

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 (✓) 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)

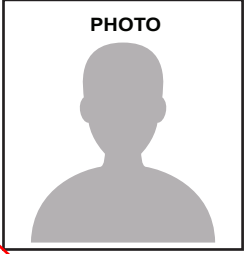
Account Type*

☐ 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)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
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 _____)		
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="checkbox"/> Form 60 Furnished		

IF CLIENT IS HOLDING FOREIGN PASSPORT THEN OTHERS SHOULD BE SELECTED AND COUNTRY CODE SHOULD BE MENTIONED AS PER THE CODE MENTIONED ON THE FIRST PAGE OF PASSPORT

SIGNATURE SHOULD BE DONE IN THE GIVEN BOX NOT COVERING THE PHOTOGRAPH



PHOTO

[Signature / Thumb Impression]

☐ 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	_____	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 Adhaar	XXXXXXXXXX		

II. E-KYC Authentication

XXXXXXXXXX

III. Offline Verification of Adhaar.

XXXXXXXXXX

☐ 2.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS:

Line 1* _____

Line 2 _____

Line 3 _____

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* _____

Line 2 _____

Line 3 _____

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) _____ Tel. (Res) _____ Mobile _____

FAX _____ Email ID _____

[Signature / Thumb Impression]

☐ 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 Adhaar	XXXXXXXXXX

II. E-KYC Authentication

XXXXXXXXXX

III. Offline Verification of Adhaar.

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

IPV DONE BY STAMP OF
PARTNER REQUIRED

[Signature / Thumb Impression]