

Application Type* New Update

KYC Number**

KYC Type* Normal (PAN is mandatory)

**Mandatory for KYC update only; KYC Number issued by Central KYC Registry

PAN Exempt Investors (Refer instruction K)

1. IDENTITY DETAILS (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name				
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others - Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			

PHOTO

2. PROOF OF IDENTITY (POI)* ((for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] 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"/> D-Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E-Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z - Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. PROOF OF ADDRESS (POA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* ZIP/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>		
<input type="checkbox"/> Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent/Overseas Address details (In case of multiple correspondence/local addresses, please fill 'Annexure A1'. Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City/Town/Village*

District* ZIP/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile Tel. (Off) Tel. (Res)

Fax

5. ADDITIONAL INFORMATION FOR TAX PURPOSE (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 above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Same as Current / Permanent / Overseas Address Details; Same as Correspondence / Local Address Details

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. DETAILS OF RELATED PERSON (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Addition of Related Person Deletion of Related Person

KYC 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 section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)
 Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted

Passport Number Expiry Date

Voter ID Card PAN

Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Z - Others (any document notified by the central government) Identification Number

7. REMARKS (If any)

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 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: Place:

[Signature/Thumb Impression]
 Signature/Thumb Impression of Authorised Person(s)

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date:

D	D	M	M	Y	Y	Y	Y
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Emp. Name

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Emp. Code

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Emp. Designation

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[Employee Signature]

Institution details

Name

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Code

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Emp. Branch

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[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date:

D	D	M	M	Y	Y	Y	Y
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Emp. Name

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Emp. Code

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Emp. Designation

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[Employee Signature]

Institution details

Name

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Code

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Emp. Branch

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[Institution Stamp]

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 (✓) 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 with 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 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, Mother's Maiden 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

C. Clarification / Guidelines on filling 'Proof of Identity [Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
3. Others – Identity card with applicant's photograph issued by any of the following: Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
2. State / U.T Code and Zip / Post Code will not be mandatory for Overseas addresses.
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/

State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, please fill 'Annexure A1'
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

F. Clarification / Guidelines on filling 'Contact details' section

1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

H. Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

I. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Sundaram Asset Management Company (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

LIST OF TWO DIGIT STATE / U.T CODES AS PER INDIAN MOTOR VEHICLE ACT, 1988

STATE / U.T	CODE	STATE / U.T	CODE	STATE / U.T	CODE
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

LIST OF ISO 3166 TWO-DIGIT COUNTRY CODE

COUNTRY	CODE	COUNTRY	CODE	COUNTRY	CODE	COUNTRY	CODE
Afghanistan	AF	Dominica	DM	Lesotho	LS	Saint Lucia	LC
Aland Islands	AX	Dominican Republic	DO	Liberia	LR	Saint Martin (French part)	MF
Albania	AL	Ecuador	EC	Libya	LY	Saint Pierre and Miquelon	PM
Algeria	DZ	Egypt	EG	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
American Samoa	AS	El Salvador	SV	Lithuania	LT	Samoa	WS
Andorra	AD	Equatorial Guinea	GQ	Luxembourg	LU	San Marino	SM
Angola	AO	Eritrea	ER	Macao	MO	Sao Tome and Principe	ST
Anguilla	AI	Estonia	EE	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Antarctica	AQ	Ethiopia	ET	Madagascar	MG	Senegal	SN
Antigua and Barbuda	AG	Falkland Islands (Malvinas)	FK	Malawi	MW	Serbia	RS
Argentina	AR	Faroe Islands	FO	Malaysia	MY	Seychelles	SC
Armenia	AM	Fiji	FJ	Maldives	MV	Sierra Leone	SL
Aruba	AW	Finland	FI	Mali	ML	Singapore	SG
Australia	AU	France	FR	Malta	MT	Sint Maarten (Dutch part)	SX
Austria	AT	French Guiana	GF	Marshall Islands	MH	Slovakia	SK
Azerbaijan	AZ	French Polynesia	PF	Martinique	MQ	Slovenia	SI
Bahamas	BS	French Southern Territories	TF	Mauritania	MR	Solomon Islands	SB
Bahrain	BH	Gabon	GA	Mauritius	MU	Somalia	SO
Bangladesh	BD	Gambia	GM	Mayotte	YT	South Africa	ZA
Barbados	BB	Georgia	GE	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Belarus	BY	Germany	DE	Micronesia, Federated States of	FM	South Sudan	SS
Belgium	BE	Ghana	GH	Moldova, Republic of	MD	Spain	ES
Belize	BZ	Gibraltar	GI	Monaco	MC	Sri Lanka	LK
Benin	BJ	Greece	GR	Mongolia	MN	Sudan	SD
Bermuda	BM	Greenland	GL	Montenegro	ME	Suriname	SR
Bhutan	BT	Grenada	GD	Morocco	MA	Svalbard and Jan Mayen	SJ
Bolivia, Plurinational State of	BO	Guadeloupe	GP	Mozambique	MZ	Swaziland	SZ
Bonaire, Sint Eustatius and Saba	BQ	Guam	GU	Myanmar	MM	Sweden	SE
Bosnia and Herzegovina	BA	Guatemala	GT	Namibia	NA	Switzerland	CH
Botswana	BW	Guernsey	GG	Nauru	NR	Syrian Arab Republic	SY
Bouvet Island	BV	Guinea	GN	Nepal	NP	Taiwan, Province of China	TW
Brazil	BR	Guinea-Bissau	GW	Netherlands	NL	Tajikistan	TJ
British Indian Ocean Territory	IO	Guyana	GY	New Caledonia	NC	Tanzania, United Republic of	TZ
Brunei Darussalam	BN	Haiti	HT	New Zealand	NZ	Thailand	TH
Bulgaria	BG	Heard Island and McDonald Islands	HM	Nicaragua	NI	Timor-Leste	TL
Burkina Faso	BF	Holy See (Vatican City State)	VA	Niger	NE	Togo	TG
Burundi	BI	Honduras	HN	Nigeria	NG	Tokelau	TK
Cabo Verde	CV	Hong Kong	HK	Niue	NU	Tonga	TO
Cambodia	KH	Hungary	HU	Norfolk Island	NF	Trinidad and Tobago	TT
Cameroon	CM	Iceland	IS	Northern Mariana Islands	MP	Tunisia	TN
Canada	CA	India	IN	Norway	NO	Turkey	TR
Cayman Islands	KY	Indonesia	ID	Oman	OM	Turkmenistan	TM
Central African Republic	CF	Iran, Islamic Republic of	IR	Pakistan	PK	Turks and Caicos Islands	TC
Chad	TD	Iraq	IQ	Palau	PW	Tuvalu	TV
Chile	CL	Ireland	IE	Palestine, State of	PS	Uganda	UG
China	CN	Isle of Man	IM	Panama	PA	Ukraine	UA
Christmas Island	CX	Israel	IL	Papua New Guinea	PG	United Arab Emirates	AE
Cocos (Keeling) Islands	CC	Italy	IT	Paraguay	PY	United Kingdom	GB
Colombia	CO	Jamaica	JM	Peru	PE	United States	US
Comoros	KM	Japan	JP	Philippines	PH	United States Minor Outlying Islands	UM
Congo	CG	Jersey	JE	Pitcairn	PN	Uruguay	UY
Congo, the Democratic Republic of the	CD	Jordan	JO	Poland	PL	Uzbekistan	UZ
Cook Islands	CK	Kazakhstan	KZ	Portugal	PT	Vanuatu	VU
Costa Rica	CR	Kenya	KE	Puerto Rico	PR	Venezuela, Bolivarian Republic of	VE
Cote d'Ivoire	CI	Kiribati	KI	Qatar	QA	Viet Nam	VN
Croatia	HR	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Islands, British	VG
Cuba	CU	Korea, Republic of	KR	Romania	RO	Virgin Islands, U.S.	VI
Curacao	CW	Kuwait	KW	Russian Federation	RU	Wallis and Futuna	WF
Cyprus	CY	Kyrgyzstan	KG	Rwanda	RW	Western Sahara	EH
Czech Republic	CZ	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Yemen	YE
Denmark	DK	Latvia	LV	Saint Helena, Ascension & Tristan da Cunha	SH	Zambia	ZM
Djibouti	DJ	Lebanon	LB	Saint Kitts and Nevis	KN	Zimbabwe	ZW

ANNEXURE A1

ADDITION/MODIFICATION/CHANGE OF ADDRESS-CORRESPONDENCE/LOCAL ADDRESS

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



ARN-64917 EUIN - E434563

FOR OFFICE USE ONLY

Application Type*

New Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end) Enclose relevant documentary proof

Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988

State/UT* Country* 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)

Email

Mobile Tel. (Off) Tel. (Res)

Fax

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 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.

[Signature/Thumb Impression]

Date:

Place:

Signature / Thumb Impression of Applicant

ANNEXURE B1

ADDITION/DELETION OF RELATED PERSONS

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



BUILT ON RULES

ARN-64917 EUIN - E434563

FOR OFFICE USE ONLY

Application Type*

New Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person

KYC 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 section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

Passport Number Expiry Date

Voter ID Card PAN

Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Z - Others (any document notified by the central government) Identification Number

2. 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 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.

[Signature/Thumb Impression]

Date: Place:

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC Verification Carried Out by

Date:
Emp. Name
Emp. Code
Emp. Designation

[Employee Signature]

Institution details

Name
Code
Emp. Branch

[Institution Stamp]