

**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  |
| 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"/>                             |
| PAN*                     | <input type="text"/>                         | <input type="text"/>                         | <input type="text"/>                      | <input type="text"/>                             |
| Marital Status*          | <input type="checkbox"/> Married             | <input type="checkbox"/> Unmarried           | <input type="checkbox"/> Others           |  |
| Citizenship*             | <input type="checkbox"/> IN-Indian           | <input type="checkbox"/> Others - Country    | Country Code                              | <input type="text"/>                             |
| Residential Status*      | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Non Resident Indian | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Person of Indian Origin |
| Occupation Type*         | <input type="checkbox"/> S-Service           | <input type="checkbox"/> Private Sector      | <input type="checkbox"/> Public Sector    | <input type="checkbox"/> Government Sector       |
|                          | <input type="checkbox"/> O-Others            | <input type="checkbox"/> Professional        | <input type="checkbox"/> Self Employed    | <input type="checkbox"/> Retired                 |
|                          | <input type="checkbox"/> Housewife           | <input type="checkbox"/> Student             | <input type="checkbox"/> B-Business       | <input type="checkbox"/> X-Not Categorised       |

**2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction Bat 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)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar

II.  E-KYC Authentication

III.  Offline verification of Aadhaar

**Photo**



Signature/  
Thumb Impression

**Address:**

Line 1\*

Line 2\*

Line 3\*

District\*  PIN/ Post Code\*  State / U.T Code\*  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)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar

- II.  E-KYC Authentication X X X X X X X X
- III.  Offline verification of Aadhaar X X X X X X X X
- IV.  Deemed Proof of Address - Document Type code
- V.  Self Declaration

**Address:**

Line 1\*

Line 2\*

Line 3\*

District\*  PIN/ Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

**4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction Cat the end)**

Tel. (Off)  Tel. (Res)  Mobile

Email ID

**5. 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. Incase 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.

Date:  Place:

(Signature / Thumb Impression)

**Signature/ Thumb Impression of Applicant**

**7. ATTESTATION/ FOR OFFICE USE ONLY**

- Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process
- Equivalent e- document  Video Based KYC

**KYC VERIFICATION CARRIED OUT BY**

Identity Verification  Done Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

**INSTITUTION DETAILS**

Name

Code

(Institution Stamp)

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



**CDSL VENTURES LIMITED**  
...Exploring New Horizons

ARN-64917 E434563



Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

**KYC Mode\*:** Please Tick (✓)

Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

**1. Identity Details** (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name+ (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\*  Male  Female  Transgender

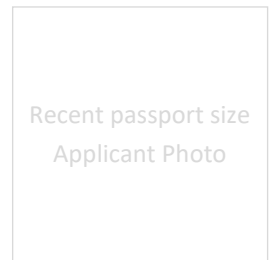
Marital Status\*  Single  Married

Nationality\*  Indian  Other \_\_\_\_\_

Residential Status\*  Resident Individual  Non Resident Indian

Please Tick (✓)  Foreign National  Person of Indian Origin

(Passport mandatory for NRIs, PIOs and Foreign Nationals)



Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX \_ \_ \_ \_ \_

B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

C — Voter ID Card \_\_\_\_\_

D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

E — NREGA Job Card \_\_\_\_\_

F — NPR \_\_\_\_\_

Z — Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**2. Address Details\*** (please refer guidelines overleaf)

**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\*** (Mandatory for NRI Applicant)

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line3 \_\_\_\_\_  
 City/  
 Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
 Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card      XXXX XXXX \_\_\_\_ \_  
 B — Passport Number      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 C — Voter ID Card      \_\_\_\_\_  
 D — Driving License      \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 E — NREGA Job Card      \_\_\_\_\_  
 F — NPR Letter      \_\_\_\_\_  
 Z — Others      \_\_\_\_\_ (any document notified by Central Government)  
 Identification Number      \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_  
 Mobile No. \_\_\_\_\_  
 Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. 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 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.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

| In-Person Verification (IPV) carried out by*                                   | Intermediary Details*   |
|--|---|
| IPV Date _____<br>Emp. Name _____<br>Emp. Code _____<br>Emp. Designation _____ | <input type="checkbox"/> Self certified document copies received (OVD)<br><input type="checkbox"/> True Copies of documents received (Attested)<br>AMC / Intermediary Name :<br>_____ |
| Employee Signature and Stamp   | Institution Name and Stamp  |

**Proof of Identity / PAN (mandatory)**

**Proof of Address (mandatory)**

**Applicant Wet Signature Page (mandatory)**

# Additional KYC Information and FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

ARN-64917 E434563



**PGIM**  
India Mutual Fund

**FIRST / SOLE APPLICANT / GUARDIAN**

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

|   |  |
|---|--|
| Place of Birth  | Country of Birth   |
| Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ | Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered<br><input type="checkbox"/> Office <input type="checkbox"/> 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 of the signature of declaration**

**If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes 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 the reason A, B or C (as defined below)             |
|---------|--------------------------|--|--|--|
| 1       |                          |  |  | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C* |
| 2       |                          |  |  | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C* |

\* Please specify reason \_\_\_\_\_

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason Noly 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 threof.

**Occupation Details**  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

**Gross Annual Income**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
Net-worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on            (Not older than 1 year)

**Politically Exposed Person (PEP) Status\***  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

**SECOND APPLICANT**

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

|   |  |
|---|--|
| Place of Birth  | Country of Birth   |
| Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ | Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered<br><input type="checkbox"/> Office <input type="checkbox"/> 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 of the signature of declaration**

**If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes 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 the reason A, B or C (as defined below)             |
|---------|--------------------------|--|--|--|
| 1       |                          |  |  | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C* |
| 2       |                          |  |  | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C* |

\* Please specify reason \_\_\_\_\_

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason Noly 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 threof.

**Occupation Details**  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

**Gross Annual Income**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
Net-worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on            (Not older than 1 year)

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