

Know Your Customer (KYC) Application Form | Individual



- For office use only** Application Type* ☐ New ☐ Update

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

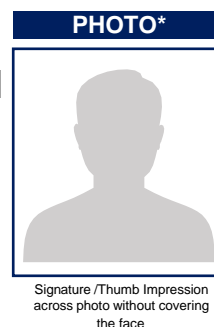
Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

<input type="checkbox"/>	A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	B-Voter ID Card	<input type="text"/>										
<input type="checkbox"/>	C-Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	D-NREGA Job Card	<input type="text"/>										
<input type="checkbox"/>	E-National Population Register Letter	<input type="text"/>										
<input type="checkbox"/>	F-Proof of Possession of Aadhaar	<i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i>										
II	<input type="checkbox"/> E-KYC Authentication	<i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i>										
III	<input type="checkbox"/> Offline verification of Aadhaar	<i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i>										



Address [For other than resident Individual, please mention Overseas Address]

[illegible]

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>	
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>	
<input type="checkbox"/> C-Driving Licence	<input type="text"/>	
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>	
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>	
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i>	

II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

IV ☐ Deemed Proof of Address – Document Type code

Address

[illegible]

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction **C** at the end)

Tel. (Off) [] [] [] [] - [] [] [] [] [] [] [] [] Tel. (Res) [] [] [] [] - [] [] [] [] [] [] [] [] Mobile [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Email ID

*mandatory and subject to validation, hence provide the valid information in legible manner

☐ **5. Remarks** (If any)

[illegible]

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/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 declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address..
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data / applicable Aadhaar XML data with CKYCR, download the information from CKYCR and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Date:

D	D	-	M	M	-	Y	Y	Y	Y
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[illegible]

Signature/Thumb Impression of Applicant

7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process

☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by

Date:

D	D
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M	M
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Y	Y	Y	Y
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[illegible][illegible][illegible][illegible]

Institution details

[illegible][illegible]

In-Person Verification (IPV) carried out by

Date:

D	D
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M	M
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Y	Y	Y	Y
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[illegible][illegible][illegible][illegible]

Institution details

[illegible][illegible]