## 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.



at the end.		Section		STATE TO THE PERSON												
For office use only	Application Type*	□New	Update	:												
_	nstitution) KYC Number	(Mandatory for KYC upd							upda	te requ	est)					
	Account Type*	☐ Normal	Simplif	ied (for lo	ow risk o	customer	s) [	Smal	I							
☐ 1. PERSONAL DE	ETAILS (Please refer instruction A	at the end)														
_	Prefix Fir	st Name			Middle N	lame				Last	Name					
☐ Name* (Same as ID p	eroof)															
Maiden Name (If any*)	<b>/</b> //															
Father / Spouse Name																
Mother Name*																
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Υ									PHO	ΓΟ				
Gender*	☐ M- Male		☐ F- Female	[	T-Tra	ınsgende	r									
Marital Status*	☐ Married	Unmarried	[	Other	rs											
Citizenship*	☐ IN- Indian		Others (IS	O 3166	Country	)										
Residential Status*	Resident Individual		□ Non Resident Indian													
	☐ Foreign National		Person of Indian Origin													
Occupation Type*	☐ S-Service ( ☐ Private	Sector	☐ Public Sec	tor 🗌	Govern	ment Sec	ctor)									
	☐ O-Others (☐ Profess	ional	☐ Self Emplo	yed $\square$	Retired	□Hou	sewife	□Stι	ıdent)							
	<ul><li>☐ B-Business</li><li>☐ X- Not Categorised</li></ul>															
	☐ X- Not Categorised															
☐ 2. TICK IF APPLIC	CABLE RESIDENCE FOR	TAX PURP	OSES IN JUR	RISDICTION	ON(S) C	OUTSIDE	INDIA (	Please	refer in	structio	n <b>B</b> at th	e end)				
ADDITIONAL DETAILS	REQUIRED* (Mandatory only if	section 2 is t	ticked)													
	e of Jurisdiction of Residence*															
-	per or equivalent (If issued by juri	sdiction)*														
Place / City of Birth*			ISO 3166 Co	untry Co	de of Bir	rth*										
☐ 3. PROOF OF IDE	NTITY (Pol)* (Please refer instr	uction <b>C</b> at th	he end)													
(Certified copy of any one	of the following Proof of Identity[Po	I] needs to b	e submitted)													
☐ A- Passport Number	er			Pa	ssport E	Expiry Da	te	D	) — M	M —	Y Y Y	Υ				
☐ B- Voter ID Card																
☐ C- PAN Card																
☐ D- Driving Licence				Dri	vina Lic	ence Exp	oirv Date	D 0	) — M	M -	YYY	Υ				
☐ E- UID (Aadhaar)					5		,									
☐ F- NREGA Job Car	d															
Z- Others (any docu	ment notified by the central governi	ment)			lder	ntification	Numbe	r								
☐ S- Simplified Meas	ures Account - Document Typ	e code				ntification										
4 DDOOF OF A	ADDECC (D. A)*															
4. PROOF OF AD		DETAILO	(Diagon and inst	mustion D	at the end	۹/										
	MANENT / OVERSEAS ADDRESS of the following Proof of Address [F		•	ruction <b>D</b> a	at the end	u)										
_	Residential / Business	Reside	•	□ n	siness		□ Po≈i-	torod (	Office		□ I I	nocifi				
Proof of Address*	Passport			_			Regis	ilerea (	Office		□ Uns	specified				
Proof of Address*																
	Simplified Measures Account							-								
Address																
Line 1*																
Line 3						City / T	own / Vi	llage*								
District*	Pin / F	ost Code*		S	State / U	.T Code*		_	3166	Count	ry 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*													+	<u> </u>								
Line 2										+				\	, <b>T</b>	( ) (:)	U +					
Line 3 District*				Din	/ Post	Code	>* T			1	Sta	ate / L		-		/n / Vi	-	3166	Cou	ntry C	nde*	
District				ГШ	7 FUSI	Coue	5 L				Ole	ic / c	J. 1 C	oou	_		100	0100	Oou	na y O	Juc	
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																						
	ent / Perman	ent / Over	seas Addr	ess det	ails				Same a	is Co	rrespo	onden	ce / I	Loca	l Add	lress d	etails					
Line 1*																						
Line 2														ity /	Town	n / Vill	200*					
Line 3 State*								7	ZIP / Po	ost C	ode*	,		ity /	IOWI	VIII		3166	Coun	try Co	de*	
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	)								Mob	oile						
FAX					Em	ail ID																
□ 6 DETAILS (	OE DEL ATE	n DEDS	N (In cas	o of add	ditional	rolatod	porcor	ne nloc	aco fill 'A	nnovi	uro B1	l' ) (pla	200 1	rofor	inetru	ction G	at the	and)				
G. 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									YC Number of Related Person (if available*)  Authorized Representative													
•	•	Prefix		F	irst Nar							Idle Na		•					Last	Name		
Name*		(If KVC nu	mber and r	ama ar	provid	od bol	ov dot	oilo of	nootion 6	S oro	ontion	ol)										
					•					ale	ориоп	ai)										
PROOF OF IDE		OF RELAT	ED PERSC	N* (Plea	ase see	instruc	ction (H	I) at the	e end)													1
A- Passport N										F	Pass	port E	Expir	ry D	ate		D D	— IVI	IVI	YY	Y	
☐ B- Voter ID C																						
C- PAN Card								_														
☐ D- Driving Lid											Drivin	ıg Lic	ence	e Ex	piry	Date	D D	— M	IVI —	Y	Y	
□ E- UID (Aadh □	naar)																					
☐ F- NREGA Jo —																						
Z- Others (an																mber						
S- Simplified	Measures	Account	- Docum	ent Ty	pe co	de						Ider	itific	atio	n Nu	mber						
7. REMARKS	S (If any)																					
8. APPLICA	NT DECL	ARATION	1																			
I hereby declare that	t the details furnis	hed above ar	e true and cor	ect to the	best of	my knov	vledge ar	nd belief	fand I un	dertake	e to info	rm you	of any	chang	jes							
therein, immediately. for it.	. In case any of th	ne above infor	mation is foun	d to be fal	se or untr	ue or mis	sleading	or misre	presenting	, I am a	aware th	nat I may	be he	eld liat	ole							
I hereby consent to r	receiving informat	tion from Cen	tral KYC Regis	trv throug	h SMS/Er	nail on th	ne above	register	ed numbe	r/email	address	s.										
	- M M - N	YYYY	7	Plac												5	Signature	/ Thuml	) Impres	sion of	Applicant	t
9. ATTESTAT	TION / FOR	R OFFICI	E USE O	NLY																		
Documents Rece	eived 🗌	Certified	Copies																			
KYC VERIFICATION CARRIED OUT BY														IN	STITL	JTION I	DETAIL	S				
Date	D D	— м м	- Y Y	YY					Name													
Emp. Name									Code					$\Box$								
Emp. Code																						
Emp. Designation	1																					
Emp. Branch																						
[Employee Signature]																						