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

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 (2) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type* New	Update	
(To be filled by financial instit	tution) KYC Number	(Mandatory for KYC	update request)
	Account Type* Norm	al Simplified (for low risk customers) Small	
☐ 1. PERSONAL DETA	ILS (Please refer instruction A at the en	d)	
	Prefix First Name	Middle Name	Last Name
Name* (Same as ID proof	0		
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	D 0 - M M - Y Y Y Y		РНОТО
Gender*	☐ M- Male	F- Female T-Transgender	Allah
Marital Status*	☐ Married	Unmarried Others	
Citizenship*	☐ IN- Indian	Others (ISO 3166 Country Code)	
Residential Status*	Resident Individual Foreign National	□ Non Resident Indian □ Person of Indian Origin	dib
Occupation Type*	☐ S-Service (☐ Private Sector	Public Sector Government Sector)	
occupation Type	O-Others (Professional B-Business	Self Employed Retired Housewife Stud	dent)
	X- Not Categorised		Signature / Thumb
☐ 2. TICK IF APPLICAL	BLE RESIDENCE FOR TAX PUR	RPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please r	Impression efer instruction B at the end)
ADDITIONAL DETAILS RE	FOLURED* (Mandatory only if section 2 i	s ticked)	
	EQUIRED* (Mandatory only if section 2 if	s ticked)	×
SO 3166 Country Code of	f Jurisdiction of Residence*	s ticked)	
SO 3166 Country Code of Tax Identification Number			
SO 3166 Country Code of Fax Identification Number Place / City of Birth*	f Jurisdiction of Residence* or equivalent (If issued by jurisdiction)*	ISO 3166 Country Code of Birth*	
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4.2 CORRESPONDENCE	/ LOCAL ADDRESS DETAILS * (Please see instru	uction E at the end)
Same as Current / Perman	ent / Overseas Address details (In case of multiple	e correspondence / local addresses, please fill 'Annexure A1')
Line 1*		
Line 2		
Line 3		City / Town / Village*
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*
4.3 ADDRESS IN THE JUR	RISDICTION DETAILS WHERE APPLICANT IS RE	SIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
Same as Current / Perman	ent / Overseas Address details	Same as Correspondence / Local Address details
Line 1*		
Line 2		
Line 3		City / Town / Village*
State*		ZIP / Post Code* 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)	— Mobile — I
FAX	Email ID	
☐ 6. DETAILS OF RELATE	D PERSON (In case of additional related persons, p	please fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related Person	Deletion of Related Person KY	YC Number of Related Person (if available*)
Related Person Type*	Guardian of Minor Assignee	Authorized Representative
Name*	Prefix First Name	Middle Name Last Name
	(If KYC number and name are provided, below details of	of section 6 are optional)
PROOF OF IDENTITY [Pol]	OF RELATED PERSON* (Please see instruction (H) at	the end)
A- Passport Number		Passport Expiry Date
B- Voter ID Card		
C- PAN Card		
D- Driving Licence		Driving Licence Expiry Date
E- UID (Aadhaar)		lamakanid karakanid karakanid
F- NREGA Job Card		
Z- Others (any document i	notified by the central government)	Identification Number
	Account - Document Type code	Identification Number
7. REMARKS (If any)		
8. APPLICANT DECLA	ARATION	
I hereby declare that the details furnish	shed above are true and correct to the best of my knowledge and be	elief and I undertake to inform you of any changes
therein, immediately. In case any of the for it.	ne above information is found to be false or untrue or misleading or mis	srepresenting, i am aware that i may be neto hable [Signature - Titunit improvision]
I hereby consent to receiving informati	tion from Central KYC Registry through SMS/Email on the above regis	stered number/email address.
Date: DDD-MM-Y	Place:	Signature / Thumb Impression of Applicant
9. ATTESTATION / FOR	R OFFICE USE ONLY	
Documents Received	Certified Copies	
	ICATION CARRIED OUT BY	INSTITUTION DETAILS
Date D D	-[W]W]-[V]Y]V]	Name
Emp. Name		Code
Emp. Code		
Emp. Designation		Visit Annual Control of the Control
Emp. Branch		
		· [institution Storm)
	Employee Signaturel	