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



at the end.						SWAIL	ATICLE
For office use only (To be filled by financial in	Application Type* nstitution) KYC Number Account Type*	☐ New ☐ Normal	Update	(Mai	-	C update request) Il	
☐ 1. PERSONAL DE	ETAILS (Please refer instruction	n A at the end)					
☐ Name* (Same as ID p	Prefix	First Name		Middle Name		Last Name	
Maiden Name (If any*)							
Father / Spouse Name	*						
Mother Name*							
Date of Birth*	D D - M M - Y Y	YY					_
Gender*	☐ M- Male		F- Female	☐ T-Transgende	er	РНОТ	0
Marital Status*	☐ Married		Unmarried	☐ Others			
Citizenship*	☐ IN- Indian			166 Country Code			
Residential Status*	☐ Resident Individual		_				
Residential Status	☐ Foreign National		Non Resident I□ Person of India				
Occupation Type*	S-Service (Priva O-Others (Profe B-Business X- Not Categorised		☐ Public Sector ☐ Self Employed	☐Government Se	· —	udent) Signature // Impress	
☐ 2. TICK IF APPLIC	CABLE RESIDENCE FO	R TAX PURF	OSES IN JURISD	ICTION(S) OUTSIDE	E INDIA (Please	refer instruction B at the	end)
ADDITIONAL DETAILS	REQUIRED* (Mandatory only	if section 2 is	ticked)				
ISO 3166 Country Cod	e of Jurisdiction of Residence	e*					
Tax Identification Numb	per or equivalent (If issued by	jurisdiction)*					
Place / City of Birth*			ISO 3166 Country	y Code of Birth*			
_	ENTITY (Pol)* (Please refer in						
,	of the following Proof of Identity	[Pol] needs to l	be submitted)				
A- Passport Number	er			Passport Expiry Da	ate		Y
☐ B- Voter ID Card							
C- PAN Card							
☐ D- Driving Licence				Driving Licence Ex	cpiry Date	D — M M — Y Y Y	Υ
E- UID (Aadhaar)							
F- NREGA Job Car							
` •	ment notified by the central gove	,		Identification	n Number		
S- Simplified Meas	ures Account - Document T	ype code		Identification	n Number		
4. PROOF OF AD	DDRESS (PoA)*						
4.1 CURRENT / PER	MANENT / OVERSEAS ADDRE	SS DETAILS	(Please see instruction	on D at the end)			
(Certified copy of <u>any one</u>	of the following Proof of Address	s [PoA] needs t	to be submitted)				
· · · · · ·	Residential / Business	Reside	ential	Business	Registered	Office Uns	pecified
Proof of Address*	☐ Passport ☐ Voter Identity Card		g Licence	UID (Aadhaar) Others	please s	specify	
	Simplified Measures Accord						
Address							
Line 1*							+
Line 3				City /	Town / Village*		
District*	Pin	/ Post Code*		State / U.T Code		D 3166 Country Code*	•

4.2 CORRESPONDENCE								
Same as Current / Permai	nent / Overseas Add	ress details (In case o	f multiple co	orrespondence / I	ocal addresses,	please fill 'A	nnexure A1')	
Line 1*								
Line 2								
Line 3		Dia / Daat Cadat		C4	ate / U.T Code	Town / Villa	-	Codo*
District*		Pin / Post Code [*]		SI	ate / U.T Code	7	ISO 3166 Country	Code
4.3 ADDRESS IN THE JU	RISDICTION DETAI	LS WHERE APPLICAN	NT IS RESI	DENT OUTSIDE	INDIA FOR TAX	PURPOSES	S* (Applicable if section	2 is ticked)
Same as Current / Permai	nent / Overseas Add	ress details		Same as Corresp	ondence / Loca	l Address de	tails	
Line 1*								
Line 2					0:1-7:	T / \ / !!! -		
Line 3 State*			7	ZIP / Post Code		Town / Villa	ISO 3166 Country C	ode*
State				-II 7 1 03t 00d0	′		100 0 100 00umily 0	, cao
\square 5. CONTACT DETAILS	(All communications v	vill be sent on provided M	lobile no. / E	Email-ID) (Please re	efer instruction F a	at the end)		
Tel. (Off)	_	Tel. (Res)				Mobile		
FAX	-	Email ID						
	ED DEDCON (In an			£:II (A D	141 \ (-1		-4 4l 1\	
6. DETAILS OF RELAT	Deletion of Relat						at the end)	
Related Person Type*	Guardian of Mi		ssignee	Number of Relate	uthorized Repr			
rtolatou i oloon iypo	Prefix	First Name	Joignoo		ddle Name	000111011170	Last Nam	е
Name*								
	(If KYC number and	name are provided, belo	w details of s	section 6 are option	nal)			
PROOF OF IDENTITY [Pol]	OF RELATED PERS	ON* (Please see instructi	ion (H) at the	e end)				
A- Passport Number				Pass	sport Expiry Da	ate	D D - M M - Y	YYY
☐ B- Voter ID Card								
C- PAN Card								
□ D- Driving Licence				Drivi	ng Licence Ex	piry Date	D D — M M — Y	YYY
☐ E- UID (Aadhaar)								
☐ F- NREGA Job Card								
Z- Others (any document	t notified by the cent	ral government)			Identification	n Number		
S- Simplified Measures	Account - Docur	ment Type code			Identification	n Number		
☐ 7. REMARKS (If any)								
8. APPLICANT DECL	ARATION							
I hereby declare that the details furn		rrect to the best of my knowle	edge and belief	f and I undertake to inf	form you of any change	es		
therein, immediately. In case any of for it.								
I hereby consent to receiving information	ation from Cantral KVC Reg	istry through SMS/Email on the	ahove registers	ed number/email addres	ee			
Date: DD - MM -	Y Y Y Y	Place :	above registere	ed number/email addres	33.	Sig	gnature / Thumb Impression	of Applicant
9. ATTESTATION / FO	R OFFICE USE C	NLY						
Documents Received	Certified Copies							
KYC VERI		INSTITUTION DETAILS						
Date) — M M — Y Y	YY		Name				
Emp. Name				Code				
Emp. Code								
Emp. Designation								
Emp. Branch								
		[Institution Stamp]						