



### CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application form / Individual

#### Important Instructions:

- A) Fields marked with \* are mandatory fields.
- B) Self Certification of Documents is mandatory.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) Please read section wise detailed guidelines / Instructions at the end.
- F) List of State / U.T. code as per Indian Motor Vehicle Act. 1988 is available at the end.
- G) List of Two character ISO-3166 country codes is available at the end.
- H) KYC number of applicant is mandatory for update application.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

#### For Office use only

Application Type\*  New  Update

(To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Simplified ( for low risk customers)  Small

#### 1 PERSONAL DETAILS (Please refer instruction A at the end)

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <input type="checkbox"/> Name* (Same as ID Proof) | Prefix <input type="text"/>   | First Name <input type="text"/>   | Middle Name <input type="text"/>           | Last Name <input type="text"/>                                      | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">PHOTO</div> <div style="border: 1px solid black; height: 100px; width: 100%; margin: 5px auto;"></div> |
| Maiden Name (If any*)                             | <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"/>  | <input type="text"/>  | <input type="text"/>                       | <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* (Nationality)                        | <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                              |  |   |  |
| 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                                   |   |  |   |  |

Signature / Thumps 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 type="text"/>   | Passport Expiry Date <input type="text"/>        |
| <input type="checkbox"/> B- Voter ID Card <input type="text"/>   |  |
| <input type="checkbox"/> C- PAN Card <input type="text"/>  |  |
| <input type="checkbox"/> D- Driving License <input type="text"/>   | Driving License Expiry Date <input type="text"/> |
| <input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>   |  |
| <input type="checkbox"/> F-NREGA Job Card <input type="text"/>   |  |
| <input type="checkbox"/> Z-Others (any document notified by the central government) <input type="text"/> | Identification Number <input 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="text"/> Please specify        |                                      |
|                   | <input type="checkbox"/> Voter Identity Card    | <input type="checkbox"/> NREGA Job CARD  | <input type="checkbox"/> Others        | <input type="text"/>                       |                                      |

Address

Line 1\*

Line 2

Line 3

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

Line 1\*   
 Line 2   
 Line 3  City /Town / Village\*   
 State\*  Pin / Post code\*  State / U.T Code\*  ISO-3166 Country Code\*

**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' form) (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  Nominee  Assignee  Authorized Representative  Beneficial Owner  Beneficiary  
 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)

A- Passport Number  Passport Expiry Date --  
 B- Voter ID Card   
 C- PAN Card   
 D- Driving License  Driving License Expiry Date --  
 E- UID (Aadhaar)   
 F-NREGA Job Card   
 Z-Others (any document notified by the central government)  Identification Number

**7 REMARKS (If any)** (Mobile no. / Email-ID) (Please refer instruction F at the end)

**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/We 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/We am/are 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 : -- Place :

[Signature / Thumb Impression]  
 -----  
 Signature / Thumb Impression of Applicant

**9 ATTESTATION / FOR OFFICE USE ONLY**

Documents received  Self- Certified  True Copies  Notary Risk Category  High  Medium  Low

**KYC VERIFICATION CARRIED OUT BY**

Date --  
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch

**INSTITUTION DETAILS**

Name            
 Code

(Employee Signature)

(Institution Stamp)

## CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application Form / Individual / Correspondence / Local Address

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For Office use only      Application Type\*    New       Update

(To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

## 1 PROOF OF ADDRESS (PoA)\*

## 1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

Same as Current / Permanent/ Overseas Address details

Line 1\*

Line 2

Line 3  City /Town / Village\*

District\*  Pin / Post code\*  State / U.T Code\*  ISO-3166 Country Code\*

## 2 CONTACT DETAILS (All Communications will be send on provided Mobile No./ Email-ID) (please refer Instruction F at the end)

Tel. (Off) -      Tel. (Res) -      Mobile :

FAX -      Email ID

## 3 APPLICANT DECLARATION

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- I hereby consent to receiving information from Central KYC Registry though SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : --      Place :

## 4 ATTESTATION / FOR OFFICE USE ONLY

Documents received    Self- Certified    True Copies    Notary      Risk Category    High       Medium       Low

## KYC VERIFICATION CARRIED OUT BY

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

## INSTITUTION DETAILS

Name

Code

(Institution Stamp)

## CENTRAL KYC REGISTER / Know Your Customer (KYC) Application form / Individual / Related Person

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(To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

## 1 DETAILS OF RELATED PERSON (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    Nominee    Assignee    Authorized Representative    Beneficial Owner    Beneficiary

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)

A- Passport Number       Passport Expiry Date  -  -

B- Voter ID Card

C- PAN Card

D- Driving License       Driving License Expiry Date  -  -

E- UID (Aadhaar)

F-NREGA Job Card

Z-Others (any document notified by the central government)  Identification Number

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- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We 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/We am/are 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]

Signature / Thumb Impression of Applicant

Date :  -  -       Place :

## 3 ATTESTATION / FOR OFFICE USE ONLY

Documents received    Self- Certified    True Copies    Notary      Risk Category    High       Medium       Low

## KYC VERIFICATION CARRIED OUT BY

Date       -  -

Emp. Name     

Emp. Code     

Emp. Designation     

Emp. Branch     

(Employee Signature)

## INSTITUTION DETAILS

Name     

Code     

(Institution Stamp)