*

## 3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number

Passport Expiry Date   -   -

B- Voter ID Card

C- PAN Card

BN EPT7552A

D- Driving Licence

E- UID (Aadhaar)

537697680218

Driving Licence Expiry Date   -   -

F- NREGA Job Card

Z- Others (any document notified by the central government)

Identification Number

S- Simplified Measures Account - Document Type code

Identification Number

## 4. PROOF OF ADDRESS (PoA)\*

### 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D 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\*  Passport

Driving Licence

UID (Aadhaar)

Registered Office

Voter Identity Card

NREGA Job Card

Others

Unspecified

Simplified Measures Account - Document Type code

### Address

Line 1\* GANJ PARA JATTI CHOURA WARD 36

Line 2

Line 3

District\* DURG

Pin / Post Code\* 491001

State / U.T Code\* CG

ISO 3166 Country Code\* IN

#### 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\* GANJ PARA SATTI CHOORA WARD 36

Line 2

Line 3

District\* DURG

City / Town / Village\* DURG

Pin / Post Code\* 491001

State / U.T Code\* CG

ISO 3166 Country Code\* IN

#### 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

State\*

City / Town / Village\*

ZIP / Post Code\*

ISO 3166 Country Code\*

#### 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)

Tel. (Res)

Mobile 91-8349082028

FAX

Email ID

PTAWRI@DELOITTE.COM

#### 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (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

Name\*

Prefix

First Name

Middle Name

Last Name

MR. PRAKASH

PTAWRI

(If KYC number and name are provided, below details of section 6 are optional)

#### PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

A- Passport Number

Passport Expiry Date

DD-MM-YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence

Driving Licence Expiry Date

DD-MM-YYYY

E- UID (Aadhaar) 636598558162

F- NREGA Job Card

Z- Others (any document notified by the central government)

Identification Number

S- Simplified Measures Account - Document Type code

Identification Number

#### 7. REMARKS (If any)

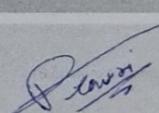
#### 8. APPLICANT DECLARATION

- 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.

- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : 05-12-2023

Place : DURG

  
Signature / Thumb Impression of Applicant

#### 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date

Name

Emp. Name

Code

Emp. Code

Emp. Designation

Emp. Branch

Digitization Stamp

आदरकर विभाग

INCOME TAX DEPARTMENT

भारत

सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BNPT7552A



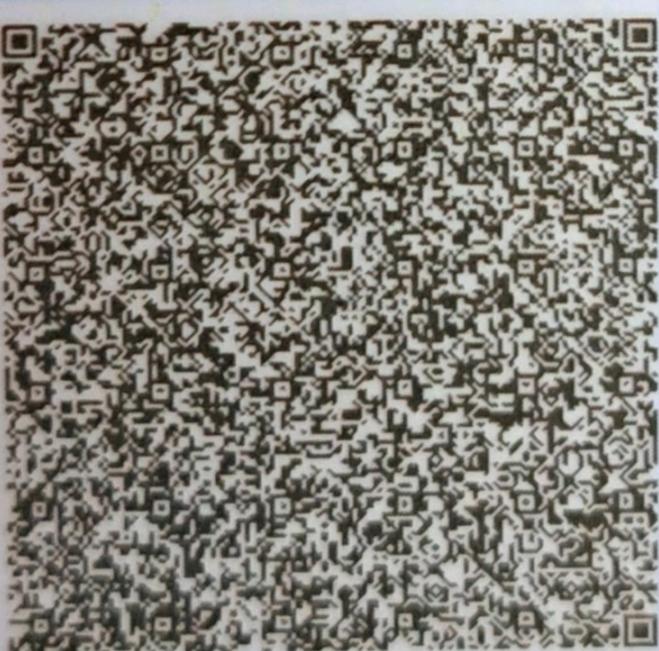
नाम / Name  
PRAJWAL TAWRI

पिता का नाम / Father's Name

PRAKASH TAWRI

जन्म की तारीख / Date of Birth  
08/07/2000

हस्ताक्षर / Signature





मार्ग सरकार



12/08/2021

Download Date:



Government of India

प्रज्ञवल टावरी

Prajwal Tawri

जन्म तिथि/DOB: 08/07/2000

पुरुष/ MALE

12/08/2021

Download Date:

Issue Date: 17/07/2021

5376 9768 0218

VID : 9138 5124 1944 9171

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

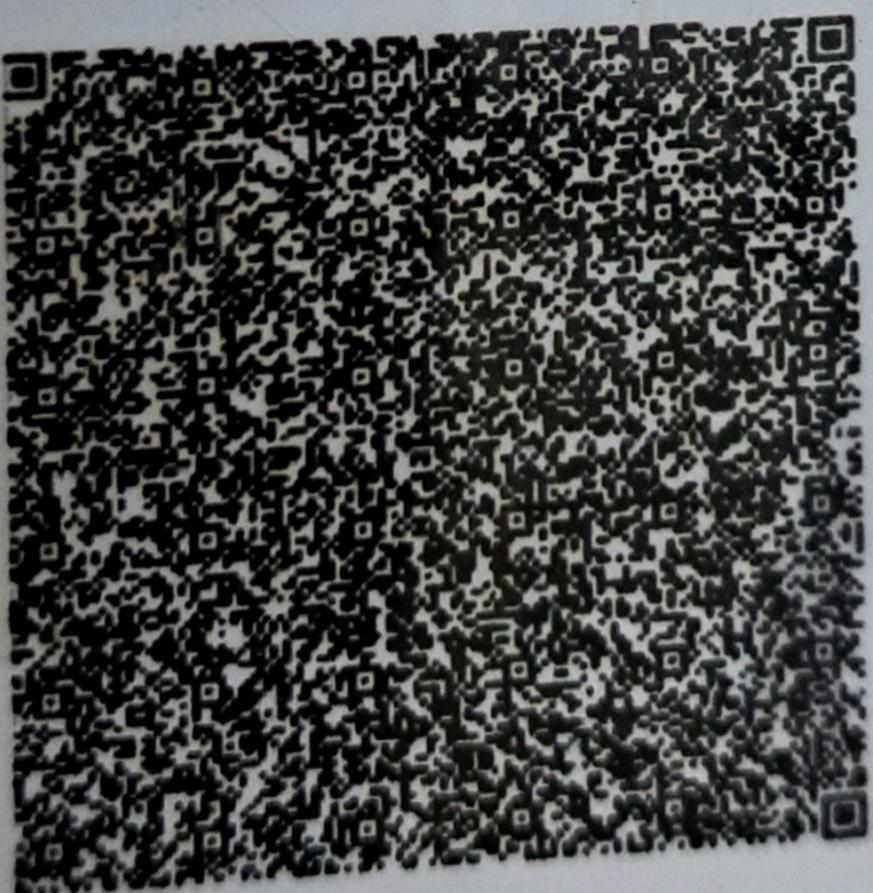


पता:

S/O: प्रकाश टावरी, 36, गंज पारा सत्ती चौरा वार्ड 36,  
लुर्णा, दुर्ग, दुर्ग, दुर्ग,  
छत्तीसगढ़ - 491001

Address:

S/O: Prakash Tawri, 36, Ganj Para Satti  
Choura Ward 36, Durg, Durg, Durg,  
Chhattisgarh - 491001



5376 9768 0218

VID : 9138 5124 1944 9171

1947

| help@uidai.gov.in | www.uidai.gov.in