

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



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.

For office use only	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
<i>(To be filled by financial institution)</i>	KYC Number	<i>(Mandatory for KYC update request)</i>

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

Line 1*	<input type="text"/>	
Line 2	<input type="text"/>	
Line 3	<input type="text"/>	City / Town / Village* <input type="text"/>
District*	<input type="text"/>	Pin / Post Code* <input type="text"/> State / U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

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

3. 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.

Date : - -

Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant