Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A. Fleids marked with "are mandatory fields. F. Please read section wise detailed guide B. Tick "wherever applicable. G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.																				
• •				H. List of two character ISO 3166 country codes is available at the end.																
				I. KYC number of applicant is mandatory for update application.																
E. For particular section update section number and strike of required to be updated.			he box 、		e 'OTP P base								for acco	unts op	ened u	sing				
For office use only		Applica	tion Type	*	N	lew		Up	date											
(To be filled by financial institu	tion)	KYC N	umber											Mandat	tory for	KYC up	date r	equest)	
		Accoun	t Type*		□ N	ormal	Г	Min	or		adhaa	ar OTP	based E	-KYC (ii	n non-fa	ice to fa	ace mo	ode)		
☐ 1. Personal Detail	s (Please	e refer	instruc	tion	A at th	e en	d)													
	Prefix				Name		- /				Midd	lle Nam	е				Las	t Name		
Name* (Same as ID proof)																				
Maiden Name																				
Father / Spouse Name*																				
Mother Name																				
Date of Birth*	D D	MM	- Y	YY	Υ															
Gender*	M- Ma	ale			F- Fema	ale				Trans	gende	r								
PAN*									F	ORM 6) furni	shed								
Marital Status*	Ma	rried			Unma	rried			0	thers										
Citizenship*	☐ IN-	Indian			Other	s – Co	ount	ry						Co	ountry (Code				
Residential Status*	Res	sident In	dividual		Non R	esider	nt In	dian [Fo	reign N	lationa	al	☐ Pers	on of Ir	ndian Or	rigin				
2. PROOF OF IDE	NTITY A	ND AE	DRES	S * (F																
Certified copy of OVD or equiva				•								•	submitte	ed (anyo	one of the	he follo	wing C)VDs)		
A-Passport Number					Passp	ort Ex	piry	Date	D	D -	M	M -	YYY	′ Y						
B-Voter ID Card																		Pŀ	HOTO	D *
C-Driving Licence							Dri	ivina	Licer	ce Ev	niry D	ate D	D - [M M	- Y \	/	a			
								viiig	LICCI		piry D						-			
D-NREGA Job Card							+		_		_									7
E-National Population R	_	-																		
F-Proof of Possession o	of Aadhaar		lo need to att																	
II E-KYC Authentication		٨	lo need to att	tach. Aac	dhaar card.	If submi	tted, A	ladhaar	Numbe	r to be ma	sked by	the custon	ner							
III Offline verification of Aa	ıdhaar	Λ	lo need to att	tach. Aad	dhaar card.	If submi	tted, A	ladhaar	Numbe	r to be ma	sked by	the custon	ner							Impression out covering
Address [For other than reside	ent Individua	al, pleas	e mentior	n Over	seas Ad	ddress]												the face	
Line 1*																				
Line 2													0: 7	- 0.0			_			
Line 3				D: /D						1	0.		· [own/Vi	iiage"	100.0	400.0			
District*				PIN/P	ost Code	9°					St	ate/U.T	Code [*] L			180 3	166 C	ountry	Code	,
☐ 3. CURRENT ADD	RESS D	ETAIL	. S (Plea	ase re	efer in	struc	tior	n B a	t the	end)										
Same as above mentioned	d address (In such	cases add	dress	details a	as belo	w n	eed n	ot be	provide	ed									
I. Certified copy of OVD or equi	ivalent e-do	cument	of OVD o	or OVE	obtain	ed thro	ough	digita	al KY	C proce	ess ne	eds to b	oe submi	tted (ar	yone of	the fol	lowing	OVDs)	
A-Passport Number																				
B-Voter ID Card																				
C-Driving Licence																				
D-NREGA Job Card																				
E-National Population R	tegister Lett	ter																		
F-Proof of Possession of	· ·			No need	to attach 4	1 adhaar i	card I	lf euhmil	tod Aa	dhaar Nur	nhar to h	ne masked	by the custo	nmer						
II E-KYC Authentication	n nadridai																			
													by the custo							
III Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer																				
IV Deemed Proof of Addre	ss – Docun	nent Typ	e code																	
Address			T 1																	
Line 1*							Н										+	+	+	+
Line 2							\Box						Cit. /T	own/Vi	llago*					+
Line 3 District*				Din/Da	ost Code	*	\perp			1	C4	ate/U.T		JVVII/ VI	naye	180.3	166.0	ountry	Code	*
DISHIN				711/P	Jai Cude	-					ા	alt/U. I	Code			130 3	100 C	ountry	Code.	

☐ 4. Contact	Details (All communications will be sent to Mobile number/En	mail-ID provided including for validation purpose) (Please refer instruction C at the end)										
Tel. (Off)	- Tel. (Res)	Mobile*										
Email ID*												
	to validation, hence provide the valid information in legible manner											
5. Remark	s (If any)											
6. Applicant De	eclaration											
undertake to inform or untrue or misle I hereby declare any statute of leg time I hereby consent number/email add I am providing the data with KRA a guidelines. Date: D D M	that the details furnished above are true and correct to the many you of any changes therein, immediately. In case any of the sading or misrepresenting. I am aware that I may be held liable feating I am not making this application for the purpose contravent is to receiving informations/directions issued by any government to receiving information from Central KYC Registry through dress and to download the information from CKYCR exponent to MF/RTA/SEBI registered intermediary to share this and share the data to other participating intermediaries as a place: Place:	above information is found to be false for it. Ition of any Act, Rules, Regulations or intal or statutory authority from time to SMS/Email on the above registered state / applicable Aadhaar XML mandated by PMLA Act/Rules/SEBI Signature/Thumb Impression of Applicant										
KYC documents verification carried out by Institution details												
Date:		Name Name										
		Code										
Emp. Name												
Emp. Code												
Emp. Branch	p. Designation											
Emp. Braner	[Employee Signature]	[Institution Stamp]										
In-	-Person Verification (IPV) carried out by	Institution details										
Date:	D D - M M - Y Y Y Y											
Emp. Name												
Emp. Code												
Emp. Designation												
Emp. Branch		[Institution Stamp]										
	[Employee Signature]											