CENTRAL KYC REGIST	RY   Know Your Customer (KY	C) Application Form	Individual													
<ul> <li>Important Instructions:</li> <li>A) Fields marked with <sup>(*)</sup> are man.</li> <li>B) Please fill the form in English a</li> <li>C) Please fill the date in DD-MM-</li> <li>D) Please read section wise detain at the end.</li> </ul>	and in BLOCK letters. F) Li YYYY format. G) K iled guidelines / instructions H) Fo see	st of two character ISO 3166 (C number of applicant is ma r particular section update, p ction number and strike off the	State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. two character ISO 3166 country codes is available at the end. umber of applicant is mandatory for update application. ticular section update, please tick (🗸) in the box available before the number and strike off the sections not required to be updated.													
For office use only (To be filled by financial institu	Application Type*		(Mandatory for KYC update request)													
☐ 1. PERSONAL DETAI	LS (Please refer instruction A at the															
	Prefix First Nam		Middle Name	Last Name												
<ul> <li>Name* (Same as ID proof)</li> <li>Maiden Name (If any*)</li> <li>Father / Spouse Name*</li> <li>Mother Name*</li> <li>Date of Birth*</li> </ul>																
Gender*	🗌 M- Male	F- Female	T-Transgender													
Marital Status*	Married	Unmarried	Others													
Citizenship*	🗌 IN- Indian	Others (ISO 31	66 Country Code )													
Residential Status*	<ul><li>Resident Individual</li><li>Foreign National</li></ul>	☐ Non Resident Ir ☐ Person of Indiar														
Occupation Type*	<ul> <li>S-Service ( Private Secto</li> <li>O-Others ( Professional</li> <li>B-Business</li> <li>X- Not Categorised</li> </ul>	r ☐ Public Sector ☐ Self Employed	Government Sector) ☐Retired ☐Housewife	Signature / Thumb												
2. TICK IF APPLICAB	LE 🗌 RESIDENCE FOR TAX P	URPOSES IN JURISDI	CTION(S) OUTSIDE INDIA (F	Please refer instruction <b>B</b> at the end)												
ISO 3166 Country Code of	QUIRED* (Mandatory only if section Jurisdiction of Residence* or equivalent (If issued by jurisdiction		Code of Birth*													
3. PROOF OF IDENTI	TY (Pol)* (Please refer instruction	C at the end)														
<ul> <li>(Certified copy of <u>any one</u> of th</li> <li>A- Passport Number</li> <li>B- Voter ID Card</li> <li>C- PAN Card</li> </ul>	e following Proof of Identity[Pol] need	s to be submitted)	Passport Expiry Date	D $D$ $ M$ $M$ $ Y$ $Y$ $Y$ $Y$												
<ul> <li>D- Driving Licence</li> <li>E- UID (Aadhaar)</li> <li>F- NREGA Job Card</li> </ul>			Driving Licence Expiry Date	D $D$ $ M$ $M$ $ Y$ $Y$ $Y$												
	notified by the central government) Account - Document Type code	• • • • • • • • • • • • • • • • • • •	Identification Number													
4. PROOF OF ADDR	ESS (PoA)*															
_	ENT / OVERSEAS ADDRESS DETA	ILS (Please see instruction	n <b>D</b> at the end)													
(Certified copy of <u>any one</u> of th	e following Proof of Address [PoA] ne	eds to be submitted)														
Proof of Address* Pa	issport	riving Licence	Business Regist UID (Aadhaar) Others Did	ered Office Unspecified												
Address																
Line 1*			City / Town / Vill	age*												
District*	Pin / Post Co	ode*	State / U.T Code*	ISO 3166 Country Code*												

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction <b>E</b> 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																		•	_	/n / \	-							
District*							Pin /	Post	Code	э*					State	e/l	J.T C	Code	e*		ļ	ISO	316	6 Co	ountr	у Со	de*	
4.3 ADDR	4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)																											
Same as C	Current	Perma	anent /	Overs	eas Ac	dress	deta	ils				Sar	me as	Corr	espor	nden	ce / l	_oca	l Add	lress	detai	ls						
Line 1*																												
Line 2																												
Line 3																	Ci	ity /	Tow	n / V	illag	e*						
State*	State*     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	)		Π.							Mot	oile		٦_		_				
FAX									ail 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*)																												
Addition of F							erson			\		C Nu	mber	of Rela							_							
Related Perso	in Type			Guardia efix	an of in	linor	Fir	st Na		Assigr	iee			L	Aut Midd			кері	reser	itativ	е			La	st Na	me		
Name*																												
			(If K	YC nun	nber an	nd nam	e are	provid	ed, bel	ow det	tails of	f sect	tion 6	are op	tional	I)												
PROOF O	F IDENT	ITY [Po	I] OF F	RELATE	D PER	SON*	(Plea	se see	instru	ction (H	l) at th	ne en	nd)															
🗌 A- Passp														Pa	asspo	ort E	Expir	v Di	ate		D	D	— N	1 M	-	Y	γIγ	1
B- Voter I																		<b>,</b>										
		•																										
_		~~												_				_			_							1
D- Driving	-													Dr	iving	J LIC	ence	e Ex	piry	Date	9 0	D	— N	/I IVI	- 1	Y	YY	
□ E- UID (A																												
☐ F- NREG																												
Z- Others																Ider	ntifica	atio	n Nu	mbe	r			_				
S- Simpli	fied Me	asure	s Acc	ount	- Doci	umen	nt Typ	be co	de							Ider	ntifica	atio	n Nu	mbe	r							
□ 7. REMA	RKS (If	any)																										
8. APPL	ICANT	DECI																										
<ul> <li>I hereby declar</li> </ul>	re that the	details fur	nished a	bove are	true and	correct	to the	best of	my knov	vledge a	nd beli	ef and	IIund	ertake t	o inform	n you (	of any	chang	es									
therein, immed for it.	diately. In c	ase any o	f the abo	ove inform	nation is f	ound to	be fals	e or untr	ue or mi	sleading	or misr	eprese	enting,	l am aw	are that	t I may	y be he	eld liat	ble									
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9. ATTES	STATIO	N/FC	DR OF	FFICE	USE	ONL	Y																					
Documents I	Receive	ed [	Cer	rtified (	Copies	5																						
	K	′C VER	IFICAT		ARRIED	D OUT	BY											IN	STITU	JTION	I DEI	TAILS	S					
Date		D	D —	MM	- Y	YY						Na	ame															
Emp. Name												Co	ode															
Emp. Code																												
Emp. Designa	ation																											
Emp. Branch																												
	[Employee Signature]																											