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Application Type*	New	Update																					
KYC Number*								(Man	datory	for KY	C up	date	req	ques	st)								
Account Type*	Norn	nal 🗌 Mi	nor 🗌	Aadhaa	r OTI	P base	d E-K	YC (in	non-fa	ce to fa	ice n	node	e)				AR	N-6	649	17	E43	345	63
1. PERSONAL DETAILS	* (Please refe	er instruction	A at the	end)																			
PAN			Please	enclose	a duly	atteste	d copy	of your	PAN Ca	ard		F	orm	60 fi	urnis	hed							
	Prefix		First N	ame					Middl	e Nam	e							Las	t Na	me			
Name* (same as ID proof)																							
Maiden Name (If any*)																							
Father / Spouse Name*																	\square						
Mother Name*																							
Date of Birth*		им — УГ	YYY																				
Gender*	M- M	ale				F-Fem	ale		□ т-	Transge	ende	er											
Marital Status*	Marrie	ed				Unmar	ried			thers													
Citizenship*	🗌 IN- In	ndian				Others	-Cou	ntry					_C	ount	try C	ode]			
Residential Status*	Resid	lent Individua	ıl			Non R																	
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Occupation Type*	_	e Sector			_	Public Self Er			_	overnm etired	_	Secto				ofess] S							
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2. PROOF OF IDENTITY I.Certified copy of OVD or eq								ocess n	eeds to	be subm	nitted	(any	one	of the	e foll	owing)s)					
A - Passport Num						9						(-)						- /			Phot	0	
B - Voter ID Card]														
C - Driving Licent	ce																						
D-NREGA Job Ca	ard																						
E-National Popula	ation Register	r Letter																					
□ F-Proof of Posses	ssion of Aadh	laar						\times												0	0.		
II. E-KYC Authentic	ation										_								â		s Sigi s phot		
III. Offline verification	n of Aadhaar																						
Address {Current / Perm	anent / Overs	seas Address	Details	(Please	see i	nstruc	tion B	at the	end)}														,
Line 1*											_								_			_	
Line 2							+			_) 			Villa		$\left \right $		_	+		+	$\left - \right $
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State/UT*					Coun	itry								L		° / Coo	· –				as per		
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3. CORRESPONDENCE									,														
Same as Current / Perma												(of the	o foll								
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B - Voter ID Card	ibei				-				7														
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E-National Popula		r Letter			+						+		T	T	<u> </u>								
□ F-Proof of Posses	-							$\times \times$															
II. E-KYC Authentic	ation				$\langle \rangle$	\mathbb{D}		$\times \times$															
III. Offline verification	n of Aadhaar				$\langle \rangle$			\times															
IV. Deemed Proof of	Address - Do	ocument Type	e code																				
Address																							
Line 1*																							
Line 2											-					*				\square			
Line 3			Zin / Po	st Code	*) State				Villa	ge^		1			-1- 0		

Country

State/UT*

CKYC- Indivisual Form / 28th Oct 2022 / Ver. 2.0

as per ISO 3166*

Country Code

4.Contact Details (All communications will be sent on provided Mobile no. / Email	I- ID) (Email Id in CAPITAL letters only) (Please refer instruction C at the end)										
Email ID											
Mobile Tel. (Off) — —	Tel. (Res)										
i.Remarks (If any)											
6.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 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. Signature / Thumb Impression of Applicant 											
Date D - M - Y Y Y Place:											
7.Attestation / For Office Use Only											
7.Attestation / For Office Use Only Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process Digital KYC Process Equivalent e-document Video Based KYC Institution Details											
KYC In-Person Verification (IPV) Carried Out by											
Date DD - MM - YYYY	Name Output										
Emp. Name	Code										
Emp. Code	Emp. Branch Image: Control of the second secon										
Emp. Designation											
Emp. Branch	[Institution Ctown]										
[Employee Signature]	[Institution Stamp]										



FATCA - CRS Declaration and Supplementary Information ARN-64917 E434563

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

Wealth sets you free

NAME:	
PAN:	or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality Indian U.S.	Tax Residence Address (for KYC address) Residential Registered Office Business

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

If 'No', please proceed for the signature of declaration

If 'Yes', please fill for All countries (other than India) in which you are a Resident for 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 (TIN or other, please specify)	If TIN is not available, please tick \checkmark the reason A, B or C (as defined below)
1				→ Reason A B C
2				> Reason A B C

>> 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 here in above 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 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.

Date: / /

Place:

Signature: