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 (J) in the box available before the section number and strike off the sections not required to be updated.



at the end.		Section	number and surk	e on the sec	tions not re	equired to be	e upuateu.	•		& WATE	ATICIA Y
For office use only	Application Type*	□New	Update	е							
(To be filled by financial institution) KYC Number		(Mandatory for KYC upda					ate requ	est)			
	Account Type*	☐ Normal	Simpli	ified (for lo	w risk cı	ustomers)		Small			
☐ 1. PERSONAL DE	ETAILS (Please refer instruction	n A at the end)									
_		First Name			Middle Na	ame			Last N	Name	
☐ Name* (Same as ID)	proof)										
Maiden Name (If any*)											
Father / Spouse Name	*										
Mother Name*											
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	YY								PHOT	0
Gender*	☐ M- Male		☐ F- Female	: [T-Tran	nsgender					
Marital Status*	☐ Married	☐ Unmarried ☐ Others									
Citizenship*	☐ IN- Indian	☐ Others (IS	SO 3166 C	Country (Code)					
Residential Status*	Residential Status* Resident Individual										
	☐ Foreign National		☐ Person of	Indian Ori	gin						
Occupation Type*	☐ S-Service (☐ Priva	te Sector	☐ Public Sed	ctor 🔲	Governm	nent Secto	or)				
	☐ O-Others (☐ Profe	essional	☐ Self Empl	oyed 🗌 I	Retired	House	ewife	Student	:)		
	☐ B-Business☐ X- Not Categorised										
	_ X Not Gategorised										
2. TICK IF APPLI	CABLE RESIDENCE FO	R TAX PURP	POSES IN JUI	RISDICTIO	ON(S) O	UTSIDE II	NDIA (PI	ease refer	instructio	n B at the	end)
ADDITIONAL DETAILS	S REQUIRED* (Mandatory only	y if section 2 is	ticked)								
ISO 3166 Country Cod	le of Jurisdiction of Residence	e*									
_	ber or equivalent (If issued by										
Place / City of Birth*			ISO 3166 Cd	ountry Coc	le of Birt	th*					
☐ 3. PROOF OF IDE	ENTITY (Pol)* (Please refer in	struction C at t	the end)								
(Certified copy of any one	of the following Proof of Identity	[Pol] needs to l	be submitted)								
☐ A- Passport Numb	er er			Pas	ssport Ex	xpiry Date		D D —	M M -	Y Y Y	Υ
☐ B- Voter ID Card											
☐ C- PAN Card											
☐ D- Driving Licence				Driv	ving Lice	ence Expir	v Date	D D —	M M —	YYY	Υ
☐ E- UID (Aadhaar)					Ū	·					
☐ F- NREGA Job Ca	rd										
Z- Others (any docu	ment notified by the central gove	ernment)			Ident	tification N	lumber				
☐ S- Simplified Meas	ures Account - Document T	ype code			Ident	tification N	lumber				
4 PROOF OF A	DDDESS (DoA)*						ı				
4. PROOF OF AL	MANENT / OVERSEAS ADDRE	CC DETAILS	(Please see ins	etruction D a	it the and	`					
	of the following Proof of Address		•		it tile ella,)					
_	Residential / Business	Reside	·	_	iness		Registo	red Office	ے	Line	pecified
Proof of Address*	Passport	_		_			Negisie	red Office	-		Jecilieu
	☐ Voter Identity Card	□ Driving Licence□ NREGA Job Card□ Others□ please specify									
	Simplified Measures Acco	unt - Docume	ent Type code				, ,				
Address Line 1*											
Line 2									$\frac{1}{1}$		+
Line 3						City / Tov	vn / Villa	ıge*			
District*	Pin	/ Post Code*		S	tate / U.	· -		ISO 316	6 Count	ry Code*	

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)										
Same as Current / Perma	nent / Overseas A	Address details (In case o	f multiple co	orrespondence / lo	cal addresses, plea	ase fill 'Annexure	A1')			
Line 1*								\perp		
Line 2					Oit / T-	() (!!! *		\pm		
Line 3 District*		Pin / Post Code	*	Sta	te / U.T Code*	wn / Village*	166 Country Code*	+		
District		Fill / Fost Code		J. J. J.	107 0.1 00dc	1000	100 Country Code			
4.3 ADDRESS IN THE JU	JRISDICTION DE	TAILS WHERE APPLICAN	NT IS RESID	DENT OUTSIDE II	NDIA FOR TAX PU	RPOSES* (Applic	cable if section 2 is ticked))		
Same as Current / Perma	nent / Overseas A	Address details		Same as Correspo	ondence / Local Ad	dress details				
Line 1*								\mathbb{H}		
Line 2 Line 3					City / Toy	/n / Village*		+		
State*			7	IP / Post Code*			66 Country Code*	\forall		
Ciaio				/ 1 001 0040						
☐ 5. CONTACT DETAILS	(All communication	ns will be sent on provided N	Nobile no. / E	mail-ID) (Please ref	er instruction F at the	e end)				
Tel. (Off)	_	Tel. (Res)			Mo	bile				
FAX	-	Email ID								
□ 6 DETAILS OF BELAT	ED DEDSON (n case of additional related r	poreone plan	uso fill 'Annovuro P1	') (places refer instr	uction G at the end	\			
6. DETAILS OF RELAT Addition of Related Person	Deletion of R				Person (if available		,			
Related Person Type*	☐ Guardian of		ssignee		uthorized Represe					
•	Prefix	First Name			dle Name		Last Name			
Name*	(If KVC number of	and name are provided, belo	w dotaile of a	postion 6 are entire	J)					
	•	·		·	ai <i>)</i>					
PROOF OF IDENTITY [Pol] OF RELATED PE	RSON* (Please see instruct	ion (H) at the							
A- Passport Number				Passp	oort Expiry Date	D D -	M M — Y Y Y Y			
☐ B- Voter ID Card										
C- PAN Card										
☐ D- Driving Licence				Drivin	g Licence Expiry	Date DD —	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
☐ E- UID (Aadhaar)										
☐ F- NREGA Job Card										
Z- Others (any documen	-	-			Identification No			Щ		
S- Simplified Measure	s Account - Do	cument Type code			Identification No	umber		Ш		
7. REMARKS (If any)										
8. APPLICANT DECL	ARATION									
I hereby declare that the details furn		nd correct to the best of my knowle	edge and belief	and I undertake to info	m you of any changes					
therein, immediately. In case any of for it.	the above information is	s found to be false or untrue or misle	eading or misrep	presenting, I am aware th	at I may be held liable					
I hereby consent to receiving inform	nation from Central KYC	Registry through SMS/Fmail on the	ahove registere	ed number/email address						
Date: DD-MM-	YYYY	Place :	, above registers			Signature / TI	numb Impression of Applicant			
9. ATTESTATION / FC	R OFFICE USI	E ONLY								
Documents Received	Certified Copie	es								
KYC VER		INSTITUTION DETAILS								
Date	D - M M - Y	I Y I Y I Y		Name						
Emp. Name				Code						
Emp. Code										
Emp. Designation										
Emp. Branch										
		[Institution Stamp]								