

**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

ARN-64917 E434563

Application Type\*  New  Update  
 Update KYC Number\*

KYC Type\*  Normal (PAN is mandatory)  Minor  PAN Exempt Investors (Refer instruction K)

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth\*  DD -  MM -  YY  YY

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


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

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

**Photo**



Signature/  
Thumb Impression

**2. Proof of Identity (PoI)\*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K 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  DD -  MM -  YY  YY

B- Voter ID Card

D- Driving Licence  Driving Licence Expiry Date  DD -  MM -  YY  YY

E- Aadhaar Card

F- NREGA Job Card

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

**3. Proof of Address (PoA)\***

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**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

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

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

**Proof of Address\***

Passport Number  Passport Expiry Date  DD -  MM -  YY  YY

Voter ID Card

Driving Licence  Driving Licence Expiry Date  DD -  MM -  YY  YY

Aadhaar Card

NREGA Job Card

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

3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

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

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction 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 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\* (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 --

E- Aadhaar Card

F- NREGA Job Card

**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.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other intermediaries with whom I have a business relationship for KYC purposes only.
- I hereby provide consent for uploading/updating/fetching CKYC record from Central KYC Records Registry.

Date: -- Place:

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

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

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**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]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]



**FATCA-CRS Declaration & Supplementary Information**  
**Declaration Form for Individuals**  
*Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance*

NAME: \_\_\_\_\_

PAN 

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 or PAN Exempt KYC Ref No. (PEKRN)

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

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

If 'No' proceed for the signature of declaration

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose 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 or Functional Equivalent	Identification Type <i>(TIN or other please specify)</i>	If TIN is not available please tick (✓) 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 of 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.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_