# KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)



(Please fill the form i	in Englis	sh and	in BLO	CK Le	etters)	. Fields	marked	d with "	' are	mand	atory											Α	RN-	649	17 E	UI	N - E	<u>-</u> 434	4563	}
Application no.:												KYC N	lo.*																	
CKYC ID NO																										T				
Application Type	e: (	Ne	w	C	Upc	late		PAN		) PAI	N Exe	mpt (F	orm	1 60)	P/	AN E	xem	ot Rea	son	:										
PAN*												Ex No																		
01. Personal D	Details																													
Applicant Name*	t .																													
Maiden Name (if	any*)																													
Father / Spouse	Name	*																												
Mother Name																									AST					
Date of Birth*	D	M	VI Y	Υ	Y			Gen	der*		ı	Male			ema	ale		Tra	nsge	nder								Phot	to	
Citizenship*	In-Ind	ian	Ot	her-0	Count	ry			Coun	ntry C	ode		Ma	arita	I Sta	tus*		Marri	ed	U	nmar	ried		Oth	er					
Residential Statu	us*		Reside	ent In	divid	ual		No	n Re	esider	nt Indi	an			Forei	gn N	ation	al		F	erso	n of I	ndia	n Ori	igin					
Occupation		S-Se	rvice			Pvt.	Sector		Pι	ublic \$	Secto	r	Go	ovt. S	Secto	r		O-Oth	er		P	rofes	sion	al						
		Self E	Employ	/ed		Retir	ed		Н	ousev	vife		Stı	uden	ıt			B-Bus	ines	s	X	-Not	Cate	gori	sed					
02. Identity &				(Any	one	of the	belov	v doc	ume	nts t	o be s	ubmit	ted)																	
(Officially Valid Do	ocume	nt De	tails)																					-		_		2.7		
Passport																	Р	asspc	rt Ex	piry	Date	D	P		/ I	/1	Y	Y	LY.	Y
Driving Licer	nce															Dri	ving	icenc	e Ex	piry	Date	D	D		/   N		Y	Y	Y	Υ
Voter ID														Pro	of of	Poss	sessi	on of A	Aadh	aar										
MNREGA Jo	ob Car	d												Onli	ne E	-KYC	Aut	nentic	ation	1**										
NPR Letter														Offlir	ne Ve	erifica	ation	of Aad	lhaa	r**										
Z - Other (ar	ny doc	umen	t notifie	ed by	the o	centra	gover	nmen	t)									ldentii N	icatio umb	on er										
03. Permanent	/ Ove	rseas	Addre	ess*																										
Address Type*			Res	siden	ice / E	Busine	SS			Re	esider	ice				Busii	ness				Reg	d. Of	fice				Ur	rspe	cified	1
Address*:																														
																		City	/ Tov	wn / ˈ	Villag	je*								
District*										F	Pinco	de / Zi <sub>l</sub>	<b>o</b> *						Sta	ite/ U	T*									
State / UT Code*		as	s per Ind	lian M	otor Ve	ehicle A	ct. 1988	1		Cour	ntry*												Cour	ntry	Code	*		as	per IS0	O 3166
CURRENT ADD	RESS	(TO E	BE PR	OVID	DED I	F DIFI	EREN	IT FR	ОМ	ABO\	/E AD	DRES	S)																	
Same Address A					-								Yes			No														
(Certified copy of Proof of Address					_	of of Id	dentity	[Pol] i	need	ds to b	oe sub	mitted	)																	
Passport					•													Passr	ort E	Expir	Date	9 [			VI I	VI.	Υ	Υ	Y	Y
Driving Licer	nce															D	riving	Licer	ice E	xpiry	Date	e [	] (	-		VI	Y	Y	Y	Y
Voter ID														Prod	of of	Poss	essio	n of A	adha	aar										
MNREGA Jo	ob Car	d												Onli	ne E	-KYC	Aut	nentic	ation	1**										
NPR Letter														Offli	ne V	erific	ation	of Aa	dhaa	ır**										
Z - Other (ar	ny doc	umen	t notifie	ed by	the o	centra	gover	nmen	t)									denti	icatio umb	on er										
Deemed Pro	oof of A	ddres	ss		Utili	ty Bill <sup>®</sup>		Prop	erty	/ Mur	nicipal	Tax R	eceip	pt	Р	ensi	on / F	amily	Pen	sion	Paym	ent (	Orde	rs#					otme odatio	
Address*:																														
																		City	/ To	wn /	Villa	ge <sup>®</sup>								
Pincode / Zip®						Distri	ct "												St	ate /	UT <sup>®</sup> .									
						le Act. 1				ount													Cou						per IS0	

04. Contact Information (All communications will be sent on provided	Mobile no. / Email-ID)
Mobile No. : Fax	no.
Telephone (Off) (STD Code)	phone : (Res) (STD Code)
(EMAIL Id to be written in BLOCK letters) Email ID	
05. Applicant Declaration And Consent *	
of any changes therein, immediately. In case any of the above information and ware that I may be held liable for it.  I hereby consent to receiving information from SEBI Registered K above registered number/email address.  I hereby consent to  a. use images of officially valid documents uploaded, digitally received from UIDAI through Aadhaar authentication mech uploaded as specimen signature and as part of my KYC ir b. process and register / update my KYC details provided thr c. store documents / information uploaded as applicable und Regulations, Guidelines, Circulars, etc. issued by Statutor I have no objection for the KRA in retaining my KYC details share provided by me shall be stored by the KRA and / or the intermedia and shall be used only for the purpose of completing my KYC forr party.	ough this application with SEBI KRA and / or Central KRA system(s), er PML Act & Rules, SEBI KRA Regulations, 2011 and other any Act, Rules, y / Regulatory authorities from time to time d by me. I understand and am informed that the information / documents ary downloading my KYC information from SEBI KRA / Central KYC Registry nalities only and the information shall not be shared with any other third
Date D D M M Y Y Y Y Place  GEO Coordinates	SIGN HERE Signature / Thumb Impression of Applicant
06. Attestation / For Office Use Only	
Documents Received: Certified Copies EKYC Data from UIDAI	Offline PDF / XML Verification Digital KYC Data from Digi Locker
KYC Verification / IPV Carried Out by	
Emp. Name:	IPV Date: D D M M Y Y Y Y
Emp. Designation:	Emp. Branch:
Emp. Code	FI Code:
FI Name:	FI Seal:
Employee Signature:	
* Mandatory and required information	
** These documents are applicable only for online KYC	
<sup>®</sup> Mandatory if same address as available in officially valid d	ocument provided above flag is 'NO'

- <sup>&</sup> Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)
- \*Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain address
- <sup>\$</sup> Letter of Allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation.

Website: www.kfintech.com

# **Supplementary CKYC Form**

# Know Your Client (KYC) Application Form

For Individuals Only

(Please fill the form in English and in BLOCK Letters) Fields marked with \* are mandatory fields

(To be additionally filled by customers using old KYC form)

KYC Type: ○ Normal (PAN is mandatory)

c PAN Exempt Investors



ARN-64917 FUIN - F434563

		ANN-04717 LUIN - L434303
1. Identity Details (Please r	refer instruction <b>A</b> at the end)	
PAN	Please enclose a duly attested copy of your PAN Card	
	Prefix First Name Middle Name	Last Name
Name* (same as ID proof)		
Maiden Name (If any*)		
Mother Name*		
Residential Status*  Occupation Type*	Resident Individual Non Resident Indian Foreign National Person of Indian Origin S-Service Private Sector Public Sector Government Sector O-Others Professional Self Employed Retired Housewife X-Not Categorised	☐ Student
2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (PI	ease refer instruction <b>B</b> at the end)
Additional Details Require	ed* (Mandatory only if above option is ticked)	
Country of Jurisdicti on of	Residence* Country Code of Jurisdicti on of Reside	ence as per ISO 3166
Tax I dentificati on Number	r or equivalent (If issued by jurisdiction)*	
Place / City o f Birth*	Country of Birth*	Country C ode as per ISO 3166
Address Line 1*		
Line 2		
Line 3	City / Town / V	illago*
District*	Zip / Post C ode* State/UT C ode	as per Indian Motor V ehicle Act, 1988
State/UT*	Country*	Country C ode as per ISO 3166
3. Details of Related Perso	on (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill	A nnexure B1)
Related Person	☐ Deletion of Related Person KYC Number of Related Person (if available*)	
Related Person Type*	☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative	
Nome *	Prefix First Name Middle Name	Last Name
Name*	(If KYC number and name are provided, below details of section 6 are optional)	
Proof of Identity [Pol] of	Related Person* (Please see instruction (H) at the end)	
(Certifi ed copy of any one of t	he following Proof of I dentity[Pol] needs to be s ubmitted)	
A- Pass port Num ber	Passport Expiry Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
☐ B- Voter ID Card		
☐ C- PAN Card		
☐ D- Drivi ng Licence	Driving Licence Expiry Date	
☐ E- Aadhaar Card		
☐ F- NREGA Job Card		
Z- Ot hers (any docume	nt notified by the central government) Identificati on Numbe	er
4. Remarks (If any)		
F. Anniliant D. J. C.		
<ul> <li>5. Applicant Declaration</li> <li>I hereby declare that the details fun</li> </ul>	nished 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 oliable for it. I hereby declare that I legislation or any notifications/directions.	of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held am not making this application for the purpose of c ontravention of any Act, Rules, Regulations or any statute of tions issued by any governmental or statutory authority from time to time.	[Signature / Thumb Impression]
<ul> <li>I hereby consent to receiving inform</li> </ul>	nation from Central KYC Registry through SMS/Email on the above registered number/email address.	

### Instructions/Guidelines for filling Individual KYC Application Form

#### General Instructions:

- 1. Self-Certification of documents is mandatory.
- 2. KYC number of applicant is mandatory for update/change of KYC details.
- 3. For particular section update, please tick (V) in the box available before the section number and strike off the sections not required to be updated.
- 4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 8. Sole proprietor must make the application in his individual name & capacity.
- 9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.

  10.In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11.For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
- A. Clarification / Guidelines on filling 'Identity Details' section
  - 1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
  - 2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.
- B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India
  - 1. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/number, and resident registration number)



# **FATCA / Foreign Tax Laws** Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

	First / Sole Applicant / Guardian	ARN-64917 EUIN - E434563
Name		
PAN	Folio No.	
Address <sup>1</sup>		
City	ate Countr	7/
Pincode Me	obile	У
Type of address given at KRA	Residential or Business V Residential V Business	s Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country of	her than India? Yes V No V	
If yes, please indicate all countries	n which you are resident for tax purposes and the associated T	
Country <sup>#</sup>		entification Type or Other, please specify)
·	railable in KRA database. In case of any change in address plea	ase approach KRA.
*To also include USA, where the individual	is a citizen / green card holder of The USA /ailable, kindly provide its functional equivalent	
sass rax rashinasansh namasi ra nasa	Second applicant	
Name		
PAN	Folio No.	
Address <sup>1</sup>		
City	ate	
·	obile Countr	У
Type of address given at KRA √	Residential or Business V Residential V Business	s Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country of	her than India? Yes V No V	
If yes, please indicate all countries i	n which you are resident for tax purposes and the associated T	ax ID Numbers below.
Country <sup>#</sup>		entification Type or Other, please specify)

Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

<sup>\*</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent

	Third applicant	
Name		
PAN	Folio No.	
Address <sup>1</sup>		
City	State	Country
Pincode	Mobile	Country
Type of address given at KRA	√ Residential or Business √ Residential	Business V Registered Office
City of Birth		
Country of Birth		
Are you a tax resident of any country	ry other than India? Yes V No V	
If yes, please indicate all counti	ries in which you are resident for tax purposes and th	e associated Tax ID Numbers below.
Country*	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)
	ta available in KRA database. In case of any change	in address please approach KRA.
	dual is a citizen / green card holder of The USA ot available, kindly provide its functional equivalent	
	Certification	
hereby confirm that the inform	tion requirements of this Form (read along vation provided by me on this Form is true, cod the FATCA Terms and Conditions given	orrect, and complete. I also confirm
that I have read and understood	od the PATCA Terms and Conditions given	under and hereby accept the same.
Signatures		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date ddmmyyyy	Place	
	INSTRUCTIONS	
	INSTRUCTIONS	
Dotails under EATCA / Foreign Tay La	we: Towards compliance with tax information charing is	we such as EATCA, we would be required to

Details under FATCA / Foreign Tax Laws: Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.

## Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address



r office use only RYC Number    Overland	ields marked with '*' are mandatory fields.	LIC MUTUAL FUN
Accordance of Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof  Same as Current / Permanent / Overseas Address details  In 1* In 2* In 2* In 3* In 4* In 4* In 4* In 5* In 4* In 5* In 5* In 6* In	asse fill the form in English and in BLOCK letters.	ARN-64917 EUIN - E434563
Same as Current / Permanent / Overseas Address details  ie 1* ie 2 ie 3	he filled by financial institution)	datory for KYC update request)
the 1* the 2 the 3 the 3 City / Town / Village* State/UT Code as per Indian Motor Vehicle Act 1988 ate/UT Country* Country* Country Code as per Indian Motor Vehicle Act 1988 ate/UT Tod	1.Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant docume	entary proof
the 2  the 3  the 3  City / Town / Village*  State/UT Code as per Indian Motor Vehicle Act , 1988  ate/UT Country*  Country*  Country Code as per Indian Motor Vehicle Act , 1988  Country Code	Same as Current / Permanent / Overseas Address details	
strict* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act , 1988 ate/UT Code as per Indian Motor Vehicle Act , 1988 Country* Code as per Indian Motor Vehicle Act , 1988 Country Code as per Iso 3166  2.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)  anail ID  applicant Declaration  are possible and I undertake to inform you of any changes erein, 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 bloe for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression]	ne 1*	
State/UT Code as per Indian Motor Vehicle Act , 1988 ate/	ne 2	
2.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)  and ID  applicant Declaration  Tel. (Off)  Tel. (Res)	ne 3 City	y / Town / Village*
2.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)  anail ID  bille  Tel. (Off)  Tel. (Res)  Tel. (Res)  Applicant Declaration  rereby 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 rerein, 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 table for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression]	strict* Zip / Post Code* State/UT (	Code as per Indian Motor Vehicle Act , 1988
Applicant Declaration  In 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 reerin, 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 belief for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression]	ate/UT Country*	Country Code as per ISO 3166
Applicant Declaration Interest of the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes erein, 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 able for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression] Interest of the cereiving information from Central KYC Registry through SMS/Email on the above registered number/email address.	2.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instructions)	ion <b>F</b> at the end)
Applicant Declaration  Iterative 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 erein, 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 belief or it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression]  In the contractive of the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression]	nail ID	
Applicant Declaration  Applicant I undertake to inform you of any changes derive in the propose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  Applicant Declaration  A	obile Tel. (Off) Tel. (Res)	
nereby 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 erein, 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 bible for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression]  [Signature / Thumb Impression]	ix	
nereby 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 erein, 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 bible for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of gislation or any notifications/directions issued by any governmental or statutory authority from time to time.  [Signature / Thumb Impression]  [Signature / Thumb Impression]		
Signature / Thumb Impression of Applicant	gislation or any notifications/directions issued by any governmental or statutory authority from time to time. hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.	[Signature / ThumbImpression]
race.	pto: DD MM VVVVV Place:	Signature / Thumb Impression of Applicant

## Annexure B1 – Addition of Related Persons



Applicant Declaration   Public Control of Manufactury   Application Type*   New   Update/Change   (Mandatory for KYC update request)	Application Type*   New   Update/Change   (Mandatory for KYC update request)	Application Type*   New   Update/Change   (Mandatory for KYC update request)    Application Type*   New   Update/Change   (Mandatory for KYC update request)	Fields marked with '*' are m	nandatory fields.			LIC MOTOAL FOR
1.Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   1.Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   1.Details of Related Person (In case of additional related persons (KYC Number of Related Person (if available')	1.Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   1.Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   1.Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   1.Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   2.Details of Related Person (In case of additional related Person (KYC Number of Related Person (In available'))   2.Details of the end of the	1.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 (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)   Addition of Related Person (In case of additional related Person (KYC Number of Related Person (If available')					ARN-64917 EUIN - E434563
1.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 (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')	1.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 (In case of additional related persons (KYC Number of Related Person (If available')	1.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 (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 (If available')   Deletion of Related Person (If available')   Deletion of Related Person (In case of additional related Person (If available')   Deletion of Related Person (If available')   Deletion of Related Person (If available')   Deletion (If available (If available')   Deletion (If available	'ar affica was anly	Application Type*	□ New □ Undate/0	:hange	
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Addition of Related Person   Deletion of Related Person   Assignee   Authorized Representative   Middle Name   Last Name   Middle Name   Middl	Addition of Related Person   Deletion of Related Person   KYC Number of Related Person (if available*)   elated Person Type*   Guardian of Minor   Assignee   Authorized Representative   Middle Name   Last Name   ame*   (If KYC number and name are provided, below details of section 6 are optional)  Troof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)    A- Passport Number   B- Voter ID Card   Passport Septiment   Passport Expiry Date   D- MM - V V V V     C- PAN Card   Passport Septiment   Passport Expiry Date   D- MM - V V V V     A- Adhaar Card   P- NREGA Job Card   Driving Licence   Driving Licence Expiry Date   D- MM - V V V V     A- Applicant Declaration   Passport Between the details femilished above are true and correct to the best of my knowledge and belief and Lunderfake to inform you of any changes thereby, inneadedly, in case any of the above information is found to be felse or untruor or mislandering or misrepresenting. I am awave that I may be held sales for it. Investory declare that I am or hashing this supplication for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notificationediractions is sead by any governmental or statisticity authority from the store registered number/email address.    Signature / Thumb Impression   Passport Statistics of Applicant   Passport Statistics of Passpor	Addition of Related Person   Deletion of Related Person   KYC Number of Related Person (If available*)		KYC Number		(Wandatory Tor	Tro apodic requesty
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ame*  (If KYC number and name are provided, below details of section 6 are optional)  Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)  A. Passport Number B. Voter ID Card C. PAN Card D. Driving Licence E. Aadhaar Card D. Driving Licence E. Aadhaar Card F. NREGA Job Card  Z. Others (any document notified by the central government)  Identification Number  Applicant Declaration  Inversity declare that the details formshed above are rue and correct to the best of my inovidege and belief and Lunderdate to inform you of any changes therein, immediately, incase any of the above information is found to be finite or unitruor or misrapresenting. I am aware that I am be held isobe for it. I hereby declare that I am not misring this application for the purpose of contravention of any Act. Rules, Regulations or any statute of legislation or any information from Central KYC Registry through SMSEmal on the above registered number/emal address.  Date:    D	ame*  (If KYC number and name are provided, below details of section 6 are optional)  Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)  A. Passport Number  B. Voter ID Card  C- PAN Card  D- Driving Licence  E- Adhaar Card  F- NREGA Job Card  Z- Others (any document notified by the central government)  Inereby declare that the details furnished above are true and correct to the best of my knowledge and belief and Lunderdake to inform you of any changes  Applicant Declaration  Inereby declare that I am not making this application for the purpose of continvention of any Act, Rules, Regulations or any statute of legislation or any indicatendirections issued by any governmental or statutory authority from time to time.  Inereby cosens to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date:    D-   M   M     Y   Y   Y	ame*  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC number and name are provided, below details of section 6 are optional)  (If KYC verification carried out by and name are provided, below details of section 6 are optional)  (If KYC verification carried out by and name are provided, below details of section 6 are optional)  (If KYC verification carried out by and name are provided, below details of section 6 are optional)  (If KYC verification carried out by and name are provided, below details of section 6 are optional)  (If KYC verification carried out by and name are provided, below details of section 6 are optional on an are provide	Addition of Related I	Person Deletion of Related I	Person KYC Number of F	Related Person (if available*)	
A Passport Number B - Voter ID Card C - PAN Card D - Driving Licence Expiry Date Driving Licence Expiry Date  B - Voter (any document notified by the central government)  Lidentification Number Lineary 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 theree, immediately, in case any of the above information is found to be false or unrue or misleading or misrepresenting. I am aware that I may be field indebt for it. I hereby declare that I am not making this application for the purpose of combrownian of any Act. Registron or any statute of least the contract of the purpose of combrownian of any Act. Registron or any statute of least the contract of the purpose of combrownian or any Act. Registron or any statute of least the contract of the purpose of combrownian or any Act. Registron or any statute of least the contract of the purpose of combrownian or any Act. Registron or any statute of least the contract of the purpose of combrownian or any Act. Registron or any statute of least the contract of the purpose of combrownian or any Act. Registron or any statute of least the purpose of combrownian or any Act. Registron or	A Passport Number B - Voter ID Card C - PAN Card D - Driving Licence Expiry Date D - MM - Y Y Y  Replace B - Adhaar Card C - Need a supplementation of the best of my knowledge and belief and Lunderfake to inform you of any changes three, 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 declare that I am not making this application for the unprose of continevention of any Act, Rules, Regulations or any statute of liable for it. I hereby declare that I am not making this application for the unprose of continevention of any Act, Rules, Regulations or any statute of liable for it. I hereby consent to recoving information from Central KYC Registry through SMS/Email on the above registered number/remail address.  Date: D MM Y Y Y Place:  KYC Verification Carried Out by  Documents Received C Certified Copies  KYC Verification Carried Out by  Institution Details  Name Code  Emp. Name Emp. Code  Emp. Designation  Emp. Branch	ame*  (If KYC number and name are provided, below details of section 6 are optional)  Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)  A. Passport Number B. Voter ID Card C. PAN Card C. Others (any document notified by the central government)  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 three, immediately, incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am severe that I may be held liable for it. 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 three, immediately, incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am severe that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it. I hereby declare that I may be held liable for it is not to the liable for it is n	elated Person Type*				
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Be. Voter ID Card C. PAN Card D. Driving Licence E. Aadhaar Card DF - NREGA Job Card C. Others (any document notified by the central government)  LApplicant 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 threein, 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation car you notifications directions issued by any operamental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date:  Date:  KYC Verification Carried Out by  Institution Details  Name Code  Emp. Dasignation  Emp. Branch  Driving Licence Expiry Date  Driving Licence	Be. Voter ID Card   C- PAN Card   D- Driving Licence     E- Aadhaar Card     P- NREGA Job Card     C- Others (any document notified by the central government)   Identification Number	B- Voter ID Card   C- PAN Card   D- Driving Licence   Driving Licence   Driving Licence   Expiry Date   Driving Licence   Driving Licence	A- Passport Number			Passport Expiry Date	
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2 F - NREGA Job Card	Description of Applicant Declaration  2. Applicant Declaration  1. Inverby 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/discretions issued by any governmental or statutory authority from time to time.  1. Inverby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  2. Date: Delie Mellow Pilot Copies  KYC Verification Carried Out by  2. Documents Received Certified Copies  3. KYC Verification Carried Out by  3. Name Code  4. Code  4. Code  4. Manuellow Stample  4. Institution Details  5. Name Code  6. Institution Stample  6. Institution Stample	2 - Others (any document notified by the central government)   Identification Number	D- Driving Licence			Driving Licence Expiry Date	
Z- Others (any document notified by the central government)  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 threein, 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date: D M M Y Y Y Y Place:  Signature / Thumb Impression of Applicant  Attestation / For Office Use Only  Documents Received Certified Copies  KYC Verification Carried Out by  Institution Details  Name Code  Emp. Name Emp.  Code  Emp. Designation  Emp. Branch  Institution Stamp]	Z- Others (any document notified by the central government)  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 threein, 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date: D M M Y Y Y Y Place:  Signature / Thumb Impression of Applicant  Attestation / For Office Use Only  Documents Received Certified Copies  KYC Verification Carried Out by  Institution Details  Name  Code  Emp. Name Emp.  Code  [Institution Stamp]	Z- Others (any document notified by the central government)  Identification Number  Identification Information from carries of unit information from carries of unit information is found to be false or unit information from carries of unit information fr	E- Aadhaar Card				
Date   Declaration   Place   Declaration	Date: Defice Use Only  Documents Received Certified Copies  KYC Verification Carried Out by  Date  Emp. Name Emp. Code  Emp. Designation  Ihereby 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date: Define Use Only  Documents Received Certified Copies  KYC Verification Carried Out by  Institution Details  Name Code  Emp. Designation  Emp. Branch  [Institution Stamp]	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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date: Defends of the contral KYC Registry through SMS/Email on the above registered number/email address.  Signature / Thumb Impression of Applicant  KYC Verification Carried Out by  Institution Details  Name Code  Emp. Name Emp.  Code  Emp. Designation  Emp. Branch  Institution Stamp	F- NREGA Job Card				
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 lable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date: Define Use Only  Documents Received Certified Copies  KYC Verification Carried Out by  Institution Details  Name Code  Emp. Name Emp.  Code  [Institution Stamp]	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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date: Define Use Only  Documents Received Certified Copies  KYC Verification Carried Out by  Institution Details  Name  Code  Emp. Name Emp.  Code  Emp. Designation  Emp. Branch  Institution Stamp]	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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.  I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Date: Define Use Only  Documents Received Certified Copies  KYC Verification Carried Out by  Institution Details  Name Code  Emp. Name Emp.  Code  Emp. Designation  Emp. Branch  Institution Stampl	Z- Others (any docur	ment notified by the central gove	rnment)	Identification Number	
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KYC Verification Carried Out by  Date Emp. Name Emp. Code Emp. Designation Emp. Branch  Institution Details  Name Code  [Institution Stamp]	KYC Verification Carried Out by  Date Emp. Name Emp. Code Emp. Designation Emp. Branch  Institution Details  Name Code  [Institution Stamp]	KYC Verification Carried Out by  Institution Details  Name Code Emp. Name Emp. Code Emp. Designation Emp. Branch  [institution Stamp]	3.Attestation / For Off	ice Use Only			
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