





CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:	and to a Calda	E) 11-4-6	Otata / 11 T and a sa		(- - - - A - - 4000 -										
A) Fields marked with '*' are ma				per Indian Motor V			a.								
-,··,			st of two character ISO 3166 country codes is available at the end. YC number of applicant is mandatory for update application.												
D) Please read section wise de at the end.			ate, please tick (\checkmark) i												
For office use only	Application Type*	□New	□Update			Appli	cation No. :								
(To be filled by financial institution) KYC Number					(Mandatory	for KYC update	· KYC update request)								
	□ Normal	Simplific	ed (for low risk o	customers)	Small										
☐ 1. PERSONAL DETA	AILS (Please refer instruction	A at the end)												
		First Name		Middle N	lame		Last Name								
☐ Name* (Same as ID pro															
Maiden Name (If any*)															
Father / Spouse Name*															
Mother Name*															
Date of Birth*	DD-MM-YY	YY													
Gender*	☐ M- Male		☐ F- Female	☐ T-Tra		PHO	го								
Marital Status*	☐ Married		Unmarried	☐ Othe											
Citizenship*	☐ IN- Indian			D 3166 Country											
·			_												
Residential Status*	☐ Resident Individual☐ Foreign National			ent Indian ndian Origin (Passp	RIs & Foreign Nationals)										
Occupation Type*	\square S-Service (\square Privat	☐ Public Sect	or Governi												
	☐ O-Others (☐ Profe	ssional	☐ Self Employ	/ed ☐Retired	Housewife	e □Student)	_								
	☐ B-Business☐ X- Not Categorised					Signature / Thumb Impression									
Gross Annual Income Details			Income Range	00 / D 40 00 0	00										
	☐ Up to Rs.1,00,000 ☐ Rs.10,00,000 to Rs.25	5 00 000	☐ Rs.1,00,000	to Rs.5,00,000 Rs 25 00 000	☐ Rs.5,00,0	00 to Rs.10,00,0	30								
	Net worth as on (Date)				(Net wo	rth should not be	older than 1 ye	ar)							
☐ 2. TICK IF APPLICA	ABLE RESIDENCE FOR	R TAX PURF	POSES IN JURI	SDICTION(S)	OUTSIDE INDIA	(Please refer ins	struction B at th	e end)							
	REQUIRED* (Mandatory only			, ,											
ISO 3166 Country Code of	of Jurisdiction of Residence	e*													
Tax Identification Number	r or equivalent (If issued by ju	urisdiction)*													
Place / City of Birth*			ISO 3166 Cou	ıntry Code of Biı	rth*										
☐ 3 PROOF OF IDEN	TITY (Pol)* (Please refer ins	struction C at t	the end)												
_	the following Proof of Identity[F		,												
☐ A- Passport Number	the following i roof of facility[r	oij needs to t	se submitted)	Dassnort F	Expiry Date	D D — M									
☐ B- Voter ID Card				i assport L	-xpiry Date	D D - M		1.							
C- PAN Card															
☐ D- Driving Licence				Driving Lic	ence Expiry Da	ate DD—M	M — Y Y Y	Υ							
☐ E- UID (Aadhaar)															
☐ F- NREGA Job Card															
Z- Others (any docume	ent notified by the central gover	rnment)		lder	ntification Numb	per									
☐ S- Simplified Measure	es Account - Document Ty	/pe code		lder	ntification Numb	per									
4. PROOF OF ADD	RESS (PoA)*														
4.1 CURRENT / PERMA	ANENT / OVERSEAS ADDRES	SS DETAILS	(Please see instr	uction D at the end	d)										
(Certified copy of any one of	the following Proof of Address	[PoA] needs t	to be submitted)												
Address Type*	Residential / Business	Reside	ential	Business	Reg	gistered Office	☐ Uns	specified							
	g Licence ☐ UID (Aadhaar)														
□ Voter Identity Card □ NRE			SA Job Card												
Address	Simplified Measures Accou	ınt - Docum	ent Type code												
Line 1*															
Line 2								$\overline{\Box}$							
Line 3					City / Town /	Village*									
District*	Pin /	Post Code*		State / U	.T Code*	ISO 3166	Country Code	*							

_																						
4.2 CORRESPONDEN																						
☐ Same as Current / Pern	nanent / Overseas /	Address deta	ails (In case	of multip	ole cor	respon	dence	e / loca	al add	dress	ses,	plea	ase f	ill 'A	nnex	ure	A1'))				
Line 1*													+			+			\perp			Щ
Line 2									+			_	Ш.		Ш.	_		+	Ш	_	+	Н
Line 3											-		vn /	Vill. □	age*							Н
District* 4.3 ADDRESS IN THE	JURISDICTION DE		Post Cod		RESIDI	ENT O		State					RPC	SES					ntry			ed)
Same as Current / Pern				,		ame as										ppe		00	01.01	0		<i>.</i>
Line 1*								ĖΤ														
Line 2													Ħ						П			
Line 3								ΤŤ		Cit	y / -	Tow	/n / ۱	Villa	ige*							
State*					ZII	P / Po	st Co	de*							ISO	316	66 C	Coun	itry (Code	э*	
☐ 5. CONTACT DETAIL	S (All communicatio	ns will be sen	t on provided	d Mobile n	o. / Em	nail-ID)	(Pleas	e refer	instru	uctior	n F a	at the	e end)								
Tel. (Off)			Tel. (Re	s)		_						Mol	bile						ТП			П
FAX			Email ID						T		Ť					П		Ť	Ħ	\top	Ť	П
☐ 6. DETAILS OF RELA	ATED PERSON (I	n case of add	itional relate	d persons	, pleas	e fill 'Ar	nexur	e B1')	(plea	ase re	efer i	nstrı	uction	n G a	at the	end)						
Addition of Related Person	n Deletion of R	elated Persor	1		KYC N	lumber	of Rela	ated Pe	erson	i (if a	ıvaila	able*	')									
Related Person Type*	☐ Guardian of			Assigne	е			Auth			epre	esei	ntativ	ve					N.1			
Name*	Prefix	FI	rst Name					Middle	e ivai	me		Т	T					Last	Nam	ie		
Name	(If KYC number a	and name are	provided, be	elow detail	ls of se	ection 6	are op	tional)														
DDOOS OF ISSUED	·							,														
PROOF OF IDENTITY [F	Pol] OF RELATED PE	RSON* (Plea	ise see instri	uction (H)	at the	end)																
A- Passport Number							Pa	asspo	rt Ex	xpiry	/ Da	ite			D D		M	IVI —	Υ .	Y	/ Y	
☐ B- Voter ID Card																						
☐ C- PAN Card																						
□ D- Driving Licence							Dr	iving	Lice	ence	Exp	piry	Dat	e	D D]-[IVI	IVI —	Υ.	ΥŊ	/ Y	
☐ E- UID (Aadhaar)																						
☐ F- NREGA Job Card																						
Z- Others (any docume	ent notified by the c	entral gover	nment)				H	lo	dent	ifica	tion	ı Nı	ımbe	er					П	Т		П
☐ S- Simplified Measur	es Account - Do	cument Ty	pe code					lo	dent	ifica	tion	ı Nı	ımb	er	Ť				П	Ť	Ť	П
☐ 7. REMARKS (If any)																						
1. REMARKO (II ally)																						
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								44	4		4	4	4	Щ	_	<u> </u>	Щ		Щ	4	4	Щ
8. APPLICANT DEC	CLARATION																					
I hereby declare that the details f		nd correct to the	best of my kno	wledge and	belief a	nd I und	ertake to	o inform	vou of	anv cl	hange	es										
therein, immediately. In case any for it.	of the above information i	s found to be fals	e or untrue or m	nisleading or	misrepre	esenting,	I am aw	are that	l may l	be held	d liabl	le										
)	X									
I hereby consent to receiving info				the above re	gistered	I number/e	email ad	dress.					@	C:		. / The	المامسية			~f ^ ~	-1:	
Date: DD — MM -	- Y Y Y Y	Place	e:										Z	SIÇ	gnature	e/Ini	umb	impres	ssion	от Ар	piican	Ţ
9. ATTESTATION / I	FOR OFFICE US	E ONLY																				
Documents Received										IPV	Dor	ne 🗆	∃on	d	d	/ m	m	1/1	ују	y	у	
(Originals Verified) Self Certified	d Document copies receiv	/ed																				
(Attested) True copies of docur	ments received																					
Main Intermediary																						
, and the second	CARRIED OUT DI	AMC/Intermedia	in/ namo OB co	nda							JA 10	·	17.0	NI D		0						
KYC VERIFICATION	CARRIED OUT BY	wichillelliedid	ny manne OK (C	,uc							INS	1111	UHO	וט אוי	ETAIL	.5						
Date	D - M M - Y																					
Emp. Name									Sea	al/Star	np of	f the	interr	media	ary sho	ould o	onta	in				
Emp. Code													Staff									
Emp. Designation											Mar		Desig			an.						
Emp. Branch											IVdl	ine 0		orga ature	nizatio !	JII						
Name R L P S E	CURITI	E S F	PVT	LTD										ate								
	CUNIII	LJI	VI	LID																		
Code N 0 0 4 1																						