

**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)

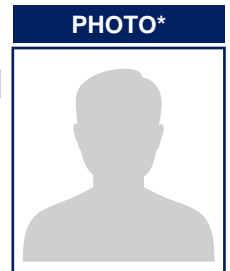
**1. Personal Details** (Please refer instruction A at the end)

|   |  |   |  |  |
|---|--|---|--|--|
|   | Prefix                                       | First Name                                      | Middle Name                                | Last Name  |
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/>                         | <input type="text"/>                            | <input type="text"/>                       | <input type="text"/>                             |
| Maiden Name                                       | <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    |  |
| PAN*  | <input type="text"/>                         |   | <input type="checkbox"/> FORM 60 furnished |  |
| 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 |

**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
- B-Voter ID Card
- C-Driving Licence  Driving Licence Expiry Date
- 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

District\*  Pin/Post Code\*  State/U.T Code\*  City/Town/Village\*  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

District\*  Pin/Post Code\*  State/U.T Code\*  City/Town/Village\*  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

(To be additionally filled by customers using old KYC 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

|                          | Prefix               | First Name           | Middle Name          | Last Name            |
|--------------------------|----------------------|----------------------|----------------------|----------------------|
| 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"/> |
| Mother Name*             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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)

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

|       | Prefix               | First Name           | Middle Name          | Last Name            |
|-------|----------------------|----------------------|----------------------|----------------------|
| Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(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)

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.

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.  
Please refer to instructions, terms and conditions in updated KIM/Scheme related documents available on [www.dspim.com](http://www.dspim.com).

