

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.

ISO 3166 Country Code\*

☐ 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*   |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |  |  |  |  |  |
| Line 2    |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |  |  |  |  |  |
| Line 3    |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |                   |  |  |                        |  |  |  |  |  |  |  |
| District* |  |  |  |  |  |  |  |  |  |  | Pin / Post Code* |  |  |  |  |  | State / U.T Code* |  |  | 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  |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |
| State*  |  |  |  |  |  |  |  |  |  |  | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FAX        |  |  |  |  |  |  |  |  |  |  | Email ID   |  |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

☐ 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

(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)

|  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> A- Passport Number  |  |  |  |  |  |  |  |  |  |  | Passport Expiry Date        |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> B- Voter ID Card  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> C- PAN Card   |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> D- Driving Licence  |  |  |  |  |  |  |  |  |  |  | Driving Licence Expiry Date |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> E- UID (Aadhaar)  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> F- NREGA Job Card   |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Z- Others (any document notified by the central government) |  |  |  |  |  |  |  |  |  |  | Identification Number       |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> S- Simplified Measures Account - Document Type code         |  |  |  |  |  |  |  |  |  |  | Identification Number       |  |  |  |  |  |  |  |  |  |  |

☐ 7. REMARKS (If any)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 : DD - MM - YYYY

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

|                  |  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|--|
| Date             |  |  |  |  |  |  |  |  |  |  |
| Emp. Name        |  |  |  |  |  |  |  |  |  |  |
| Emp. Code        |  |  |  |  |  |  |  |  |  |  |
| Emp. Designation |  |  |  |  |  |  |  |  |  |  |
| Emp. Branch      |  |  |  |  |  |  |  |  |  |  |

[Employee Signature]

INSTITUTION DETAILS

|      |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|
| Name |  |  |  |  |  |  |  |  |  |  |
| Code |  |  |  |  |  |  |  |  |  |  |

[Institution Stamp]