CENTRAL KYC REG	STRY   Know Your Customer (KYC) Application Form   Individual
<ul> <li>Important Instructions</li> <li>A) Fields marked with '*' are</li> <li>B) Please fill the form in Eng</li> <li>C) Please fill the date in DD-</li> <li>D) Please read section wise at the end.</li> </ul>	mandatory fields.       E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.         lish and in BLOCK letters.       F) List of two character ISO 3166 country codes is available at the end.
For office use only (To be filled by financial in	Application Type*       New       Update         Institution)       KYC Number       Image: Mail Control of the control of
1. PERSONAL DE	TAILS (Please refer instruction A at the end)
<ul> <li>Name* (Same as ID p Maiden Name (If any*)</li> <li>Father / Spouse Name*</li> <li>Mother Name*</li> <li>Date of Birth*</li> </ul>	
Gender*	M- Male   F- Female   T-Transgender
Marital Status* Citizenship* Residential Status*	Married       Unmarried       Others         IN- Indian       Others (ISO 3166 Country Code )         Resident Individual       Non Resident Indian         Foreign National       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       Signature / Thumb       Impression
2. TICK IF APPLIC	CABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
	REQUIRED* (Mandatory only if section 2 is ticked)
	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 at the end)
(Certified copy of <u>any one</u>	of the following Proof of Identity[Pol] needs to be submitted)
<ul> <li>A- Passport Number</li> <li>B- Voter ID Card</li> <li>C- PAN Card</li> </ul>	Passport Expiry Date     D     D     M     Y     Y     Y
<ul> <li>D- Driving Licence</li> <li>E- UID (Aadhaar)</li> <li>F- NREGA Job Car</li> </ul>	
	nent notified by the central government)
	Jures Account - Document Type code
	DRESS (PoA)* MANENT / OVERSEAS ADDRESS DETAILS (Please see instruction <b>D</b> at the end)
	of the following Proof of Address [PoA] needs to be submitted)
	Residential / Business Registered Office Unspecified
	Passport       Driving Licence       UID (Aadhaar)         Voter Identity Card       NREGA Job Card       Others       Image: Specify and the specify an
Address	
Line 1*	
Line 2	City / Town / Village*
District*	Pin / Post Code*     State / U.T Code*     ISO 3166 Country Code*

_	RESPONDENCE														-					
Same as 0	Current / Permar	nent / Overs	eas Addres	s details	(In case	of multi	ple co	rrespon	dence /	local a	addre	sses,	pleas	se fill '	Annex	ure A	1')			
Line 1*																				
Line 2																				
Line 3																				
District*				Pin / P	ost Cod	e*			S	state /	U.I	Code	•		ISC	0 316	6 Cou	ntry C	ode*	
	ESS IN THE JU				APPLIC	ANT IS F	_									oplical	ole if se	ection 2	is tick	ed)
	Current / Permar	hent / Overs	eas Addres	s details				Same as	Corres	ponde	ence /	Local	Addr	ess d	etails					
Line 1*																				
Line 2												·:+	Tourn	/ \ /;11	0.00*					
Line 3 State*							7	IP / Po:	at Cod	o*		ily /	TOWI		age*	3166	6 Cour	try Co	de*	
Sidle							Z	IF / FU	si Cou	e					100	0100	0001			
5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)																				
Tel. (Off)	-	-		-	Fel. (Res	5)		_					Mobi	le	-	-				
FAX		-			Email ID															
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	Related Person	Deletion	of Related	Person			KYCI	Number	of Relate	ed Pers	son (if	availa	able*)							
Related Perso	on Type*		an of Minor			Assigne	e			Autho			esent	ative						
		Prefix		First	Vame				N	liddle I	Name						Last	Name		
Name*		(If KVC pup	nber and nar	me are pro	vided be	low detai	ile of s	ection 6	are onti	(leac										
55005 0										Jilal)										
	F IDENTITY [Pol]	OF RELATE	D PERSON	* (Please s	see instru	ction (H)	at the	end)	-			-				1 [-	- [ ]			
	ort Number								Pas	sport	Ехрі	ry Da	ate		DD		1 M	YY	YY	
B- Voter																				
C-PAN C	Card																			
D- Driving	g Licence								Driv	ing Li	icenc	e Ex	piry [	Date	DD	- 1	1 M -	ΥΥ	YY	
E- UID (A	Aadhaar)																			
F- NREG	A Job Card																			
Z- Others	s (any document	notified by	the central	governme	ent)					lde	entific	atior	n Nur	nber						
S- Simpli	fied Measures	Account	- Docume	nt Type	code					lde	entific	atior	n Nur	nber						
☐ 7. REMA	RKS (If any)																			
8. APPL	ICANT DECL	ARATION																		
	re that the details furni																			
therein, immed for it.	diately. In case any of t	the above inform	nation is found t	o be false or	untrue or m	isleading or	r misrepi	resenting, I	am awar	e that I m	nay be h	eld liab	le							
L berehv conse	ent to receiving informa	ation from Centra	al KYC Registry	through SM	S/Email on	he above r	enistere	d number/e	mail addr	999										
				Place :			egistere			655.				ç	Signature	e / Thur	nb Impres	ssion of	Applica	nt
				. 1000 1																
9. ATTES	STATION / FO	R OFFICE	USE ON	LY																
Documents	Received	Certified C	Copies																	
	KYC VERI	FICATION CA	ARRIED OU	TBY								INS	STITU	TION	DETAIL	.S				
Date		— M M	Y Y Y					Name												
Emp. Name								Code												
Emp. Code																				
Emp. Designa	ation																			
Emp. Branch																				