

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application.
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) Please read section wise detailed guidelines / instructions at the end.
I) 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 ☐ Delete
(To be filled by financial institution) KYC Number (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

- ☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details
- KYC Number of Related Person (if available*) If KYC number is available only 'Related Person Type' & 'Name' is mandatory
- Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
 ☐ Beneficiary ☐ Authorised Signatory ☐ Beneficiary Owner ☐ Other (Please Specify ☐ Other (Please Specify
- DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E 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	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (IS) 3166 Country Code <input type="text"/>		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

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

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- Driving Licence
- ☐ D- NREGA Job Card
- ☐ E- National Population Register Letter
- ☐ F- Proof of Possession of Aadhar
- II. ☐ E-KYC Authentication
- III. ☐ Offline verification of Aadhar

☐ PHOTO*

Affix recent
passport size
Photograph and
Sign across it

Signature / Thumb
Impression

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

1.3 CURRENT ADDRESS DETAILS (Please refer instruction E 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 (any one of the following OVDs)

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- Driving Licence
- ☐ D- NREGA Job Card
- ☐ E- National Population Register Letter
- ☐ F- Proof of Possession of Aadhar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhar
- IV ☐ Deemed PoA
- V ☐ Self Declaration

Address

Line 1*				
Line 2				
Line 3			City / Town / Village*	
District*		Pin/Post Code*	State/U.T. Code*	ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent to Mobile number / Email-ID (Please refer instruction D at the end))

Tel (Off)		Tel (Res)		Mobile	
Email ID					

2. 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 am aware of other modes of KYC which are available and I have chosen Aadhar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating/ maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.
- I am/We are also aware that for Aadhaar OVD based KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have business relationship for KYC purposes only.
- I hereby consent to receiving information from Central KYC/KRA Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Date : Place : 

Signature / Thumb Impression of Applicant

3. 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

KYC DOCUMENT VERIFIED CARRIED OUT BY

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Employee Signature]

INSTITUTION DETAILS

Name	ASHIKA STOCK BROKING LTD.
Code	IN0711

[Institution Stamp]