

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 (To be filled by financial institution)	Application Type*	New	Update	
	KYC Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	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) <input type="checkbox"/> Maiden Name (If any*) <input type="checkbox"/> Father / Spouse Name* <input type="checkbox"/> Mother Name* <input type="checkbox"/> Date of Birth* <input type="checkbox"/> Gender* <input type="checkbox"/> Marital Status* <input type="checkbox"/> Citizenship* <input type="checkbox"/> Residential Status* <input type="checkbox"/> Occupation Type*	Prefix First Name Middle Name Last Name DD-MM-YYYY M- Male F- Female T- Transgender Married Unmarried Others IN- Indian Others (ISO 3166 Country Code) Resident Individual Non Resident Indian Person of Indian Origin S-Service (Private Sector) O- Others (Professional) B- Business X- Not Categorized Public Sector Government Sector Self Employed Retired Housewife Student	PHOTO  Signature / Thumb 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 (Pol)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[Pol] 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 Licence	<input type="text"/>	Driving Licence 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	<input type="text"/>		
<input type="checkbox"/> the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<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="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text" value="please specify"/>	
	<input type="checkbox"/> Simplified Measures Account - Document Type code		<input type="text" value=""/>	<input type="text" value=""/>	

Address

[illegible]

☐ 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

State*

ZIP / Post Code*

City / Town / Village*

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)	<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 80px; height: 25px; display: inline-block;"></div>	Tel. (Res)	<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div>	Mobile	<div style="border: 1px solid black; width: 30px; height: 25px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div>
FAX	<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div>	Email ID	<div style="border: 1px solid black; width: 300px; height: 25px; display: inline-block;"></div>		

<input type="checkbox"/> 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*)	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>	<div style="background-color:#f0e68c; width:10px; height:15px;"></div>
Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative														
Name*	Prefix <div style="text-align:center;"><div style="border-bottom:1px solid black; width:15px; height:15px;"></div></div>	First Name [][][][][]				Middle Name [][][][][][]	Last Name [][][][][][][][][][][][][][][]								
(If KYC number and name are provided, below details of section 6 are optional)															

[illegible][illegible]

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 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.
- 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										Certified Copies									
KYC VERIFICATION CARRIED OUT BY																			
Date																			
Emp. Name																			
Emp. Code																			
Emp. Designation																			
Emp. Branch																			
[Employee Signature]										[Institution Stamp]									