



**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.

<b>For office use only</b> <i>(To be filled by financial institution)</i>	Application Type* KYC Number Account Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input style="width: 100%;" type="text"/> <i>(Mandatory for KYC update request)</i>
		<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

**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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Maiden Name (If any*)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Father / Spouse Name*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother Name*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth*	<input style="width: 100%;" 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 style="width: 20px;" type="text"/> <input style="width: 20px;" 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			
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector ) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			

**PHOTO**  
  
 Signature / Thumb Impression

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of 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 (PoI)\*** (Please refer instruction **C** at the end)

*(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)*

<input type="checkbox"/> A- Passport Number <input style="width: 100%;" type="text"/>	Passport Expiry Date <input style="width: 100%;" type="text"/>
<input type="checkbox"/> B- Voter ID Card <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> C- PAN Card <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> D- Driving Licence <input style="width: 100%;" type="text"/>	Driving Licence Expiry Date <input style="width: 100%;" type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input style="width: 100%;" type="text"/>	Identification Number <input style="width: 100%;" type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input style="width: 40px;" type="text"/>	Identification Number <input style="width: 100%;" type="text"/>

**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*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input style="width: 100%;" type="text"/> please specify <input type="checkbox"/> Simplified Measures Account - Document Type code <input style="width: 40px;" type="text"/>

**Address**

Line 1\*

Line 2

Line 3

District\*       Pin / Post Code\*       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																																						
District*																	Pin / Post Code*							State / U.T Code*			City / Town / Village*									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 Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1*																																			
Line 2																																			
Line 3																																			
State*																	ZIP / Post Code*							ISO 3166 Country Code*			City / Town / Village*								

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F 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)

Addition of Related Person  Deletion of Related Person  KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name*	Prefix	First Name	Middle Name	Last Name

(If KYC number and name are provided, below details of section 6 are optional)

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

<input type="checkbox"/> A- Passport Number								Passport Expiry Date						
<input type="checkbox"/> B- Voter ID Card														
<input type="checkbox"/> C- PAN Card														
<input type="checkbox"/> D- Driving Licence								Driving Licence Expiry Date						
<input type="checkbox"/> E- UID (Aadhaar)														
<input type="checkbox"/> F- NREGA Job Card														
<input type="checkbox"/> Z- Others (any document notified by the central government)								Identification Number						
<input type="checkbox"/> S- Simplified Measures Account - Document Type code								Identification Number						

7. REMARKS (If any)


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.



[Signature / Thumb Impression]

Date : DD-MM-YYYY Place : \_\_\_\_\_

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date	DD-MM-YYYY
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

INSTITUTION DETAILS

Name	
Code	

[Employee Signature]

[Institution Stamp]