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	Application Type*	New	Update									
(To be filled by financial institution	n) KYC Number				(Mandatory f	(Mandatory for KYC update request)						
	Account Type*	Normal	Minor	Aadhaar OT	P based E-KYC (in non-fac	ce to face mode)						
1. PERSONAL DETAILS* (Please refer instruction A a	at the end)										
	Prefix	First Name			Middle Name	Last Name						
☐ Name* (Same as ID proof)												
Maiden Name												
Father / Spouse Name												
,												
Mother Name	DD-MM-Y	Y Y Y										
Date of Birth* Gender*	M- Male	F- Female		T-Transgend	der							
PAN*	IN- Wale		Form 60	furnished	aoi							
PAN			Form of	o lumisneu								
2. PROOF OF IDENTITY AN	ID ADDRESS* (Please refe	er instruction B at the	e end)									
I. Certified copy of OVD or equival	lent e-document of OVD or	OVD obtained thro	ugh digital KY	C process nee	ds to be submitted (anyone	e of the following OVDs)						
A- Passport Number			0	The Approximate Property	AND STATE STATES							
B-Voter ID Card						□РНОТО*						
C-Driving Licence												
_												
D-NREGA Job Card												
E-National Population Re	egister Letter											
F-Proof of Possession of	Aadhaar	XXXXXX										
II E-KYC Authentication												
III Offline verification of Aad	lhaar											
Address												
Line 1*												
Line 2												
Line 3					City / Town							
District*		Pin/Post Code*			State/U.T Code*	ISO 3166 Country Code*						
☐ 3. CURRENT ADDRESS	DETAILS (Please refe	er instruction B at	the end)									
Same as above mentioned a				provided)								
Certified copy of OVD or equival	•				ds to be submitted (asvene	of the following OVDs)						
A- Passport Number	ent e-document of OVD of	OVD obtained trivot	agri digital KT	C process need	us to be submitted (anyone	of the following OVDs)						
B-Voter ID Card												
C- Driving Licence												
D-NREGA Job Card												
☐ E- National Population Re	egister Letter											
F - Proof of Possession o	of Aadhaar											
II E-KYC Authentication												
III Offline verification of Aad	haar	XXXXXX										
IV Deemed Proof of Address	s - Document Type code		WWV									
Address												
Line 1*												
Line 2					City / Town	n / Village*						
District*		Pin / Post Code*			City / Town	ISO 3166 Country Code*						
District		Fill / FUSI Code"			State/U.1 Code	130 3 100 Country Code						

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)											
Tel. (Off)		Tel. (Res)		Mobile							
Email ID											
5. REMARKS (If any	y)										
6. APPLICANT DEC	CLARATION										
•			knowledge and belief and I undertake is found to be false or untrue or								
	enting, I am aware that I may be	-	To round to be raise or annual or								
I hereby consent to rece registered number/email	iving information from Central K I address.	YC Registry through SMS/Ema	il on the above								
Date: DD - M	M - Y Y Y Y	Place:		Signature / Thumb Impression of Applicant							
				Olgitatio, manuficación on approxim							
7. ATTESTATION / F	OR OFFICE USE ONLY										
Documents Received	Certified Copies	☐ E-KYC data received fr	om UIDAI	ffline verification Digital KYC Process							
	Equivalent e-document	t Uideo Based KYC									
KYC	VERIFICATION CARRIED OU	ТВҮ	INSTITUTION DETAILS								
Date	DD-MM-YY)	/ Y	Name								
Emp. Name			Code								
Emp. Code											
Emp. Code											
Emp. Code Emp. Designation											
Emp. Code Emp. Designation	[Employee Signature]			[Institution Stamp]							
Emp. Code Emp. Designation	[Employee Signature]			[Institution Stamp]							

Know Your Client (KYC) Application Form (For Individuals Only)

Please fill in ENGLISH and in BLOCK LETTERS



Place for Intermediary Logo

Application No. :

ARN-64917 E434563

A. Identity Det	ails (please	see g	uidelines	overlea	f)											
1. Name of Applica	nt (As appeari	ng in supp	oorting ider	ntification do	ocument).											
Name														РНОТО	GRAPH	
Father's/Spouse Na	me													Please the recent		
2. Gender Male	☐ Female	B. M	arital statı	ıs □ Single	e Married	С	. Date o	f Birth d	d /	/ m m	1 / y	y y		size photo		
3. Nationality 🔲 I	ıdian 🗌 Oth	ner <u>(Please</u>	specify)					-	,		, .			y		
4. Status Please tick	(✓) ☐ Resid	lent Indivi	dual 🔲	Non Residen	t 🗌 Foreig	ın Natio	nal (Pass	port Copy	Mandato	ory for NR	ls & Fore	ign Natio	nals)			
5. PAN				Please enclo	ose a duly at	tested co	opy of ya	ur PAN Ca	rd							
Aadhaar Numbe	r, if any:															
6. Proof of Identit	, submitted	for PAN	exempt c	ases Please	Tick (✓)											
□UID (Aadhaar)	☐ Passport	☐ Vot	ter ID _	Driving Lice	ence Oth	ers							(Pl	ease see guid	deline 'D' c	verle
B. Address Deta		see g	uidelines	overleat	f)											
1. Address for Corr	espondence															
City / Town / Village													Dia Cada			_
City / Town / Village State								Country					Pin Code			_
2. Contact Deta	ile															
Tel. (Off.) (ISD)	(STD)							Tel. (Res.)	(ISD)	(STD)						
Mobile (ISD)	(STD)							Fax	(ISD)	(STD)						
E-Mail Id.																
☐ Passport ☐ *Latest Telepi *Not more tha 4. Permanent A	none Bill (on n 3 Months ol	ly Land L d. Validit	ine) 🔲*i	Latest Elect	ricity Bill f of address	*Latest submitt	Gas Bill	Othe	rs (<u>Please</u>	e specify) / y y y	y y :	У				
City / Town / Village													Pin Code			_
State State								Country					riii Code			-
5. Proof of addre Passport = *Latest Telep *Not more tha 6. Any other in	Ration Card none Bill (on n 3 Months ol	□Regis ly Land L d. Validit	stered Leas	se/Sale Agre Latest Elect	eement of R ricity Bill [esidenc *Latest	e Dı Gas Bil	riving Lice Othe	nse 🔲 rs (<u>Pleas</u> e	Voter Ide e specify)	entity Ca					
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hereby declare tha undertake to infor alse or untrue or m	m you of an	y chang	es therein	, immediat	tely. In case	any of	the abo	ve inform	ation is							
lace:							Date:									
		F	OR OF	FICE US	SE ONLY	1				IPV	/ Done	□ on	d d /	/ <u> m m </u> /	ууу	у
MC/Intermediary nan	ne OR code				Seal/Stamp		interme Staff Nar		ld conta	ain	Sea	l/Stamp (ermediary sh	ould conta	in
] (Originals Verified)	Self Certified	Documen	t copies rec	reived			Staff Nar Designati							gnation		
] (Attested) True cop	ies of docume	ents receiv	red		I	Name o		ganization				Na		e Organizatio	on	
Main Intermediary							Signatu Date	년						nature Pate		

KYC Details Change form

(Attested) True copies of documents received

Main Intermediary



Place for Intermediary Logo

Application No. :

ARN-64917 E434563

(For Individuals Only) 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 Aadhaar Number, if any Name Date of Birth ddd/mmm/yyyy Please Provide the new KYC details which should be updated in your KYC records. B. Mandatory fields for KYCs done before 1st January 2012 1. Father's/Spouse Name 3. Current Nationality | Indian | Other 2. Current Marital status Single Married 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) 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 Country 2. Contact Details Tel. (Off.) (ISD) Tel. (Res.) Mobile (STD) Fax 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 | d | d | **/** | m | m | **/** | y | y | y | y 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 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 | d | d | / | m | m | / | y | y | y | y | 6. Any other information: SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT **DECLARATION** 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 Old signature as per original KYC 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. Wherever Applicable Date: dd/mm/yyyy Place: FOR OFFICE USE ONLY IPV Done ☐ on d d / m m / y y y y AMC/Intermediary name OR code Seal/Stamp of the intermediary should contain Seal/Stamp of the intermediary should contain Staff Name Staff Name (Originals Verified) Self Certified Document copies received Designation Designation

Name of the Organization

Signature

Date

Name of the Organization

Signature

Date

ARN-64917 E434563

CA	Our Mission Your G		FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance									
PAN / PE	KRN*											
Name		·	·							•		
Address T [for KYC address]	ype	☐ Resider☐ Registe☐ Busines	red Office		Nationa	ality	☐ Indian	US] Others	(please s	pecify)	
Place of B	irth					Coun	try of Birth					
	acs &	☐ Below 1 ☐ 5-10 Lac ☐ 25 Lacs	s 🔲 - 1 Cr 📋	1-5 Lac: 10-25 L > 1 Croi	acs re	Detai	pation ls [Please ny one (√)]	Gove	c Sector rnment Se ulturist	☐ Priva ervice ☐ Hou ☐ Reti	red	
Politically Exposed F [PEP]	Person	☐ Yes ☐ Not Appl	☐ Related icable	to PEP			other nation [if cable]		[Plea	se specit	<i>[y]</i>	
If 'Yes', ple	ease fill	for all count	u assessed for	ın India)) in whic	ch you	are a Resid		Yes	_	e you are a	
S. No.	Country	green Card H y of Tax dency	older / Tax Resident in the re Tax Identification Number (TIN) or Functional Equivalent			Identi [T/	re countries fication Type N or other, ase specify]	If TIN is not available, please tick the reason A, B or C [as defined below]				
1								→ Rea	son A 🗆	в□	с□	
Peclaration I acknowledg the above speatth orize you	B → No The collected C → Other T: The and collectified information (CAMS/	TIN required [Set] ers – Please spen nfirm that the information is four Fund/AMC] to o	the Account Hold elect this reasons ecify the reasons of formation provided to be false or disclose, share,	ded above untrue or rely, rem	e is true or mislead	and co	rrect to the be	TIN to its res te country of est of my kn- ng, I/ am aw er, all / any	owledge an are that I moof the inform	nd belief. In nay liable f mation pro	n case any of for it. I hereby ovided by me,	
Management judicial author India or outsi Further, I aut SEBI / RBI / II writing about additional infi Fund/AMC/R or close or su	Compan orities / aq ide India horize to IRDA / PF any cha formation TA to pro uspend m	y, trustees, the gencies includir wherever it is le share the given FRDA to facilitatinges / modification as may be recyide relevant in y account(s) wi	uch information ir employees / Fing but not limite egally required a information to the single submissation to the about at your / formation to upsithout any obligation below and the single single submissation to the about the about any obligation below and the single	TAS ('the dother of the	ne Author Financia r investig BI Regist date & formation ir end or by ayors to education or divising n	rized Parized Parized Intelligent Intellig	arties') or any gence Unit-Ino gencies witho termediaries/or relevant purpo within 30 dastic or overse withholding to be same. I also	Indian or fodia (FIU-INE ut any obligor any regulaces. I also ays and also occur and p	reign gover b), the tax / lation of ad ated intermandertake to undertake o undertakers/ tax authoray out any	rnmental of revenue vising me ediaries reto keep you to provincities. It sums from	or statutory or authorities in of the same. egistered with ou informed in de any other We authorize on my account	
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