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.
- RUDERA 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.



For office use only	Application Type* ☐ Ne	w			
(To be filled by financial instit	tution) KYC Number		(Mandatory	for KYC update request)	
	Account Type* No	rmal Simplified	for low risk customers)	☐ Small	
☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)					
	Prefix First Nam	e	Middle Name	Last Name	
☐ Name* (Same as ID proof	f)				
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	111616	
Marital Status*	☐ Married	Unmarried	Others		
Citizenship*	☐ IN- Indian	Others (ISO 3	166 Country Code)		
Residential Status*	☐ Resident Individual☐ Foreign National	☐ Non Resident I ☐ Person of India			
Occupation Type*	☐ S-Service (☐ Private Secto ☐ O-Others (☐ Professional ☐ B-Business ☐ X- Not Categorised	or ☐ Public Sector ☐ Self Employed	☐Government Sector) ☐Retired ☐Housewife	Signature / Thumb Impression	
2. TICK IF APPLICA	BLE RESIDENCE FOR TAX F	PURPOSES IN JURISD	ICTION(S) OUTSIDE INDIA	(Please refer instruction B at the end)	
ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)					
	f 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 (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)					
☐ 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 Da	ate DD-MM-YYYY	
☐ E- UID (Aadhaar)			- · · · · · · · · · · · · · · · · · · ·		
☐ F- NREGA Job Card					
Z- Others (any documen	nt notified by the central government)		Identification Number	per	
☐ S- Simplified Measures	s Account - Document Type code	e 🔲	Identification Numb	per	
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 Simplified Measures Account - Document Type code					
Address					
Line 1*					
Line 2 Line 3			City / Town /	Village*	
District*	Pin / Post C	ode*	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 Correspondence / Local Address details				
Line 1*					
Line 2	0.77				
Line 3	City / Town / Village*				
State* ZIP / Post Code* ISO 3166 Country Code*					
5. CONTACT DETAILS (All communication will be sent on provided Mobile no. / Email ID) (please refer instruction G at the end)					
Tel. (Off) Tel. (Res)	Mobile				
FAX Email ID					
6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)					
	C Number of Related Person (if available*)				
Related Person Type* Guardian of Minor Assignee Prefix First Name	☐ Authorized Representative Middle Name Last Name				
Prefix First Name Name*	Middle Name Last Name				
(If KYC number and name are provided, below details or	f section 6 are optional)				
PROOF OF IDENTITY [Pol] OF RELATED PERSON* (Please see instruction (H) at the	he end)				
☐ A- Passport Number	Passport Expiry Date				
□ B- Voter ID Card	T doop of Expiry Date				
C- PAN Card					
D- Driving Licence	Driving Licence Expiry Date DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD				
E- UID (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)					
O ADDI ICANIT DEGLADATION					
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 : D D - M M - Y Y Y Y Place :	Signature / Thumb Impression of Applicant				
9. ATTESTATION / FOR OFFICE USE ONLY					
Documents Received					
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS				
Date — — — — — — — — — — — — — — — — — — —	Name				
Emp. Name	Code				
Emp. Code					
Emp. Designation					
Emp. Branch					
[Employee Signature]	[Institution Stamp]				