



**4. CONTACT DETAILS** (All communications will be sent on provided Mobile No. / Email ID) (Please refer instructions F at the end)

Email ID   
Mobile   Tel. (Off)  -  Tel. (Res)  -

**5. FATCA/CRS Information** (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**  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State / UT 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')

Related Person  Deletion of Related Person  Guardian of Minor  Assignee  Authorized Representative  
KYC Number of Related Person (if available\*)   
Related Person Type\*  
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 [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)

A-Passport Number  Passport Expiry Date   
 B-Voter ID Card   
 C-PAN Card   
 D-Driving Licence  Driving Licence Expiry Date   
 Aadhaar Card   
 F-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.

[Signature / Thumb Impression]  
Signature / Thumb Impression of Applicant

Date  Place

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies

**KYC Verification Carried Out by (Refer Instruction I) Institution**

Date   
Emp. Name   
Emp. Code   
Emp. Designation   
[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
[Institution Stamp]

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

Date   
Emp. Name   
Emp. Code   
Emp. Designation   
[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
[Institution Stamp]

# SUPPLEMENTARY CKYC FORM

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

ARN-64917

E434563



## 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

KYC Type:  Normal (PAN is mandatory)

PAN Exempt Investors

### 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\*)

Mother Name\*

Residential Status\*  Resident Individual  Non Resident Indian  
 Foreign National  Person of Indian Origin

Occupation Type\*  S-Service ( Private Sector  Public Sector  Government Sector)  
 O-Others ( Professional  Self Employed  Retired  Housewife  Student )  
 B-Business  
 X-Not Categorised

### 2 FATCA/CRS INFORMATION (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 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

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip/Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

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

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

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 [Pol] of Related Person\* (Please see instruction (H) at the end)

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

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

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

### 4 REMARKS (If any)

### 5 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

