



District*

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.

E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

State / U.T Code*

ISO 3166 Country Code*

F) List of two character ISO 3166 country codes is available at the end.

C) Please fill the da D) Please read sect at the end.	H) For	3) KYC number of applicant is mandatory for update application. 4) For particular section update, please tick (\(\sigma\)) in the box available before section number and strike off the sections not required to be updated.						e the				PAPE	THE A	AFER						
For office use only	Application Type*	□New		Update		KRA Achnowledgment No.:														
(To be filled by financial institu	ution) KYC Number							(Mandatory for KYC						update request)						
	Account Type*	☐ Norn	nal	Simplified		d (for low risl		customers)				☐ Small								
■ 1. PERSONAL DETAI	ILS (Please refer instruction	on A at the e	nd)																	
	Prefix	First Name				1	Middle	Nam	ie						L	ast N	Nam	ie		
☐ Name* (Same as ID proof					<u> </u>				<u>_</u>	<u> </u>	\perp				+	Ш	4	+	Ш	
Maiden Name (If any*)					+			Н	+		+		Ш	_	¥	Ш	4	\pm	Н	\perp
Father / Spouse Name*					<u> </u>			$\frac{1}{1}$	<u> </u>	<u> </u>	\perp		$\frac{\square}{\square}$	<u> </u>	+		_	+		\perp
Mother Name*																				
Date of Birth*		YY														PH	ЮТ	0		
Gender*	☐ M- Male			Female · ,			Γ-Trar	_	nde	r										
Marital Status*	☐ Married			married	0.44		Other													
Citizenship*	☐ IN- Indian		□ Otr	ners (ISO	316	ob Col	intry (Code	9)										
Residential Status*	Resident Individual		_	n Residen																
Occupation Type*	☐ Foreign National☐ S-Service (☐ Privale	ate Sector		rson of Inc olic Sector		Origii ∏Gov		ent s	Sect	tor)										
Обосирация Туро	☐ O-Others (☐ Prof			f Employe						sewife)									
	☐ B-Business		□Stu	dent)																_
					Sig	ınature	Thun	nb In	npre	ssion	<u>S</u>	(1)								
■ 2. TICK IF APPLICAE	BLE ■ RESIDENCE FO	R TAX PU	RPOSE	ES IN JUR	ISE	DICTIC	N(S)	OU	TSIE	DE IN	DIA	(Plea	se re	efer ir	ารtrเ	ıctio	n B	at th	e end	d)
ADDITIONAL DETAILS RE	OUIRED* (Mandatory onl	v if section 2	is ticke	d)																
ADDITIONAL DETAILS RE			is ticke	d) Countr	y of	Tax R	eside	ncy												
ISO 3166 Country Code of	Jurisdiction of Residence	ce*			y of	Tax R	eside	ncy			Ident	ificat	ion ⁻	Гуре	Ţ					
	Jurisdiction of Residence	ce*		Countr					\		Ident	ificat	ion ⁻	Гуре	Ţ					
ISO 3166 Country Code of Tax Identification Number of Place / City of Birth*	Jurisdiction of Residence or equivalent (If issued by	ce* jurisdiction)	ISC	Countr 3166 Co							Ident	ificat	ion ⁻	Гуре	Ţ					
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ISO 3166 Country Code of Tax Identification Number of Place / City of Birth* 3. PROOF OF IDENTI	Jurisdiction of Residence or equivalent (If issued by	jurisdiction)	ISC	Countr 3166 Co							Ident	ificat	ion -	Гуре	Ţ					
ISO 3166 Country Code of Tax Identification Number of Place / City of Birth* 3. PROOF OF IDENT (Certified copy of any one of the A- Passport Number)	Jurisdiction of Residence or equivalent (If issued by	jurisdiction)	ISC	Countr 3166 Co		ry Cod		Birth*			Ident	ificat	ion -	Гуре	Ţ		Y	YYY	Y	
ISO 3166 Country Code of Tax Identification Number of Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the A- Passport Number B- Voter ID Card	Jurisdiction of Residence or equivalent (If issued by	jurisdiction)	ISC	Countr 3166 Co		ry Cod	e of E	Birth*			Ident	ificat	ion -	Гуре	Ţ		Υ	Y Y	Y	
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Pin / Post Code*



	NCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end) ermanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill ' Annexure A1 ')
Line 1*	
Line 2	
Line 3	City / Town / Village*
District*	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*
- 40 4000000000000000000000000000000000	E ILIDIODIOTION DETAILO MILIEDE ADDITIONATIO DEGIDENT OLITOIDE INDIA FOR TAX BURDOCEO (A. F. H. W. G. G. G. F. L.
_	E JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked) ermanent / Overseas Address details Same as Correspondence / Local Address details
Line 1*	
Line 2	
Line 3	City / Town / Village*
State*	ZIP / Post Code* ISO 3166 Country Code*
■ 5. CONTACT DE	ILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Tel. (Off)	Tel. (Res)
FAX	Email ID
	Liliaii ID
■ 6. DETAILS OF F	LATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related P	
Related Person Type*	☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative Prefix First Name Middle Name Last Name
Name*	
	(If KYC number and name are provided, below details of section 6 are optional)
PROOF OF IDENTI	[Pol] OF RELATED PERSON* (Please see instruction (H) at the end)
☐ A- Passport Num	Passport Expiry Date Passport Expiry Date
□ B- Voter ID Card	
☐ C- PAN Card	
☐ D- Driving Licend	Driving Licence Expiry Date DD-MM-YYYY
☐ E- UID (Aadhaar	
☐ F- NREGA Job C	rd
Z- Others (any do	ment notified by the central government)
S- Simplified Mea	ures Account - Document Type code Identification Number
■ 7. REMARKS (If	y)
9 ADDLICANT	ECLARATION
8. APPLICANT	Is 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 ca	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.	
	information from Central KYC Registry through SMS/Email on the above registered number/email address. (2) Signature / Thumb Impression of Applicant
Date : DD - M	Place: Signature / Thumb Impression of Applicant
9. ATTESTATION	ND IN PERSON VERIFICATION (IPV) DETAIL / FOR OFFICE USE ONLY
Documents Receive	☐ Certified Copies (Self Attested) ☐ (Original Verified) true Copies of Document's
IPV and	-KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS
Date	D D — M M — Y Y Y Y N Name
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	
ISia	of person who has done IPV / Attestation]