

## 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

**ARN-64917 E434563**

<b>For office use only</b> (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
	KYC Number	<input style="width: 100%;" type="text"/> (Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> 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 style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> - <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> - <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input style="width: 100%;" 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 style="width: 20px;" 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*	<input style="width: 100%;" type="text"/>		
Line 2	<input style="width: 100%;" type="text"/>		
Line 3	<input style="width: 80%;" type="text"/>		City/Town/Village* <input style="width: 20%;" type="text"/>
District*	Pin/Post Code* <input style="width: 50px;" type="text"/>	State/U.T Code* <input style="width: 30px;" type="text"/>	ISO 3166 Country Code* <input style="width: 30px;" type="text"/>

### 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*	<input style="width: 100%;" type="text"/>		
Line 2	<input style="width: 100%;" type="text"/>		
Line 3	<input style="width: 80%;" type="text"/>		City/Town/Village* <input style="width: 20%;" type="text"/>
District*	Pin/Post Code* <input style="width: 50px;" type="text"/>	State/U.T Code* <input style="width: 30px;" type="text"/>	ISO 3166 Country Code* <input style="width: 30px;" type="text"/>

**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]

**Know Your Client (KYC)****Application Form (For Individuals Only)****CDSL VENTURES LIMITED**

...Exploring New Horizons

ARN-64917 E434563

Intermediary  
Logo

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

Application Type\*:  New KYC  Modification KYC**KYC Mode\*:** Please Tick (✓) Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker**1. Identity Details** (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\*  Male  Female  TransgenderMarital Status\*  Single  MarriedNationality\*  Indian  Other \_\_\_\_\_Residential Status\*  Resident Individual  Non Resident IndianPlease Tick (✓)  Foreign National  Person of Indian Origin

(Passport mandatory for NRIs, PIOs and Foreign Nationals)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

 A — Aadhaar Card XXXX XXXX \_\_\_\_\_ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_ C — Voter ID Card \_\_\_\_\_ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_ E — NREGA Job Card \_\_\_\_\_ F — NPR \_\_\_\_\_ Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

Applicant Photo

**2. Address Details\*** (please refer guidelines overleaf)**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

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

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line3 \_\_\_\_\_  
 City/  
 Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
 Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card      XXXX XXXX \_\_\_\_ \_  
 B — Passport Number      \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_  
 C — Voter ID Card      \_\_\_\_\_  
 D — Driving License      \_\_\_\_\_ (Expiry Date) \_\_\_\_ \_  
 E — NREGA Job Card      \_\_\_\_\_  
 F — NPR Letter      \_\_\_\_\_  
 Z—Others      \_\_\_\_\_ (any document notified by Central Government)  
 Identification Number      \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_  
 Mobile No. \_\_\_\_\_ - \_\_\_\_\_  
 Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

<p>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.</p> <p>I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.</p> <p>DATE: ____ - ____ - ____ (DD-MM-YYYY)          PLACE: _____</p>	Applicant e-SIGN	Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by*	Intermediary Details*
IPV Date      ____ - ____ - ____ Emp. Name      _____ Emp. Code      _____ Emp. Designation      _____	<input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name : _____
Employee Signature and Stamp	Institution Name and Stamp

