CENTRAL KYC REGIST	RY   Know Your Customer (H	(YC) Application Form	Individual												
<ul> <li>Important Instructions:</li> <li>A) Fields marked with '*' are ma</li> <li>B) Please fill the form in English</li> <li>C) Please fill the date in DD-MM</li> <li>D) Please read section wise det at the end.</li> </ul>	and in BLOCK letters. F) I-YYYY format. G) ailed guidelines / instructions H)	<ul> <li>E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</li> <li>F) List of two character ISO 3166 country codes is available at the end.</li> <li>G) KYC number of applicant is mandatory for update application.</li> <li>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.</li> </ul>													
For office use only (To be filled by financial insti	tution) KYC Number	New       Update         New       (Mandatory for KYC update request)         Normal       Simplified (for low risk customers)													
	ILS (Please refer instruction A at the														
	Prefix First Na		Middle Name	Last Name											
<ul> <li>Name* (Same as ID proc Maiden Name (If any*)</li> <li>Father / Spouse Name*</li> <li>Mother Name*</li> <li>Date of Birth*</li> </ul>	f)														
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 Sec</li> <li>O-Others ( Professiona</li> <li>B-Business</li> <li>X- Not Categorised</li> </ul>	al 🗌 Self Employed	☐Government Sector) ☐Retired ☐Housewife	Signature /Thumb											
2. TICK IF APPLICA	BLE RESIDENCE FOR TAX	PURPOSES IN JURISDI	CTION(S) OUTSIDE INDIA (I	Please refer instruction <b>B</b> at the end)											
ISO 3166 Country Code o	EQUIRED* (Mandatory only if secti f Jurisdiction of Residence* or equivalent (If issued by jurisdict		Code of Birth*												
3. PROOF OF IDENT	TITY (Pol)* (Please refer instructio	n <b>C</b> at the end)													
<ul> <li>(Certified copy of <u>any one</u> of t</li> <li>A- Passport Number</li> <li>B- Voter ID Card</li> <li>C- PAN Card</li> </ul>	he following Proof of Identity[Pol] ne	eds 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												
	nt notified by the central government s Account - Document Type co		Identification Number												
4. PROOF OF ADD															
_	NENT / OVERSEAS ADDRESS DE	TAILS (Please see instruction	n <b>D</b> at the end)												
_	he following Proof of Address [PoA]														
Proof of Address* Proof of Address Proof of Address Proof of Address Proof Pro	assport	Driving Licence	Business Regist UID (Aadhaar) Others Pie	ered Office Unspecified											
Address Line 1*															
Line 2 Line 3 District*	Pin / Post	Code*	City / Town / Vil State / U.T Code*	lage* 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										•					0			-		n / Vi	llage*					-1 - *	
District*							Pin /	Post	Code	e*					State	e / U	.1 Co	ode			150	5 31	66 C	Joun	try Co	de^	
4.3 ADDR	ESS IN	THE JI	JRISD		N DET	AILS V	VHEF	RE AP	PLICA	ANT IS	RES	IDE		JTSIC	E INE	DIA F	OR T	AX I	PUR	POSE	ES* (A	pplic	able	if sec	tion 2 i	s ticke	ed)
Same as C	Current	Perma	anent /	/ Overs	eas Ac	Idress	deta	ils				Sar	ne as	Corre	espon	denc	e / Lo	ocal /	Addr	ess d	etails						
Line 1*																											
Line 2																											
Line 3															[		City	/ T	own	/ Vill	age*					1 - +	
State*												ZIP	/ Po:	st Co	de*						150	316	56 C	ounti	у Сос	ie <sup>~</sup>	
5. CONT/	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	)						1			Mobi								
FAX									ail ID	′⊢		<u> </u>						•									
								LIII																			
6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)																											
Addition of F				Deletion			erson					C Nu	mber	of Rela													
Related Perso	n Type'	·		Guardia efix	an of N	/linor	Eir	st Nai		Assign	iee				] Auth Middle			epre	sent	ative				.ast N	amo		
Name*			FI				FII	SUNA	ne			7 [													anne		
			(If K	YC nun	nber an	d nam	e are	provid	ed, bel	ow det	ails of	fsect	ion 6	are op	tional)												
PROOF OI	F IDENT	ITY IPo	II OF F	RELATE	D PER	SON*	(Plea	se see	instru	ction (H	l) at th	ne en	id)														
A- Passp											-,		-,	Pa	isspo	rt E:	xnirv	Dat	e		DD	1-6	MIN	a_6	YY	y y	1
B- Voter I															pe			200									
		•																									
D- Driving		~													i.	Lies			in / F	) oto					VV	VV	1
E- UID (A	-													DI	iving	LICE	nce	Exp	niy L	Jale	D	<u>'</u>  _	IVI		ТТ	T T	
					44											طمط	final	lian	NI	ahar							
<ul> <li>Z- Others</li> <li>S- Simplif</li> </ul>											_						tificat tificat										
_			3 700	Journ		umen			uc							uem	inca		Num	noci							
7. REMA	RKS (II	any)																									
8. APPL	ICANT	DECI	LARA																								
I hereby declar																											
therein, immed for it.	liately. In c	ase any o	f the abo	ove inform	ation is f	ound to I	be false	e or untr	ue or mi	sleading	or misr	eprese	enting, I	am awa	are that	I may	be held	liable									
<ul> <li>I hereby conse</li> </ul>	ent to recei	/ing inforr	nation fro	om Centra	al KYC R	eqistry th	hrough	SMS/Er	nail on tl	he above	e registe	ered nu	umber/e	mail ad	dress.												
	D — M	-	YY	YY	]		Place													5	Signatur	e / Th	umb Ir	npress	ion of A	pplican	t
				1 1	]																						
9. ATTES	STATIO	N / FC	or oi	FFICE	USE	ONL	Y																				
Documents I	Receiv	ed [	Cei	rtified (	Copies																						
	K	C VER	IFICAT		ARRIED	) OUT	BY											INS	ΓΙΤυ	TION	DETAII	_S					
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