

**CENTRAL KYC REGISTRY | 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 in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY 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 guidelines / instructions at the end.
- 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		

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

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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>



**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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F - Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>
IV <input type="checkbox"/> Deemed Proof of Address - Document Type code	<input type="text"/>

**Address**

Line 1\*

Line 2

Line 3

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







**KYC Details Change form  
(For Individuals Only)**



Place for  
Intermediary Logo

Application No. :

ARN-64917 E434563

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

**A Name of Applicant** (Mandatory as per original KYC records)

Title  Mr.  Ms.  Other (Please specify) \_\_\_\_\_ Aadhaar Number, if any: \_\_\_\_\_ PAN

Name

Date of Birth  /  /

Please Provide the new KYC details which should be updated in your KYC records.

**B. Mandatory fields for KYCs done before 1<sup>st</sup> January 2012**

1. Father's/Spouse Name

2. Current Marital status  Single  Married

3. Current Nationality  Indian  Other (Please specify) \_\_\_\_\_

Note **"FOR OFFICE USE ONLY"**: The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

**C. Identity Details (please see guidelines overleaf)**

1. New Name (As appearing in supporting identification document).  
Name

2. New Status Please tick (✓)  Resident Individual  Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN  Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)  
 Aadhaar Card  Passport  Voter ID  Driving Licence  Others \_\_\_\_\_ (Please see guideline 'D' overleaf)

**D. Address Details (please see guidelines overleaf)**

1. New Address for Correspondence

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_

2. Contact Details  
Tel. (Off.) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_  
Mobile (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_  
E-Mail Id. \_\_\_\_\_

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
 Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_  
\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted  /  /

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
 Passport  Ration Card  Registered Lease/Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank A/c Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_  
\*Not more than 3 Months old. Validity/Expiry date of proof of address submitted  /  /

6. Any other information: \_\_\_\_\_


**SIGNATURE OF APPLICANT DECLARATION SIGNATURE OF APPLICANT**

<p>Old signature as per original KYC Wherever Applicable</p>	<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>Place: _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>	
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**FOR OFFICE USE ONLY**

IPV Done  on  /  /

<p>AMC/Intermediary name OR code _____</p> <p><input type="checkbox"/> (Originals Verified) Self Certified Document copies received</p> <p><input type="checkbox"/> (Attested) True copies of documents received</p> <p>Main Intermediary _____</p>	<p>Seal/Stamp of the intermediary should contain</p> <p>Staff Name _____</p> <p>Designation _____</p> <p>Name of the Organization _____</p> <p>Signature _____</p> <p>Date _____</p>	<p>Seal/Stamp of the intermediary should contain</p> <p>Staff Name _____</p> <p>Designation _____</p> <p>Name of the Organization _____</p> <p>Signature _____</p> <p>Date _____</p>
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		<b>FATCA-CRS Declaration &amp; Supplementary KYC Information</b> <b>Declaration Form for Individuals</b> <i>Please seek appropriate advice from your tax professional on your tax residency, related FATCA &amp; CRS guidance</i>							
PAN / PEKRN*									
Name									
Address Type [for KYC address]		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>			
Place of Birth				Country of Birth					
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date [Optional]		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]		<i>[Please specify]</i>			

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

**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

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> 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 TIN 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 specify the reasons \_\_\_\_\_

**Declaration:**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:  
Place:

Signature:

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Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal