

CKYC & KRA KYC APPLICATION FORM (FOR INDIVIDUALS ONLY)



(Please fill the form in English and in BLOCK Letters)
Fields marked with "*" are mandatory

ARN-64917 E434563

Application Type* New Update KYC No.*

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

01. 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)	FIRST	MIDDLE	LAST
Maiden Name (if any*)	FIRST	MIDDLE	LAST
Father / Spouse Name*	FIRST	MIDDLE	LAST
Mother Name*	FIRST	MIDDLE	LAST

Date of Birth* Gender* Male Female Transgender

Marital Status* Married Unmarried Other Citizenship* In-Indian Other-Country Country Code

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

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



02. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN copy not provided) (Please refer instruction C & K at 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

D - Driving Licence Driving Licence Expiry Date

E - Aadhaar Card

F - NREGA Job Card

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

03. Proof of Address (PoA)*

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

Address:

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 Identity [PoI] needs to be submitted)

Proof of Address*

A - Passport Number Passport Expiry Date

B - Voter ID Card

D - Driving Licence Driving Licence Expiry Date

E - Aadhaar Card

F - NREGA Job Card

Z - Other (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)

Address:

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

04. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email Id _____ (EMAIL Id to be written in BLOCK letters)

Tel No.: (Resi) (STD Code) _____ (Off) (STD Code) _____

05. 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: _____

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

06. 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* FIRST MIDDLE LAST

(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)

Proof of Address*

A - Passport Number _____ Passport Expiry Date DDMMYYYY

B - Voter ID Card _____

D - Driving Licence _____ Driving Licence Expiry Date DDMMYYYY

E - Aadhaar Card _____

F - NREGA Job Card _____

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

07. Remarks (if any)

08. 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, 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 DDMMYYYY Place _____

SIGN HERE
Signature / Thumb Impression of Applicant

09. Attestation / For Office Use Only

Document Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)	
Date	DDMMYYYY
Emp. Name:	
Emp. Code	
Emp. Designation:	
Employee Signature	

Institution Details	
Date	DDMMYYYY
Emp. Name:	
Emp. Code	
Emp. Designation:	
Employee Signature	

In-Person Verification (IPV) Carried Out by (Refer Instruction J)	
Date	DDMMYYYY
Emp. Name:	
Emp. Code	
Emp. Designation:	
Employee Signature	

Institution Details	
Date	DDMMYYYY
Emp. Name:	
Emp. Code	
Emp. Designation:	
Employee Signature	

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

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
<input type="text"/>	<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 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) (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*

(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

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 of Applicant



FATCA / Foreign Tax Laws Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

First / Sole Applicant / Guardian

ARN-64917 E434563

Name

PAN Folio No.

Address¹

City State Country

Pincode Mobile

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

City of Birth

Country of Birth

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

¹Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent

Second applicant

Name

PAN Folio No.

Address¹

City State Country

Pincode Mobile

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

City of Birth

Country of Birth

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

¹Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent

Third applicant

Name															
PAN				Folio No.											
Address ¹															
City				State				Country							
Pincode				Mobile											
Type of address given at KRA			<input checked="" type="checkbox"/>	Residential or Business			<input checked="" type="checkbox"/>	Residential		<input checked="" type="checkbox"/>	Business		<input checked="" type="checkbox"/>	Registered Office	
City of Birth															
Country of Birth															

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type <i>(TIN or Other, please specify)</i>

¹Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent

Certification

I have understood the information requirements of this Form (read along with the FATCA Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions given under and hereby accept the same.

Signatures

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Place <input style="width: 100%; height: 20px;" type="text"/>	

INSTRUCTIONS

Details under FATCA / Foreign Tax Laws: Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. **Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.

