CENTRAL KYC REGIST	RY Know Your Customer (KYC)	Application Form Individual													
Important Instructions: A) Fields marked with ^(*) are man B) Please fill the form in English a C) Please fill the date in DD-MM- D) Please read section wise deta at the end.	and in BLOCK letters. F) List of YYYY format. G) KYC r illed guidelines / instructions H) For pa section	 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 institu	Application Type* New ution) KYC Number Account Type* Norma	· · ·	atory for KYC update request)												
☐ 1. PERSONAL DETAI	LS (Please refer instruction A at the end														
	Prefix First Name	Middle Name	Last Name												
 Name* (Same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* 															
Gender*	M- Male	□ F- Female □ T-Transgender													
Marital Status*	Married	Unmarried Others													
Citizenship*	🗌 IN- Indian	Others (ISO 3166 Country Code)												
Residential Status*	 Resident Individual Foreign National 	☐ Non Resident Indian ☐ Person of Indian Origin													
Occupation Type*	 S-Service (Private Sector O-Others (Professional B-Business X- Not Categorised 	Public Sector Government Sector Self Employed Retired House													
2. TICK IF APPLICAB	BLE RESIDENCE FOR TAX PUR	POSES IN JURISDICTION(S) OUTSIDE II	NDIA (Please refer instruction B at the end)												
ADDITIONAL DETAILS RE	QUIRED* (Mandatory only if section 2 is	ticked)													
ISO 3166 Country Code of	Jurisdiction of Residence*														
Tax Identification Number of	or equivalent (If issued by jurisdiction)*														
Place / City of Birth*		ISO 3166 Country Code of Birth*													
3. PROOF OF IDENTI	ITY (Pol)* (Please refer instruction C at	he end)													
(Certified copy of <u>any one</u> of th	e following Proof of Identity[Pol] needs to	be submitted)													
 A- Passport Number B- Voter ID Card C- PAN Card 		Passport Expiry Date													
 D- Driving Licence E- UID (Aadhaar) E- NDECA lab Cord 		Driving Licence Expir	y Date DD-MM-YYYY												
F- NREGA Job Card	t potified by the control comment		lumbor												
	t notified by the central government)	Identification N													
	,, ,,														
4. PROOF OF ADDR	ESS (POA)* IENT / OVERSEAS ADDRESS DETAILS	(Please see instruction D at the end)													
_	e following Proof of Address [PoA] needs														
Address Type* Re Proof of Address* Pra	esidential / Business Residential / Business Drivir	ential Business g Licence UID (Aadhaar) GA Job Card Others	Registered Office Unspecified please specify Image: specify												
Address Line 1*															
Line 2															
Line 3 District*	Pin / Post Code		wn / Village* ISO 3166 Country 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										•					0			-		n / Vi	llage*					-1 - *	
District*							Pin /	Post	Code	e*					State	e / U	.1 Co	ode			150	5 31	66 C	Joun	try Co	de^	
4.3 ADDR	ESS IN	THE JI	JRISD		N DET	AILS V	VHEF	RE AP	PLICA	ANT IS	RES	IDE		JTSIC	E INE	DIA F	OR T	AX I	PUR	POSE	ES* (A	pplic	able	if sec	tion 2 i	s ticke	ed)
Same as C	Current	Perma	anent /	/ Overs	eas Ac	Idress	deta	ils				Sar	ne as	Corre	espon	denc	e / Lo	ocal /	Addr	ess d	etails						
Line 1*																											
Line 2																											
Line 3															[City	/ T	own	/ Vill	age*					1 - +	
State*												ZIP	/ Po:	st Co	de*						150	316	56 C	ounti	у Сос	ie^	
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)						1			Mobi								
FAX									ail ID	′⊢		<u> </u>						•									
								LIII																			
🗌 6. DETAI	6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)																										
Addition of F				Deletion			erson					C Nu	mber	of Rela													
Related Perso	n Type'	·		Guardia efix	an of N	/linor	Eir	st Nai		Assign	iee] Auth Middle			epre	sent	ative				.ast N	amo		
Name*			FI				FII	SUNA	ne			7 [anne		
			(If K	YC nun	nber an	d nam	e are	provid	ed, bel	ow det	ails of	fsect	ion 6	are op	tional)												
PROOF OI	F IDENT	ITY IPo	II OF F	RELATE	D PER	SON*	(Plea	se see	instru	ction (H	l) at th	ne en	id)														
A- Passp											-,		-,	Pa	isspo	rt E:	xnirv	Dat	e		DD	1-6	MIN	a_6	YY	y y	1
B- Voter I															pe			200									
		•																									
D- Driving		~													i.	Lies			in / F) oto					VV	VV	1
E- UID (A	-													DI	iving	LICE	nce	Exp	niy L	Jale	D	<u>'</u> _	IVI		ТТ	T T	
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 Z- Others S- Simplif 											_						tificat tificat										
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7. REMA	RKS (II	any)																									
8. APPL	ICANT	DECI	LARA																								
I hereby declar																											
therein, immed for it.	liately. In c	ase any o	f the abo	ove inform	ation is f	ound to I	be false	e or untr	ue or mi	sleading	or misr	eprese	enting, I	am awa	are that	I may	be held	liable									
 I hereby conse 	ent to recei	/ing inforr	nation fro	om Centra	al KYC R	eqistry th	hrough	SMS/Er	nail on tl	he above	e registe	ered nu	umber/e	mail ad	dress.												
	D — M	-	YY	YY]		Place													5	Signatur	e / Th	umb Ir	npress	ion of A	pplican	t
				1 1]																						
9. ATTES	STATIO	N / FC	or oi	FFICE	USE	ONL	Y																				
Documents I	Receiv	ed [Cei	rtified (Copies																						
	K	C VER	IFICAT		ARRIED) OUT	BY											INS	ΓΙΤυ	TION	DETAII	_S					
Data												Na					1 1	_					_			_	
Date Emp. Name													ame														
Emp. Code												0	ode														
Emp. Designa	ation																										
Emp. Branch																											
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