

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.
 I) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.



For office use only

Application Type*

☐ New☐ Update

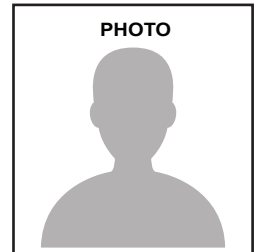
(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal☐ Minor☐ Adhaar OTP based E-KYC (in non-face to face mode)☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 Furnished		



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☐ 2. PROOF OF IDENTITY & Address* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone fo the following OVDs)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> D- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> E - National Population Register Letter <input type="text"/>	
<input type="checkbox"/> F- Proof of possession of Adhaar <input type="text"/>	

II. E-KYC Authentication

III. Offline Verification of Adhaar.

☐ 2.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS:

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	Pin / Post Code*	State/UT*	City / Town / Village*	Country*

☐ 2.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*☐ Same as Current / Permanent / Overseas Address details

Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
District*	Pin / Post Code*	State/UT*	City / Town / Village*	Country*

☐ 3. CONTACT DETAILS (All communications will be sent to Mobile no. / Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) <input type="text"/>	Tel. (Res) <input type="text"/>	Mobile <input type="text"/>
FAX <input type="text"/>	Email ID <input type="text"/>	

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☐ 4. DETAILS OF RELATED PERSON (In case of additional related persons, please Fill 'Annexure B1') (please refer instruction G at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Updation	KYC Number of Related Person (if available*)	
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	
	Prefix	First Name	Middle Name	Last Name
Name*				
(If KYC number and name are provided, below details of section 6 are optional)				
Date of Birth*				
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*			<input type="checkbox"/> Form 60 Furnished	

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

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone fo the following OVDs)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- Driving Licence		Driving Licence Expiry Date	
<input type="checkbox"/> D- NREGA Job Card			
<input type="checkbox"/> E - National Population Register Letter			
<input type="checkbox"/> F- Proof of possession of Aadhaar	XXXXXXXXXX		

II. E-KYC Authentication

XXXXXXXXXX

III. Offline Verification of Aadhaar.

XXXXXXXXXX

☐ 4.2 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS:

Line 1*				
Line 2				
Line 3	City / Town / Village*			
District*	Pin / Post Code*	State/UT*	Country*	

☐ 4.3 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

☐ Same as Current / Permanent / Overseas Address details

Line 1*				
Line 2				
Line 3	City / Town / Village*			
District*	Pin / Post Code*	State/UT*	Country*	

☐ 5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my 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 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.
- I/We hereby consent to receiving information from KRA through SMS/Email on the above registered number/Email address.
- 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 : DD - MM - YYYY Place : _____

[Signature / Thumb Impression]

7. ATTESTATION / FOR OFFICE USE ONLY

- | | | | |
|--------------------|--|---|--|
| Documents Received | <input type="checkbox"/> Certified Copies | <input type="checkbox"/> E-KYC Data received from UIDAI | <input type="checkbox"/> Data Received from Offline Verification |
| | <input type="checkbox"/> Digital KYC Process | <input checked="" type="checkbox"/> Equivalent e-document | <input type="checkbox"/> Video Based KYC |

KYC VERIFICATION CARRIED OUT BY

Date DD - MM - YYYY

Emp. Name _____

Emp. Code _____

Emp. Designation _____

INSTITUTION DETAILS

Name _____

Code _____

Emp. Branch _____

[Signature / Thumb Impression]