

## | Know Your Customer (KYC) Application Form | Individual

APP ID.....

ACK NO.....

## 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

Client ID

Trading Code

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ 1. PERSONAL DETAILS (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\*

Marital Status\*

Citizenship\*

Residential Status\*

Occupation Type\*

Gross Annual Income Details\* ☐ Below ₹ 1 lac☐ ₹ 10 - 25 lac☐ ₹ 1 - 5 lac☐ More than ₹ 25 lac☐ ₹ 5 - 10 lac

(please tick any one)

## PHOTO

Please sign across the photograph

Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

☐ 3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving Licence

Driving Licence Expiry Date

☐ E- UID (Aadhaar)

XXXXXXXXXX

( last 4 digit of aadhaar )

☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government)

Identification Number

☐ S- Simplified Measures Account - Document Type code

Identification Number

## 4. PROOF OF ADDRESS (PoA)\*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*

☐ Residential / Business☐ Residential☐ Business☐ Registered Office☐ Unspecified

Proof of Address\*

☐ Passport☐ Driving Licence☐ UID (Aadhaar)☐ Voter Identity Card☐ NREGA Job Card☐ Others

please specify

☐ Simplified Measures Account - Document Type code

## Address

Line 1\*

Line 2

Line 3

District\*

City / Town / Village\*

Pin / Post Code\*

State / U.T Code\*

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  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / 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 DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -   
FAX  -  Email ID

SMS Facility ☐ YES ☐ NO Mode of receiving Statement of Account [Tick any one] ☐ Physical Form ☐ Electronic Form (Read Note 1)

I hereby declare the above mobile no. belongs to me ☐ or my family ☐ or email id belongs to me ☐ or my family ☐

☐ 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 KYC Number of Related Person (if available\*)

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 IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

☐ A- Passport Number  Passport Expiry Date   
☐ B- Voter ID Card   
☐ C- PAN Card   
☐ D- Driving Licence  Driving Licence Expiry Date   
☐ E- UID (Aadhaar)  (last 4 digit of aadhaar)  
☐ F- NREGA Job Card   
☐ Z- Others (any document notified by the central government)  Identification Number   
☐ S- Simplified Measures Account - Document Type code  Identification Number

☐ 7. REMARKS (If any)

## 8. 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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

Place :



[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

## 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date   
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name   
Code

[Institution Stamp]

**NOTE** 1. For receiving Statement of Account in electronic form

- Client must ensure the confidentiality of the password of the email account.
- Client must promptly inform the Participant if the email address has changed.
- Client may opt to terminate this facility by giving 1 days prior notice. Similarly, Participant may also terminate this facility by giving 1 days prior notice.