| Nippor | n îndî e | | Jal F | Func you fre | e | | | | | Ар | plic | ati | | | orr | n (F | For | In | div | idu | als | on | |
|---|----------------|----------------|------------|------------------------|-------------------|-------------------|---------------|-----------------|---------|------------------|------------|-------|------|--------|---------------|-----------------|------------------|---------------|------------------|-----------|------------------|-------|--------------------|
| | | | | | | | | | | | | | (P | lease | e till t F | he for ields | m in mark | Engli ed w | sn ar ith '*' | are n | anda | K Le | ields |
| 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 | | | | | | | | | | | | | | | | | |
| | _ | gn National | | | | Persor | | | | | | | | _ | _ | | | | | | | | |
| Occupation Type* | _ | e Sector | | | _ | Public Self Er | | | _ | overnm etired | _ | Secto | | | | ofess] S | | | | | | | |
| | | Ŭ | o rofor in | otruction | | | | Su | | Stired | L | | 5430 | S WIII | ς ι | | luuc | | | | | | |
| 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 $ |
| Line 3 District | | | Zip / Po | st Code | * | | | | | | State | - | | ſ | | _ | | India | Moto | | cle Ac | 108 | 2 |
| State/UT* | | | | | Coun | itry | | | | | | | | L | | ° / Coo | · – | | | | as per | | |
| | | | | | | | | | | | | | | 000 | array | , 000 | | | | | as per | 100 (| 100 |
| 3. CORRESPONDENCE | | | | | | | | | , | | | | | | | | | | | | | | |
| Same as Current / Perma | | | | | | | | | | | | (| | of the | o foll | | | | | | | | |
| A - Passport Num | | | | | | uigitai r | ro pro | Juess II | eeus io | De Subii | niteu | (any | one | | e ion | owing | IOVL | 5) | | | | | |
| B - Voter ID Card | ibei | | | | - | | | | 7 | | | | | | | | | | | | | | |
| C - Driving Licence | e | | | | + | | | | | | | | | | | | | | | | | | |
| D-NREGA Job C | | | | | + | | | | | | | | | | | | | | | | | | |
| 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: