

**Know Your Customer (KYC) Application Form | Individual**



**Important Instructions:**

- A. Fields marked with "\*" are mandatory fields.
- B. Tick " wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

**For office use only** (To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Minor  Aadhaar OTP based E-KYC (in non-face to face mode)

**1. Personal Details (Please refer instruction A at the end)**

Prefix  First Name  Middle Name  Last Name

Name\* (Same as ID proof)

Maiden Name

Father / Spouse Name\*

Mother Name

Date of Birth\*  DD -  MM -  YY  YY

Gender\*  M- Male  F- Female  T- Transgender

PAN\*   FORM 60 furnished

Marital Status\*  Married  Unmarried  Others

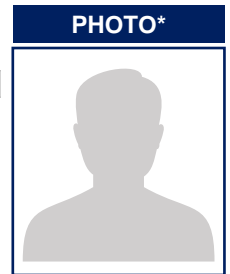
Citizenship\*  IN- Indian  Others – Country  Country Code

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

**2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)**

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number  Passport Expiry Date  DD -  MM -  YY  YY
- B-Voter ID Card
- C-Driving Licence  Driving Licence Expiry Date  DD -  MM -  YY  YY
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II  E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III  Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*



Signature /Thumb Impression across photo without covering the face

**Address** [For other than resident Individual, please mention Overseas Address]

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

**3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)**

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II  E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III  Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV  Deemed Proof of Address – 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\*

**4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction C at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile\*  -

Email ID\*

*\*mandatory and subject to validation, hence provide the valid information in legible manner*

**5. Remarks (If any)**

**6. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/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 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 and to download the information from CKYCR
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data / applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

[Signature/Thumb Impression]

Date:    -    -

Place:

Signature/Thumb Impression of Applicant

**7. Attestation / For Office Use only**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

KYC documents verification carried out by

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]

# Supplementary CKYC Form



## Know Your Client (KYC) Application Form For Individuals Only

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

(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

ARN-64917 E434563

### 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 Categorized

### 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)

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\*

(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- 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"/>

### 4. Remarks (If any)

<input type="text"/>
<input type="text"/>

### 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.

Date:  Place:

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

**Details and Declaration form**

For Investors using OLD Application Forms / Transaction Forms / Slips which do not contain new requirement on FATCA, CRS and KYC details.

Non Individual Investors have to additionally submit separate FATCA Details and UBO forms.

ARN-64917 E434563 Please refer to instructions, terms and conditions in updated KIM/Scheme related documents available on www.dspim.com.

**SOLE / FIRST INVESTOR DETAILS**

Name  Application No.

PAN  Folio Nos.

Type of Address given at KRA  Residential or Business  Residential  Business  Registered Office

**1. FATCA AND CRS DETAILS** For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

Sole/First Investor/Guardian			2nd Investor			3rd Investor		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____		

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.  
 \*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

**2. ADDITIONAL KYC DETAILS (MANDATORY)**

**Sole / First Investor Details**

a. **Occupation Details** (Please tick )  Private Sector Service  Public Sector Service  Government Service  Business  
 Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others ..... (Please specify)

b. **Gross Annual Income** (Please tick )  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
**Net-worth in** (Mandatory for Non-Individuals) ₹ ..... as on DD / MM / YYYY (Not older than 1 year)

c. **For Individuals** (Please tick )  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

**2nd Investor Name**  **PAN**

a. **Occupation Details** (Please tick )  Private Sector Service  Public Sector Service  Government Service  Business  
 Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others ..... (Please specify)

b. **Gross Annual Income**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore **OR Net worth ₹** .....

c. **Others** (Please tick )  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

**3rd Investor Name**  **PAN**

a. **Occupation Details** (Please tick )  Private Sector Service  Public Sector Service  Government Service  Business  
 Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others ..... (Please specify)

b. **Gross Annual Income**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore **OR Net worth ₹** .....

c. **Others** (Please tick )  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

**3. DECLARATION & SIGNATURES**

I / We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements pertaining to FATCA, CRS and Additional KYC requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Sole / First Investor/ Guardian	Second Investor	Third Investor	POA holder, if any
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