	in BLOCK LETTERS		Application Type*: New I	KYC Modification		
KYC Mode*: Please Tick (✓)         Normal       EKYC O	TP EKYC Biometric	Online KYC	Offline EKYC	Digilocker		
1. Identity Details (please refer	guidelines overleaf)					
PAN*	Please enclose a duly att	ested copy of your PAN Card				
Name* (same as ID proof) Maiden Name* (if any) Fathers/Spouse's Name* Date of Birth* Gender*			ransgender	PHOTOGRAPH of		
Marital Status*	Single Mar		ivorced Widow	SOLE / FIRST HOLDE		
Nationality*	Indian Oth			Please affix the recent passport		
Residential Status* Please Tick (✓)	Resident Individua       Non       Resident Indian       size photog sign act         Foreign National (Passport mandatory for NRIs, PIOs and Foreign Nationals)       Person of Indian Origin       sign act					
Proof of Identity (POI) submitte	d for PAN exempted cases (Please tick)					
A — Aadhaar Card						
B — Passport Number	(Expiry Date) d d / m m / y y y					
C — Voter ID Card		(E	xpiry Date) dd / m m	ууууу		
D — Driving License						
E — NREGA Job Card						
F – NPR						
Z — Others		(any doc	ument notified by Central Government)			
Identification Number						
2. Address Details* (please refe	r quidelines overleaf)					
A. Correspondence/ Local Add						
·						
Line 2						
				*		
		District*		*		
Address Type* Resident	tial/Business Residential	Business	Registered Office Uns	pecified		
			Appl	licant Signature		

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)						
Line 1*						
Line 2						
Line3						
City/Town/Village*	District*		Pin Code*			
State*	Country*					
Proof of Address* (attested copy of any one POA to be submitted)						
A — Aadhaar Card						
B — Passport Number		(Expiry Date)	d d / m m / y y y y			
C — Voter ID Card		(Expiry Date)	d d / m m / y y y			
D — Driving License						
E — NREGA Job Card						
F — NPR Letter						
Z — Others	(any document notified by Central Government)					
Identification Number						
3. Contact Details						
Email ID			in capital latter only			
Mobile No.						
Tel (Off)	Tel	(Res)				
4. Applicant Declaration hereby declare that the details furnished above are true and correct to the best						
of my/our knowledge and belief and I under-take 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/We are aware that I/We may be		Аррі	icant Wet Signature			
held liable for it. I/We hereby consent to receiving information from CVL KRA through SMS/Email						
on the above registered number/Email ad-dress. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our						
masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.						
DATE: _ d d / _ m _ m / _ y _ y _ y _ y						
PLACE:						
5. For Office Use Only						
In-Person Verification (IPV) carried out by*			Intermediary Details*			
			( ) (0)(D)			
IPV Date dd/d/mm/m//yyyyyy		Self certified docume	nt copies received (OVD)			
Emp. Name			nt copies received (OVD) nents received (Attested)			
			nents received (Attested)			
Emp. Name		True Copies of docu	nents received (Attested)			
Emp. Name		True Copies of docu	nents received (Attested)			
Emp. Name		True Copies of docu	nents received (Attested)			
Emp. Name		True Copies of docu	nents received (Attested)			
Emp. Name		True Copies of docu	nents received (Attested)			
Emp. Name		True Copies of docu	nents received (Attested)			