

**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

A. In case of Existing Customer, please specify your loan account number below :

Loan Account Number :

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

Name* (Same as ID proof) <input type="text"/>	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name (If any*) <input type="text"/>				
Father / Spouse Name* <input type="text"/>				
Mother Name* <input type="text"/>				
Date of Birth* <input type="text"/>				
Gender* <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender				
Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others				
Citizenship* <input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code)				
Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident India				
<input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin				
Occupation Type* <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector				
<input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student				
<input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised				
Others (Please tick wherever is applicable) <input type="checkbox"/> Antique Dealers <input type="checkbox"/> Dealers in Arms <input type="checkbox"/> Bullion Dealers				
<input type="checkbox"/> Conducting Money Service Bureau such as money exchangers <input type="checkbox"/> Exports/Imports Activity				
<input type="checkbox"/> Real Estate & Construction Business <input type="checkbox"/> Politically Exposed Person				
<input type="checkbox"/> Less than Rs. 5 Crore <input type="checkbox"/> Rs. 5 Crore or More				



Signature:

**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)\*

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)

Passport Expiry Date

A- Passport Number

B- Voter ID Card

C- PAN Card

D- Driving Licence

E- UID (Aadhaar)

F- NREGA Job Card

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

Driving Licence Expiry Date

S- Simplified Measures Account - Document Type code

Identification Number

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)

Unspecified

Address Type\*  Residential / Business  Residential  Business  Registered Office

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others

Simplified Measures Account - Document Type code

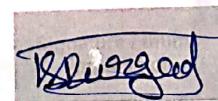
Address

Line 1\*

Line 2

Line 3

District\*  State / UT Code\*  Country Code\*  Pin / Post Code\*



**General Instructions:**

- 1 Fields marked with '\*' are mandatory fields.
- 2 Tick wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

**A Clarification / Guidelines on filling 'Personal Details' section**

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

**B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India**

- 1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

**C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section**

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

**Document Code** **Description**

- |    |  |
|----|--|
| 01 | Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions. |
| 02 | Letter issued by a gazetted officer, with a duly attested photograph of the person.  |

**D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section**

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

**Document Code** **Description**

- |    |  |
|----|--|
| 01 | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).  |
| 02 | Property or Municipal Tax receipt.   |
| 03 | Bank account or Post Office savings bank account statement.  |
| 04 | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.  |
| 05 | Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation. |
| 06 | Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.  |

**E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section**

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

**F Clarification / Guidelines on filling 'Contact details' section**

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**G Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person if available.

**H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section**

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

**I. #Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Head of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.**

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PY
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	PB
Assam	AS	Karnataka	KA	Sikkim	RU
Bihar	BR	Kerala	KL	Tamil Nadu	SK
Chandigarh	CH	Lakshadweep	LD	Telangana	TN
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TS
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	TR
Daman & Diu	DD	Manipur	MN	Uttarakhand	UP
Delhi	DL	Meghalaya	ML	West Bengal	UA
Goa	GA	Mizoram	MZ	Other	WB
Gujarat	GJ	Nagaland	NL		XX
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM		
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC		
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS		
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM		
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST		
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA		
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN		
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS		
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC		
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	ML	Sierra Leone	SL		
Argentina	AR	Fiji	FJ	Mali	MV	Singapore	SG		
Armenia	AM	Finland	FI	Marshall Islands	MT	Sint Maarten (Dutch part)	SX		
Aruba	AW	France	FR	Martinique	MH	Slovakia	SK		
Australia	AU	French Guiana	GF	Mauritania	MQ	Slovenia	SI		
Austria	AT	French Polynesia	PF	Mauritius	MR	Solomon Islands	SB		
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO		
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA		
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS		
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS		
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES		
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK		
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD		
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR		
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI		
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ		
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE		
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH		
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY		
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW		
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ		
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ		
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH		
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL		
Brunel Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG		
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokeau	TK		
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO		
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT		
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN		
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR		
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM		
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC		
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV		
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG		
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA		
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE		
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB		
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US		
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM		
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY		
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ		
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU		
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE		
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN		
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG		
Cote d'Ivoire /Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion /Réunion	RE	Virgin Islands, U.S.	VI		
Croatia		Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF		
Cuba	HR	Kuwait	KW	Russian Federation	RU	Western Sahara	EH		
Curacao /Curaçao	CU	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE		
Cyprus	CW	Lao People's Democratic Republic	LA	Saint Barthélemy /Saint Barthélémy	BL	Zambia	ZM		
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW		
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN				
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC				
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF				

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

**Important Instructions:**

A) Fields marked with \* are mandatory fields.

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.



**Annexure A1**

**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 off the sections not required to be updated.



For office use only  
(To be filled by financial institution)

Application Type\*  
KYC Number

New     Update

(Mandatory for KYC update request)

**1. 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\*  City / Town / Village\*   
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 end)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -   
Email ID

**3. APPLICATION 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 :

Place :



**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 off the sections not required to be updated.



**For office use only**  
(To be filled by financial institution)

Application Type\*  
KYC Number

New     Update

(Mandatory for KYC update request)

**1. DETAILS OF RELATED PERSON** (Please see instruction G at the end)

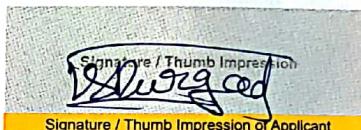
<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Related Person Type*		<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Passport Expiry Date	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> B- Voter ID Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> C- PAN Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> D- Driving Licence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Driving Licence Expiry Date	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Identification Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="checkbox"/> <input type="checkbox"/>	Identification Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**2. APPLICATION 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 :    DDMMYY    Place :

Signature / Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

**Documents Received**     Certified Copies

<b>KYC VERIFICATION CARRIED OUT BY</b>		<b>INSTITUTION DETAILS</b>
Date	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	Name <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emp. Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emp. Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Emp. Designation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Emp. Branch	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		[Institution Stamp]

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### Important Instructions:

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- 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

A. In case of Existing Customer, please specify your loan account number below :

Loan Account Number :

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

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<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"/> DD - <input type="text"/> MM - <input type="text"/> YYYY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others (ISO 3166 Country Code)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident India		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector	<input type="checkbox"/> Dealers in Arms <input type="checkbox"/> Bullion Dealers	<input type="checkbox"/> Exporters/Imports Activity	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	<input type="checkbox"/> Conducting Money Service Bureau such as money exchangers	<input type="checkbox"/> Politically Exposed Person	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> Real Estate & Construction Business		
	<input type="checkbox"/> X-Not Categorised	<input type="checkbox"/> Others (Please tick wherever applicable)	<input type="checkbox"/> Antique Dealers <input type="checkbox"/> Dealers in Arms <input type="checkbox"/> Bullion Dealers	
		<input type="checkbox"/> Conducting Money Service Bureau such as money exchangers	<input type="checkbox"/> Exporters/Imports Activity	
		<input type="checkbox"/> Real Estate & Construction Business	<input type="checkbox"/> Politically Exposed Person	
Networth (Assets - Liabilities)	<input type="checkbox"/> Less than Rs. 5 Crore	<input type="checkbox"/> Rs. 5 Crore or More		



Signature / Thumb Impression  
*[Signature]*

### 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)

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

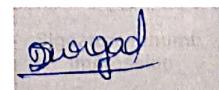
### **4. PROOF OF ADDRESS (PoA)\***

#### 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*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	
Address	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

Line 1\*   
 Line 2   
 Line 3   
 District\*  State / UT Code\*  Country Code\*  Pin / Post 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\*  City / Town / Village\*  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\*  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  -   
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)

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)   
 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)

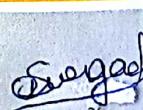
**8. APPLICANT DECLARATION**

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 :  -  -

Place :

  
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

INSTITUTION DETAILS

Name   
Code

[Institution Stamp]

**General Instructions:**

- 1 Fields marked with '\*' are mandatory fields.
- 2 Tick wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

**A Clarification / Guidelines on filling 'Personal Details' section**

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

**B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India**

- 1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

**C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section**

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

<b>Document Code</b>	<b>Description</b>
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

**D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section**

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

<b>Document Code</b>	<b>Description</b>
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

**E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section**

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

**F Clarification / Guidelines on filling 'Contact details' section**

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**G Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person if available.

**H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section**

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

- I. #Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Head of States or of Governments, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.

**List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988**

<b>State / U.T</b>	<b>Code</b>	<b>State / U.T</b>	<b>Code</b>	<b>State / U.T</b>	<b>Code</b>
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PY
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	PB
Assam	AS	Karnataka	KA	Sikkim	RJ
Bihar	BR	Kerala	KL	Tamil Nadu	SK
Chandigarh	CH	Lakshadweep	LD	Telangana	TN
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TS
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	TR
Daman & Diu	DD	Manipur	MN	Uttarakhand	UP
Delhi	DL	Meghalaya	ML	West Bengal	UA
Goa	GA	Mizoram	MZ	Other	WB
Gujarat	GU	Nagaland	NL		XX
Haryana	HR	Orissa	OR		

**List of ISO 3166 two- digit Country Code**

<b>Country</b>	<b>Country Code</b>	<b>Country</b>	<b>Country Code</b>	<b>Country</b>	<b>Country Code</b>	<b>Country</b>	<b>Country Code</b>
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	PM
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	VC
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	WS
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	SM
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	ST
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SA
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	SN
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	RS
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SC
Argentina	AR	Fiji	FI	Mali	ML	Singapore	SL
Armenia	AM	Finland	FR	Marshall Islands	MT	Sint Maarten (Dutch part)	SG
Aruba	AW	France	GF	Martinique	MH	Slovakia	SX
Australia	AU	French Guiana	PF	Mauritania	MQ	Slovenia	SK
Austria	AT	French Polynesia	TF	Mauritius	MU	Solomon Islands	SI
Azerbaijan	AZ	French Southern Territories	GA	Mayotte	YT	Somalia	SB
Bahamas	BS	Gabon	GM	Mexico	MX	South Africa	SO
Bahrain	BH	Gambia	GE	Micronesia, Federated States of	FM	South Georgia and the South Sandwich Islands	ZA
Bangladesh	BD	Georgia	DE	Moldova, Republic of	MD	South Sudan	GS
Barbados	BB	Germany	GH	Monaco	MC	Spain	SS
Belarus	BY	Gibraltar	GI	Mongolia	MN	Sri Lanka	ES
Belgium	BE	Greece	GR	Montenegro	ME	Sudan	LK
Belize	BZ	Greenland	GL	Montserrat	MS	Suriname	SD
Benin	BJ	Grenada	GD	Morocco	MA	Svalbard and Jan Mayen	SR
Bermuda	BM	Guadeloupe	GP	Mozambique	MZ	Swaziland	SJ
Bhutan	BT	Guam	GU	Myanmar	MM	Sweden	SZ
Bolivia, Plurinational State of	BO	Guatemala	GT	Namibia	NA	Switzerland	SE
Bonaire, Sint Eustatius and Saba	BQ	Guernsey	GG	Nauru	NR	Syrian Arab Republic	CH
Bosnia and Herzegovina	BA	Guinea	GN	Nepal	NP	Taiwan, Province of China	SY
Botswana	BW	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TW
Bouvet Island	BV	Guyana	GY	New Caledonia	NC	Thailand	TZ
Brazil	BR	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
British Indian Ocean Territory	IO	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Brunei Darussalam	BN	Holy See (Vatican City State)	VA	Niger	NE	Tokeleau	TK
Bulgaria	BG	Honduras	HN	Nigeria	NG	Tonga	TO
Burkina Faso	BF	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Burundi	BI	Hungary	HU	Norfolk Island	NF	Tunisia	IN
Cabo Verde	CV	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cambodia	KH	India	IN	Norway	NO	Turkmenistan	TM
Cameroon	CM	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Canada	CA	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Cayman Islands	KY	Iraq	IQ	Palau	PW	Uganda	UG
Central African Republic	CF	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chad	TD	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
Chile	CL	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
China	CN	Italy	IT	Paraguay	PY	United States	US
Christmas Island	CX	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Cocos (Keeling) Islands	CC	Japan	JP	Philippines	PH	Uruguay	UY
Colombia	CO	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Comoros	KM	Jordan	JO	Poland	PL	Vanuatu	VU
Congo	CG	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Congo, the Democratic Republic of the	CD	Kenya	KE	Puerto Rico	PR	Viet Nam	YN
Cook Islands	CK	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Costa Rica	CR	Korea, Democratic People's Republic of	KP	Reunion   Réunion	RE	Virgin Islands, U.S.	VI
Cote d'Ivoire   Côte d'Ivoire	CI	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Croatia	HR	Kuwait	KW	Russian Federation	RU	Western Sahara	YE
Cuba	CU	Kyrgyzstan	KG	Rwanda	RW	Yemen	ZM
Curacao   Curaçao	CW	Lao People's Democratic Republic	LA	Saint Barthélemy   Saint Barthélémy	BL	Zambia	ZW
Cyprus	CY	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	
Czech Republic	CZ	Lebanon	LB	Saint Kitts and Nevis	KN		
Denmark	DK	Lesotho	LS	Saint Lucia	LC		
Djibouti	DJ	Liberia	LR	Saint Martin (French part)	MF		
Dominica	DM						

**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\*  
KYC Number

New     Update

(Mandatory for KYC update request)

**1. CORRESPONDENCE / LOCAL ADDRESS DETAILS** (Please see instruction E at the end)

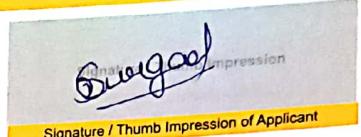
Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')  
 Line 1\*        
 Line 2        
 Line 3        
 District\*        
 Pin / Post Code\*       City / Town / Village\*     
 State / U. T. Code\*  ISO 3166 Country Code\*

**2. CONTACT DETAILS** (All communications will be sent on provided Mobile no./Email-ID) (Please refer instruction F at the end)  
 Tel. (Off)  -      Tel. (Res)  -     Mobile  -      
 FAX    Email ID

**3. APPLICATION 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 :    Place :



**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 off the sections not required to be updated.



**For office use only** Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

**1. DETAILS OF RELATED PERSON** (Please see instruction G at the end)

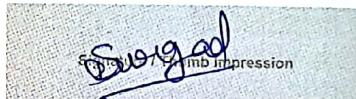
<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (If available*) <input type="text"/>
Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
Name*	Prefix <input type="text"/> First Name <input type="text"/>	Middle Name <input type="text"/> Last Name <input type="text"/>
(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 <input type="text"/>	Passport Expiry Date <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- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

**2. APPLICATION 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.

  
 Signature / Thumb Impression

Date :  /  /  Place :

Signature / Thumb Impression of Applicant

**3. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY	
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>
Emp. Branch	<input type="text"/>

INSTITUTION DETAILS	
Name	<input type="text"/>
Code	<input type="text"/>

[Institution Stamp]

CUSTOMER INTRODUCTION FORM

File No. \_\_\_\_\_

Name of DSA/HLA/CRA \_\_\_\_\_ Code No. \_\_\_\_\_

Particulars	Applicant	Co-applicant
Name Mr./Mrs.		
Designation		
Employer Name / Nature of Business / Firm's Name & Address		

I have met the above applicants on \_\_\_\_\_.

The applicants are known to me through :

- Personal acquaintance—Friend / Relative ( \_\_\_\_\_ ) for \_\_\_\_\_ months / years.
- Introduced by \_\_\_\_\_ who knows them for \_\_\_\_\_ months/ years.
- Any other way (specify) \_\_\_\_\_

Any other Observations / Remarks :

I hereby introduce the above proposal for a loan of Rs. \_\_\_\_\_ under \_\_\_\_\_ Scheme for a term of \_\_\_\_\_ years received from the above applicant/s to LIC Housing Finance Ltd., \_\_\_\_\_ Office.

Place : Date :	Signature of the DSA/HLA/CRA	
	Full Address : (Seal can be used or address can be written in full)	
Signature of Applicant/s	Phone No.	

**INDIVIDUAL LOAN APPLICATION FORM (excluding Companies/ Commercial/ LRD loans)**

Please take due care & fill in all the details in **CAPITAL LETTERS** only. A completed & correctly filled in Form will help us in processing your Application faster. An incomplete / incorrect Application is liable to be rejected.

**PERSONAL INFORMATION**

	APPLICANT	CO-APPLICANT
PAN	A W L P V 5 3 6 6 P	B N Q P V 8 7 3 2 E
Name as per PAN*	VINAYAK	VAIBHAV
(*I understand that my name as per PAN will be used for all loan related purpose)		
Father's/Husband's Name	Father's Name <input checked="" type="checkbox"/> Husband's Name <input type="checkbox"/>	Father's Name <input checked="" type="checkbox"/> Husband's Name <input type="checkbox"/>
Surname		
First Name		
Middle Name		
Mother's Surname		
First Name	KANALA RAI	
Middle Name		
Date of Birth	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>
Residual Status	Resident Indian <input checked="" type="checkbox"/> Non-Resident Indian* <input type="checkbox"/> (* Non-Resident Indian to submit separate NRI/ PIO form and FATCA/CRS declaration)	Resident Indian <input checked="" type="checkbox"/> Non-Resident Indian* <input type="checkbox"/> (* Non-Resident Indian to submit separate NRI/ PIO form and FATCA/CRS declaration)
Educational Qualification		
Name of Institute / University		
Identity proof	Passport <input type="checkbox"/> Voter Id <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <input type="checkbox"/> Please specify _____	Passport <input type="checkbox"/> Voter Id <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others <input type="checkbox"/> Please specify _____
Category	SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input checked="" type="checkbox"/>	SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input checked="" type="checkbox"/>
Dependents	Please specify Relation of Co-applicant with Applicant: No. of Dependents: Children _____ Adults _____	
Current Residence /Permanent Address*	Flat/ Unit/ Floor/ Block No. SRI VINAYAKA Name of Building Premises BAYT 1 Road / Street A 11/16, 9 MA CROSS, Nearest Landmark B 2001 Area / Locality SENGALI MALLA Town / City/ Dist. BENGALESHWAR State/ Union Territory KARNATAKA PIN 560048 STD Code _____ Phone _____ No. of years at above Residence 6 months. Residence Status: Self-Owned <input type="checkbox"/> Owned by Family <input type="checkbox"/> Rented <input checked="" type="checkbox"/> Employer Leased <input type="checkbox"/>	
	Flat/ Unit/ Floor/ Block No. SANKALP Name of Building Premises APT Road / Street SONARBHOG NAGAR, Nearest Landmark WANGDAI SECTOR 1 Area / Locality PUNE Town / City/ Dist. PUNE State/ Union Territory MAHARASHTRA PIN 411014 STD Code _____ Phone _____ No. of years at above Residence 4 monthly Residence Status: Self-Owned <input type="checkbox"/> Owned by Family <input type="checkbox"/> Rented <input checked="" type="checkbox"/> Employer Leased <input type="checkbox"/>	

 Applicant's Signature : Vineetgad

 Co-Applicant's Signature : Sangad

Mobile Number* (tick the registered mobile number)	1. <input type="checkbox"/> 9900560794 2. <input type="checkbox"/> 7337802529 3. <input type="checkbox"/>	VINAYAK.DURGAD@GMAIL.COM Email ID (personal)*
* I/We confirm that above mentioned Mobile Number and E-mail Id will be updated as my registered Mobile and email id in LICHFL records and all communication will be received on this mobile and email id. If not selected, mobile number filled in sr. no. 1 will be selected as registered number.		

Permanent Address	Flat / Unit / Floor / Block No. _____ Name of Building Premises _____ Road / Street _____ Nearest Landmark _____ Area / Locality _____ Town / City/ Dist. _____ State / Union Territory _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Flat / Unit / Floor / Block No. _____ Name of Building Premises _____ Road / Street _____ Nearest Landmark _____ Area / Locality _____ Town / City/ Dist. _____ State / Union Territory _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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### INCOME INFORMATION

	APPLICANT	CO-APPLICANT
Occupation	Salaried <input checked="" type="checkbox"/> Self-Employed <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="checkbox"/>	Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="checkbox"/>
Employer / Business Name & Contact Details	JCS, JALAKAR BUILDING, PARKSIDE, WHARF FIELD Dist. DONGRAK State _____ PIN <input type="text"/> 560066 STD Code _____ Phone _____ Fax _____ Email (Official): _____ Contact Person: _____	MD WILDA NESTA S.No.4/6/1, R-Square, Al Andalus Dist. PUNE State MAHARASHTRA PIN <input type="text"/> 411014 STD Code _____ Phone _____ Fax _____ Email (Official): _____ Contact Person: _____
If Salaried:		
Designation & Emp. No.	SYSTEM ENGINEER	
Department	Sr. EXECUTIVE INFOGRAPHICS	
Date of Joining	DD <input type="text"/> 09 MM <input type="text"/> 03 YYYY <input type="text"/> 2022	DD <input type="text"/> 08 MM <input type="text"/> 01 YYYY <input type="text"/> 2024
Total Experience	<input type="text"/> 03 Years	<input type="text"/> 03 Years
Retirement Age		
Gross Annual Income		
Net Annual Income		
If Self-Employed/Professional:		
Nature of Business		
No. of years in Present Business		
Whether office Premises is owned?		
Gross Annual Income	Rs. <input type="text"/> 51.8/- p.a.	Rs. <input type="text"/> 51.8/- p.a.
Net Annual Income	Rs. <input type="text"/> 51.8/- p.a.	Rs. <input type="text"/> 51.8/- p.a.

### PAST EMPLOYMENT/ BUSINESS DETAILS

Employer/ Business Details (for last 5 years)	Designation	From	To	Reason for Change
Applicant				
Co-Applicant				

Applicant's Signature : Durgad

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## LOAN INFORMATION

Loan Required (Rs.): \_\_\_\_\_ Only.  
 (In words): \_\_\_\_\_

Whether loan is for Takeover from another institute? Yes  No  if yes, separate Annexure for Takeover loan details to be submitted.

Term Desired: \_\_\_\_\_ years (Max. 30 years for Salaried and  
 25 years for Self-Employed. For Non-Housing Loan, max term is 15 years)

Type of Rate of Interest:  Floating  Fixed

<b>Purpose of Loan:</b>	<input checked="" type="checkbox"/> Purchase of Flat Under construction - Builder	<input type="checkbox"/> Purchase of Flat Ready built - Builder	<input type="checkbox"/> Purchase of Flat ready built - Resale
	<input type="checkbox"/> Purchase of House Under construction - Builder	<input type="checkbox"/> Purchase of House Ready built - Builder	<input type="checkbox"/> Purchase of House ready built - Resale
	<input type="checkbox"/> Improvement / Renovation	<input type="checkbox"/> Construction of House	<input type="checkbox"/> Extension of House
	<input type="checkbox"/> Purchase of Plot	<input type="checkbox"/> Purchase of Plot (Govt.)	<input type="checkbox"/> Plot Purchase + House Construction
	<input type="checkbox"/> Non-Housing Loan*	<input type="checkbox"/> In case of existing borrower taking additional loan, purpose _____ <input type="checkbox"/> Existing loan A/c no. _____	

## FINANCIAL INFORMATION

### Bank A/c Details:

Name of the A/c. Holder	Name & Address of the Bank	Type of Account	Account No.

### Assets Details:

Particulars	Applicant [Rs.]	CO-Applicant [Rs.]	Particulars	Applicant [Rs.]	CO-Applicant [Rs.]
1. Bank Savings / Deposits			4. Life Ins. Policies / PLI (current value)		
2. Other Properties			5. Shares & Securities		
3. Current Balance in PF / PPF			6. Other Assets (Pl. specify)		

**Liabilities Details:** Loans / Cash Credit / Overdraft Facilities availed: [Please attach separate sheet if space is insufficient]

Name of Bank / FI	Sanc. Date, ROI, Term, & Purpose	Details of Security Offered	Sanc. Amt. / Limit	EMI, if any	O/s. Bal. as on Date

Total Net worth of Applicant/ Co-applicant (Total Assets - Total Liabilities): Rs. \_\_\_\_\_/-.

Monthly Expenses: Rs. \_\_\_\_\_/- p.m.

Have you / your Spouse ever stood as Guarantor for any loan from LIC HFL? Yes  No

if yes, give details: Name of the borrower: \_\_\_\_\_

## PROPERTY INFORMATION

### FULL ADDRESS OF THE PROPERTY (for all purpose including purchase cases where property is finalized):

Flat/Unit/Block/Plot no. \_\_\_\_\_ Floor No. \_\_\_\_\_  
 Name of Building/Premises \_\_\_\_\_  
 Area / Locality \_\_\_\_\_ Nearest Landmark \_\_\_\_\_  
 Town/City/Dist \_\_\_\_\_  
 State/Union Territory \_\_\_\_\_ PIN       
 Property Owner Name's \_\_\_\_\_ PropertyValue \_\_\_\_\_

Applicant's Signature: *1800, 929 mdt*

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Sources of Funds (Rs.):	Total Requirement	Invested so far
Means of Finance		
Self-Contribution – savings in Bank		
Provident Fund (refundable/ non-refundable)		
Disposal of Investment / Property		
Loan (s) from LICHFL		
Others (Pl. Specify)		
<b>Total Funds</b>		

### GENERAL

Whether the Applicant/ Co-Applicant are Politically Exposed Person (PEP)? Yes  No

If yes, Provide details \_\_\_\_\_

Have you or the Co-Applicant (s) earlier applied to LICHFL for a loan? Yes  No

If yes, Provide details \_\_\_\_\_

### REFERENCES

Name: P D LINGARAJ  
 Address: #22 21, SONYA SAI LAJUOS  
 APPOVANWATTAHALLI, Dist. BANGALORE  
 State KARNATAKA PIN 560048  
 STD Code \_\_\_\_\_ Phone (R) \_\_\_\_\_  
 Phone (O) \_\_\_\_\_ Mobile 9035930815  
 E-mail: \_\_\_\_\_  
 How is the referee known to you:  Friend  Colleague  
 Others \_\_\_\_\_

Name: GURURAJ  
 Address: STREET 84M RESIDENCE, NEAR A23  
 APPOVANWATTAHALLI Dist. BANGALORE  
 State KARNATAKA PIN 560048  
 STD Code \_\_\_\_\_ Phone (R) \_\_\_\_\_  
 Phone (O) \_\_\_\_\_ Mobile 9590197774  
 E-mail: \_\_\_\_\_  
 How is the referee known to you:  Friend  Colleague  
 Others \_\_\_\_\_

### DECLARATION

I/We declare that all the particulars and information given in the Application Form (and all documents referred to or provided herewith) are True, Correct, Complete and up to date in all respect and I/we have not withheld any material information. I/We authorize LICHFL to make inquiries related to or verify said information directly or through any third party. I/We further acknowledge LICHFL's right to seek any information from any other source in this regard. I/We understand that all the above-mentioned information shall form the basis of the contract for any loan that LICHFL decides to grant me/us at its sole discretion. I/ We have no Insolvency Proceedings against me / us, nor have I / we ever been adjudicated Insolvent. I/ We confirm there is no attachment order / proceedings against any of my/our properties nor is any receiver appointed in respect thereof. I/ We have understood and selected the term and Interest Rate Option available. I/ We am / are aware that the option on Interest Rate once selected cannot be changed and change (s) may be permitted only at the sole discretion of LICHFL on such Terms and Conditions as decided by LICHFL. I/ We agree that LICHFL may take up such references and make enquiries in respect of this Application, as it may deem necessary from my / our Banker (s) or Others. I/ We undertake to inform LICHFL regarding any change in my / our Occupation and to provide any further information that LICHFL may require. I/We agree and undertake to provide any further information that LICHFL may require. I/We agree and understand that LICHFL reserves the right to retain the application form, and the documents provided therewith and will not return the same to me/us. I/ we acknowledge that LICHFL remains entitled to assign any activities to any third-party agency at its sole discretion. I/ We hereby consent to, agree and authorize LICHFL to make available any information contained in this Form and other Documents submitted to LICHFL and information pertaining to the Loan to any Institution or Body, without any specific consent or authorization from me/us. LICHFL may seek / receive information from any source / person to consider this Application. I/ We further agree that my / our Loan shall be governed by the Rules of LICHFL which may be in force from time to time. I/ We understand that the Upfront Fee is not refundable under any circumstances, and the Loan Sanction or Rejection is at the sole discretion of LICHFL, even after payment of such Fee. I/ We am / are aware that the Original Title Deeds (including the Chain of Title) in respect of the Property standing in my / our name will have to be deposited to LICHFL as Security for the Loan. In purchase cases, I/ we am / are aware that the Loan Cheque will be given in the favour of the Vendor, and I/ we agree to this procedure." The approach for gradation of risk and applicability of Rate of Interest for the customers will be based on factors such as nature of loan, Credit Bureau score based on credit history of the customer, nature of product, type of asset being financed, customer profile, Loan quantum. The applicable Rate of Interest would be revised subject to the terms as specified in the loan agreement/Sanction letter. Please check the LICHFL's website ([www.lichousing.com/comprehensive-notice-board](http://www.lichousing.com/comprehensive-notice-board)) for the latest ROI structure and other charges." I/We hereby acknowledge that I/We are aware of the approach for gradation of risk and have understood the Rate of Interest charged for different categories of loans.

Applicant's Signature: Durgad



Co-applicant's Signature: Durgad



Place: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Correspondence to: Residence Address

Office Address

Permanent Address

Applicant's Signature : Durgad

Co-Applicant's Signature : Durgad





**Details of Property (to be Purchased/ Constructed/ Renovated/ Offered as Security)**

Date:

I, \_\_\_\_\_ refer to the application no. \_\_\_\_\_ dated \_\_\_\_\_ submitted by me for availing loan by LIC Housing Finance Limited.

**Details of Property is as follows:**

*Flat/ Unit/ Block No. / Plot No.*

*Floor No.*

**Khasra/ Hissa/ Survey no.**

**Name of Building/ Premises**

**Road/ Street**

***Nearest Landmark***

*Area / Locality*

### **Taluka/ Sub-di**

*Town/ city/ Dist.*

***State/ Union Territory***

PIN

### *Area of Plot/Site*

### *Built-up Area*

**Cost / Value of the Property (Rs.):**

1. Cost of Land: \_\_\_\_\_
  2. Cost of Undiv. Share of Land in case land is sold as UDS: \_\_\_\_\_
  3. Cost of Flat / House (incl. Land / UDL Cost): \_\_\_\_\_
  4. Cost of Flat / House (excl. Land / UDL Cost, if sold separately): \_\_\_\_\_
  5. Estimated Cost for Const. / Extn. \_\_\_\_\_
  6. Estimated Cost for Improvement / Renovation: \_\_\_\_\_
  7. Cost of Amenities \_\_\_\_\_
  8. Total Cost: \_\_\_\_\_
  9. Value of Property: \_\_\_\_\_
  10. Market Value of Property (in case of LAP loan): \_\_\_\_\_

I hereby confirm that all the details mentioned by me as above are correct and the property being offered as security is unencumbered.

I agree that if anything stated by me herein above is later revealed to be false then the same will constitute an event of default under the Loan Agreement executed with LICHFL and accordingly LICHFL will have the right to initiate appropriate recovery proceedings for recovering the outstanding dues in the loan account.

Thanking you,

You sincerely,

Volbergard  
Applicant

## Applicant

Singad  
Co-Applicant (s)

AREA OFFICE ~~WATERFIELD~~

## Format for Personal Discussion (Salaried Persons)

- Separate PD sheets to be filled up for each applicant.
- The information to be collected by discussing with the applicant.
- All fields are mandatory. In case the same is not applicable, kindly mention NA

Name of Applicant		VINAYAK
Mob No. & Email ID		9900360794/VINAYAK.DR@GMAIL.COM
Mother's Name		KAMALA AAI
Whether Eligible for PMAY		
1	a) Name of Employer Organization	TCS
	b) Designation	SYSTEM ENGINEER
	c) No. of years in service with present employer	3 Years
2	a) Educational Qualification	B.TECH
	b) Name of University/Institute	VTI
	c) Year of Passing Out	2009
3	Past Experience - No. of Jobs changed previous Employer - 1	
	a) Name of Organization	WEDDING
	b) Designation	ASSOCIATE. ENGG
c) No. of years in service with this employer	2 Years	
4	Previous Employer - 2	
	a) Name of Employer Organization	
	b) Designation	
c) No. of years in service with this Employer	Years	
5	Family Status	Married <input checked="" type="checkbox"/> / Unmarried <input type="checkbox"/>
	a) Whether Spouse is Co-applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
	b) Whether Spouse is Working ?	Salaried <input type="checkbox"/> / Self-employed <input type="checkbox"/> / Homemaker <input checked="" type="checkbox"/>
c) In case of Spouse is Co-applicant, whether Counselling has been carried out with Spouse & sheet attached	Separate Sheet attached ? Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	
d) If Spouse is not Co-Applicant & is working details as under :	Name of Spouse : DEEPSHA	
i) Age of Spouse	26 Years	
ii) Educational Qualification	B.CA	
iii) Name of Employer Organization / Business undertaking		
iv) No. of years Experience	Years	
v) Approximate Monthly Income	₹ _____	
e) No. of Children and their age, if working, details of the same	01 Boy <input checked="" type="checkbox"/> Girl <input type="checkbox"/> i) 20 Years Boy <input type="checkbox"/> Girl <input checked="" type="checkbox"/> ii) _____ Years	
f) Details about any other Family Member staying with the Applicant	Relationship      Age      Whether dependant 1                  2                  3                  ② dependent	
6	Details regarding existing Place of the residence	
a)	Current Residence : Owned <input type="checkbox"/> / Rented <input checked="" type="checkbox"/> / Company Leased <input type="checkbox"/> / Parental <input type="checkbox"/> / Quarters <input type="checkbox"/> / Others <input type="checkbox"/>	
b)	No. of years staying at current residence 6 MONTHS	

	c) In case of Company leased accommodation whether planning to shift to new premises ? If yes comment on HRA eligibility.	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>
	d) In case of second house, plans for existing property : If yes,	Whether existing property will be sold/Rented ? Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> Expected Sales proceeds / Rent Income ₹.....
7	Details of savings & Investments  FD/Savings : ₹ ..... Lakhs      Immovable Property : ₹ ..... Lakhs PPF/PF : ₹ ..... Lakhs      Insurance Policies : ₹ ..... Lakhs NSC / KVP : ₹ ..... Lakhs      Bond, Shares & Stocks : ₹ ..... Lakhs Mutual Funds : ₹ ..... Lakhs      Others : ₹ ..... Lakhs	
8	b) Whether Additional Collateral can be given ?	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>
9	Complete details of existing loans / liabilities provided in the application form ? Whether applicant intends to close any of them ?	No loans.
10	a) Whether Property identified ?	Yes <input checked="" type="checkbox"/>
	b) Approximate property value	₹ 47,00,000/- Lakhs
	c) Source of Margin Money	own savings
11	Comment on end use of money in case of Non Housing Loan / Corporate Loans	..... A .....
12	Whether procedure for sanction of loan eg. Verifications, CIBIL, explained to Applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
13	Whether details about our products, processes, and interest rates have been explained to the applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
14	Whether Frequency of Repayment and due dates of repayment have been explained to the applicant ? i.e. indicate dates are 1,3,5,7,10,15	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
15	Whether EMI structure i.e. Interest and Principal has been explained to applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
16	Whether applicant has been explained about loan to be treated default / SMA / NPA has per RBI norms and its impact on CIBIL of the applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
17.	Whether POI (ID Proof), POA (Residence Proof) Submitted verified with the Original ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
18.	Whether identity of the Borrower is established	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
19.	Place of the Counselling has been carried out	

20. Any other Feedback / Recommendations

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21. Whether Loan of ₹..... can be sanctioned / cannot be sanctioned

Date of Discussion :.....  
Place :

Signature and Seal of Counselling Officer  
with Name and Designation



AREA OFFICE WATFIELD

Note : Format for Personal Discussion (Salaried Persons)

- Separate PD sheets to be filled up for each applicant.
- The information to be collected by discussing with the applicant.
- All fields are mandatory. In case the same is not applicable, kindly mention NA

	Name of Applicant	<u>VAIBHAV</u>
	Mob No. & Email ID	<u>7337802529</u>
	Mother's Name	<u>KANAKA BAI</u>
	Whether Eligible for PMAY	
1	a) Name of Employer Organization	<u>MD INDIA SECTION</u>
	b) Designation	<u>Sr. EXECUTIVE</u>
	c) No. of years in service with present employer	<u>3.4 Years</u>
2	a) Educational Qualification	<u>B.TECH</u>
	b) Name of University/Institute	<u>VT</u>
	c) Year of Passing Out	<u>2021</u>
3	Past Experience - No. of Jobs changed previous Employer - 1	
	a) Name of Organization	<u>VALUATION SOLUTIONS</u>
	b) Designation	<u>SQL DEVELOPER</u>
4	c) No. of years in service with this employer	<u>2.5 Years</u>
	Previous Employer - 2	
	a) Name of Employer Organization	
b) Designation		
5	c) No. of years in service with this Employer	<u>Years</u>
	Family Status	Married <input type="checkbox"/> / Unmarried <input checked="" type="checkbox"/>
	a) Whether Spouse is Co-applicant ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b) Whether Spouse is Working ?	Salaried <input type="checkbox"/> / Self-employed <input type="checkbox"/> / Homemaker <input type="checkbox"/>	
c) In case of Spouse is Co-applicant, whether Counselling has been carried out with Spouse & sheet attached	Separate Sheet attached ? Yes <input type="checkbox"/> / No <input type="checkbox"/>	
d) If Spouse is not Co-Applicant & is working details as under :	Name of Spouse :	
i) Age of Spouse	<u>Years</u>	
ii) Educational Qualification	<u>Y.P.</u>	
iii) Name of Employer Organization / Business undertaking		
iv) No. of years Experience		
v) Approximate Monthly Income	<u>₹ _____</u>	
e) No. of Children and their age, if working, details of the same	<input type="checkbox"/> Boy <input type="checkbox"/> / Girl <input type="checkbox"/> i) _____ Years <input type="checkbox"/> Boy <input type="checkbox"/> / Girl <input type="checkbox"/> ii) _____ Years	
f) Details about any other Family Member staying with the Applicant	Relationship      Age      Whether dependant <u>1</u> <u>2</u> <u>3</u>	
6	Details regarding existing Place of the residence	
a)	Current Residence : Owned <input type="checkbox"/> / Rented <input checked="" type="checkbox"/> / Company Leased <input type="checkbox"/> / Parental <input type="checkbox"/> / Quarters <input type="checkbox"/> / Others <input type="checkbox"/>	
b)	No. of years staying at current residence <u>Up Monthly</u>	

	c) In case of Company leased accommodation whether planning to shift to new premises ? If yes comment on HRA eligibility.	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>
	d) In case of second house, plans for existing property : If yes,	Whether existing property will be sold/Rented ? Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> Expected Sales proceeds / Rent Income ₹ .....
7	Details of savings & Investments  FD/Savings : ₹ ..... 9 Lakhs      Immovable Property : ₹ ..... — Lakhs PPF/PF : ₹ ..... 15 Lakhs      Insurance Policies : ₹ ..... — Lakhs NSC / KVP : ₹ ..... 7 Lakhs      Bond, Shares & Stocks : ₹ ..... — Lakhs Mutual Funds : ₹ ..... 5 Lakhs      Others : ₹ ..... — Lakhs	
b)	Whether Additional Collateral can be given ?	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>
8	Complete details of existing loans / liabilities provided in the application form ? Whether applicant intends to close any of them ?	₹10 Lacs
9	As per applicant's view how much EMI can he/she pay to LIC HFL per month ?	₹ 10,30,38,000/-
10	a) Whether Property identified ?  b) Approximate property value  c) Source of Margin Money	YES ₹ 1,10,00,000/- Lakhs Own Savings
11	Comment on end use of money in case of Non Housing Loan / Corporate Loans	— A —
12	Whether procedure for sanction of loan eg. Verifications, CIBIL, explained to Applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
13	Whether details about our products, processes, and interest rates have been explained to the applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
14	Whether Frequency of Repayment and due dates of repayment have been explained to the applicant ? i.e. indicate dates are 1,3,5,7,10,15	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
15	Whether EMI structure i.e. Interest and Principal has been explained to applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
16	Whether applicant has been explained about loan to be treated default / SMA / NPA has per RBI norms and its impact on CIBIL of the applicant ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
17	Whether POI (ID Proof), POA (Residence Proof) Submitted verified with the Original ?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
18	Whether identity of the Borrower is established	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
19	Place of the Counselling has been carried out	

20. Any other Feedback / Recommendations

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21. Whether Loan of ₹ ..... can be sanctioned / cannot be sanctioned

Date of Discussion : .....  
Place :

Signature and Seal of Counselling Officer  
with Name and Designation

*Enaygad*