CKYC & KRA KYC Form



Know Your Client Application Form (For (Please fill the form in English and Fields marked with '*' are mandatory	I in BLOCK Letters) y fields	Type* KYC Type*	□ New □ Update KYC Numl □ Normal (PAN is manda	per* □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	uction K)			
1. Identity Details (Please refer instruction A at the end) PAN Please enclose a duly attested copy of your PAN Card								
Name* (same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* Gender* Marital Status* Citizenship* Residential Status* Occupation Type*	M- Male Married IN- Indian Resident Individual Foreign National S-Service Priva O-Others Prof	ate Sector	F- Female Unmarried Others - Country Non Resident Indian (Person of Indian (Public Sector Self Employed	ian	Photo Signature/ Thumb Impression			
B-Business								
Address Line 1*	Overseas Address Deta	ails (Please see i	instruction D at the en	d)				
(Certified copy of any one of	esidential / Business	p / Post Code* Reside f Address [PoA]		Country Countr				
Proof of Address* Passport Number Voter ID Card Driving Licence Aadhaar Card NREGA Job Card				Passport Expiry Date Driving Licence Expiry Date	— M M — Y Y Y Y			
Others (any document notified by the central government) 3.2 Correspondence / Local Address Details* (Please see instruction E at the end) Same as Current / Permanent / Overseas Address details Line 1*								
Line 2 Line 3 District*	Ziı	p / Post Code*	Country*	City / Town / Village* State/UT Code as per	Indian Motor Vehicle Act, 1988			

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4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)							
Email ID							
Mobile		Tel. (Off)		Tel. (Res)			
5. FATCA/CRS Information (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 above option (5) is ticked)							
Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166							
Tax Identification Nu	mber or equivalent	(If issued by jurisdic	tion)*				
Place / City of Birth*			Country of Birth	h* Country Code as per ISO 3166			
Address Line 1*							
Line 2							
· - - -				City / Town / Village*			
Line 3		Zin / Doot Coo	10*				
District* State/UT Code as per Indian Motor Vehicle Act, 1988							
State/UT* Country Code as per ISO 3166							
6. Details of Related F	Person (Optional) (ple	lease refer instruction (at the end) (in	n case of additional related persons, please fill 'Annexure B1')			
Related Person	Deletion of	f Related Person	KYC Number	r of Related Person (if available*)			
Related Person Type*	☐ Guardian o] Assignee	Authorized Representative			
Name*	Prefix	First Name		Middle Name Last Name			
	(If KYC number	and name are provided, b	elow details of sec	ction 6 are optional)			
	•	n* (Please see instructi	` ,	,			
(Certified copy of <u>any or</u>		of of Identity[PoI] needs	to be submitted)				
A- Passport Number	er			Passport Expiry Date			
B- Voter ID Card							
C- PAN Card		 					
D- Driving Licence				Driving Licence Expiry Date DD — MM — YYYYY			
E- Aadhaar Card	.						
☐ F- NREGA Job Car							
Z- Others (any document notified by the central government)							
7. Remarks (If any)							
8. Applicant Declarati	on						
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							
liable for it. I hereby declar	e that I am not making thi	is application for the purpose	of contravention of	misrepresenting, I am aware that I may be held f any Act, Rules, Regulations or any statute of [Signature / Thumb Impression]			
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.							
Date: DD - MI	M — Y Y Y	Place:		Signature / Thumb Impression of Applicant			
9. Attestation / For Office Use Only							
Documents Recei	ved Certified Copie	ies					
KYC Ve	rification Carried Out	by (Refer Instruction I)		Institution Details			
Date	D D — M M —	YYYY		Name			
Emp. Name				Code			
Emp. Code				Emp. Branch			
Emp. Designation							
[Institution Stamp]							
In-Person Verification (IPV) Carried Out by (Refer Instruction J) Institution Details							
Date	rification (IPV) Carried	V V V	-	Name Institution Details			
Emp. Name				Code			
•				Emp. Branch			
Emp. Code							
Emp. Designation							

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