



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 (✓) 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 institution) KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-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 (ISO 3166 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 Categorized			

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 (PoI)* (Please refer instruction C 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"/> 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 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* Residential / Business Residential Business Registered Office Unspecified
 Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job Card Others please specify
 Simplified Measures Account - Document Type code

Address
 Line 1*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

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

Important Instructions:

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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 1 are optional)

PROOF OF IDENTITY (PoI) 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)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code 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.

[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

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]



KYC Details Change form (For Individuals Only)



Place for
Intermediary Logo

Application No. :

Systematix ARN: 64917 EUIN: E-029678

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

A Name of Applicant (Mandatory as per original KYC records)

Title Mr. Ms. Other (Please specify) Aadhaar Number, if any: _____ PAN _____

Name _____

Date of Birth | d | d | / | m | m | / | y | y | y | y |

Please Provide the new KYC details which should be updated in your KYC records.

B. Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name _____

2. Current Marital status Single Married

3. Current Nationality Indian Other (Please specify) _____

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).
Name _____

2. New Status Please tick (✓) Resident Individual Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN _____ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)
 Aadhaar Card Passport Voter ID Driving Licence Others _____ (Please see guideline 'D' overleaf)

D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village _____ Pin Code _____
State _____ Country _____

2. Contact Details

Tel. (Off.)	(ISD)	(STD)	Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)	Fax	(ISD)	(STD)
E-Mail Id. _____					

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village _____ Pin Code _____
State _____ Country _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

6. Any other information: _____

SIGNATURE OF APPLICANT

Old signature as per original KYC
Wherever Applicable

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place: _____ Date: | d | d | / | m | m | / | y | y | y | y |

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received
Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

FATCA-CRS Declaration & Supplementary Information

Systematix ARN: 64917 EUIIN: E-029678

Declaration Form for Individuals (First Applicant) / Second Applicant / Third Applicant

First / Sole Applicant / Guardian

Name Mr. Ms. First Name Middle Name Last Name

PAN or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC Address)		

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e. where you are a Citizen/ Resident/Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of tax Residency	Tax Identification Number of Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- ❖ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- ❖ Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- ❖ Reason C → others; please state the reason thereof.

Second Applicant

Name Mr. Ms. First Name Middle Name Last Name

PAN or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC Address)		

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e. where you are a Citizen/ Resident/Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of tax Residency	Tax Identification Number of Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- ❖ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- ❖ Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- ❖ Reason C → others; please state the reason thereof.

Third Applicant

Name Mr. Ms. First Name Middle Name Last Name

PAN or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC Address)		

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e. where you are a Citizen/ Resident/Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of tax Residency	Tax Identification Number of Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- ❖ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- ❖ Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- ❖ Reason C → others; please state the reason thereof.

DECLARATION:

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days do the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date: / / 20

Place: _____

 First/Sole Applicant / Guardian Signature

 Second Applicant Signature

 Third Applicant Signature