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 (✓) 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				
(To be filled by financial in	nstitution) KYC Number	(Mandatory fo	or KYC update request)			
	Account Type* Norm	al Simplified (for low risk customers)] Small			
☐ 1. PERSONAL DE	TAILS (Please refer instruction A at the er	nd)				
	Prefix First Name	Middle Name	Last Name			
☐ Name* (Same as ID p	roof)					
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 $		РНОТО			
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	☐ Public Sector ☐ Government Sector)				
	☐ O-Others (☐ Professional	☐ Self Employed ☐ Retired ☐ Housewife	☐Student)			
	☐ B-Business☐ X- Not Categorised					
☐ 2. TICK IF APPLIC	CABLE RESIDENCE FOR TAX PUR	RPOSES IN JURISDICTION(S) OUTSIDE INDIA (I	Please refer instruction B at the end)			
ADDITIONAL DETAILS	REQUIRED* (Mandatory only if section 2	is ticked)				
ISO 3166 Country Code	e of Jurisdiction of Residence*					
Tax Identification Numb	er or equivalent (If issued by jurisdiction)*					
Place / City of Birth*		ISO 3166 Country Code of Birth*				
☐ 3. PROOF OF IDE	NTITY (Pol)* (Please refer instruction C a	at the end)				
(Certified copy of any one	of the following Proof of Identity[Pol] needs t	o be submitted)				
☐ A- Passport Number	ег П	Passport Expiry Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
☐ B- Voter ID Card						
☐ C- PAN Card						
☐ D- Driving Licence		Driving Licence Expiry Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Car	d					
Z- Others (any docum	ment notified by the central government)	Identification Number				
☐ S- Simplified Measu	ures Account - Document Type code	Identification Number	•			
4. PROOF OF AD	DRESS (PoA)*					
_	MANENT / OVERSEAS ADDRESS DETAIL	S (Please see instruction D at the end)				
	of the following Proof of Address [PoA] need					
Address Type*	Residential / Business Res	idential Business Regist	tered Office Unspecified			
Proof of Address* Passport Driving Licence UID (Aadhaar)						
☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ please specify ☐						
Address	Simplified Measures Account - Docu	ment Type code				
Line 1*						
Line 2						
Line 3		City / Town / Vil	lage*			
District*	Pin / Post Cod	e* State / U.T Code*	ISO 3166 Country Code*			

	E / LOCAL ADDRESS DETAILS * (Ple						
Same as Current / Perma	anent / Overseas Address details (In c	ase of multiple correspond	dence / local addresses, please f	ill 'Annexure A1')			
Line 1*							
Line 2							
Line 3			City / Town /				
District*	Pin / Post C	;ode*	State / U.T Code*	ISO 3166 Country Code*			
☐ 4 3 ADDDESS IN THE II	IDISDICTION DETAILS WHERE ADD	I ICANT IS DESIDENT OF	ITSIDE INDIA EOD TAY DUDDO	OSES* (Applicable if section 2 is ticked)			
	anent / Overseas Address details		Correspondence / Local Address				
Line 1*	Therity Overseas Address details	Game as	Concespondence / Local / Address				
Line 2							
Line 3			City / Town / \	Village*			
State*		ZIP / Pos		ISO 3166 Country Code*			
Zii / i ool oodo							
5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)							
Tel. (Off)	Tel. (I	Res)	Mobile				
FAX	Emai						
1700							
6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)							
Addition of Related Person	Deletion of Related Person		of Related Person (if available*)				
Related Person Type*		Assignee	☐ Authorized Representating Middle Name	ve Last Name			
Name*	Prefix First Name	,	Wilddie Name	Last Name			
Nume	(If KYC number and name are provided	, below details of section 6	are optional)				
PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)							
_	IJ OF RELATED FERSON (Flease see III	struction (n) at the end)	D 15 ' D1				
☐ A- Passport Number			Passport Expiry Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
□ B- Voter ID Card□							
☐ C- PAN Card							
☐ D- Driving Licence			Driving Licence Expiry Date	te $DDD-MMD-YYYY$			
☐ E- UID (Aadhaar)							
☐ F- NREGA Job Card							
Z- Others (any documer	nt notified by the central government)		Identification Numb	er			
☐ S- Simplified Measure	s Account - Document Type code	÷	Identification Numb	er			
☐ 7. REMARKS (If any)							
8. APPLICANT DECL	ARATION						
	nished above are true and correct to the best of my f the above information is found to be false or untrue						
for it.	The above mornation is loand to be laise of unities	or misicading or misioprosonting, i	an aware that may be note hable				
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.							
Date : DD - MM -	Y Y Y Y Place:			Signature / Thumb Impression of Applicant			
9. ATTESTATION / FO	OR OFFICE USE ONLY						
Documents Received							
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS				ON DETAILS			
Date		Name					
Emp. Name		Code					
Emp. Code		Code					
Emp. Designation							
Emp. Designation							
Emp Branch							
Emp. Branch							
Emp. Branch				tion Stamp]			
Emp. Branch	[Employee Signature]			tion Stamp]			