

**Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



<b>For office use only</b> (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
	KYC Number	_____ (Mandatory for KYC update request)		
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

**1. PERSONAL DETAILS** (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name	
<input type="checkbox"/> Name*(Same as Aadhaar)	_____	_____	_____	_____	
Maiden Name (If any*)	_____	_____	_____	_____	
Father / Spouse Name*	_____	_____	_____	_____	
Mother Name*	_____	_____	_____	_____	
Date of Birth*	DD - MM - YYYY				
Gender*	<input type="checkbox"/> M- Male		<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian		<input type="checkbox"/> Others (ISO 3166 Country Code _____)		
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 Categorized				

PHOTO

Signature / Thumb Impression

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\* \_\_\_\_\_

Tax Identification Number or equivalent (If issued by jurisdiction)\* \_\_\_\_\_

Place / City of Birth\* \_\_\_\_\_ ISO 3166 Country Code of Birth\* \_\_\_\_\_

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number \_\_\_\_\_ Passport Expiry Date DD - MM - YYYY

B- Voter ID Card \_\_\_\_\_

C- PAN Card \_\_\_\_\_

D- Driving Licence \_\_\_\_\_ Driving Licence Expiry Date DD - MM - YYYY

E- UID (Aadhaar) \_\_\_\_\_

F- NREGA Job Card \_\_\_\_\_

Z- Others (any document notified by the central government) \_\_\_\_\_ Identification Number \_\_\_\_\_

S- Simplified Measures Account - Document Type code \_\_\_\_\_ Identification Number \_\_\_\_\_

**4. PROOF OF ADDRESS (PoA)\***

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

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

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  
 Voter Identity Card  NREGA Job Card  Others \_\_\_\_\_  
 Simplified Measures Account - Document Type code \_\_\_\_\_

Address

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_  
 District\* \_\_\_\_\_ Pin / Post Code\* \_\_\_\_\_ State / U.T Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  ZIP / Post Code\*  ISO 3166 Country Code\*

5. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -  
Fax - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of MinorName\*  Assignee  Authorized Representative

Name\* Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

A- Passport Number  Passport Expiry Date --  
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date --  
 E- UID (Aadhaar)   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number   
 S- Simplified Measures Account - Document Type code  Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under t a k e 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.

Date : -- Place :

[Signature / Thumb Impression

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date --  
Emp. Name   
Emp. Code   
Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by

Date --  
Emp. Name   
Emp. Code   
Emp. Designation

[Employee Signature]

INSTITUTION DETAILS

Name   
Code   
Emp. Branch

[Institution Stamp]

Institution Details

Name   
Code   
Emp. Branch

[Institution Stamp]

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.  
 B) Please fill the form in English and in BLOCK letters.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 F) List of two character ISO 3166 country codes is available at the end.  
 G) KYC number of applicant is mandatory for update application.  
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

(To be filled by financial institution)

Application Type\*

 New Update

KYC Number






















(Mandatory for KYC update request)

 **1. CORRESPONDENCE / LOCAL ADDRESS DETAILS** (Please see instruction E at the end) Same as Current / Permanent / Overseas Address details

Line 1\*

Line 2

Line 3  City / Town / Village\*

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

 **2. CONTACT DETAILS** (All communications will be sent on provided Mobile No. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Fax - Email ID

**3. 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.

[Signature / Thumb Impression]

Date :   -   -    Place : 

Signature / Thumb Impression of Applicant

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

## Important Instructions:

- A) Fields marked with "\*" are mandatory fields.  
 B) Please fill the form in English and in BLOCK letters.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please read section wise detailed guidelines / instructions at the end.  
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
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 G) KYC number of applicant is mandatory for update application.  
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



## For office use only

(To be filled by financial institution)

Application Type\*

 New  Update

KYC Number

(Mandatory for KYC update request)

 1. DETAILS OF RELATED PERSON (please refer instruction G at the end)

 Addition of Related Person  Deletion of Related Person

KYC Number of Related Person (if available\*)

Related Person Type\*

 Guardian of MinorName\*  Assignee

 Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name\*





(If KYC number and name are provided, below details of section 6 are optional)

## PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

 A- Passport Number

Passport Expiry Date

 B- Voter ID Card

 C- PAN Card

 D- Driving Licence

Driving Licence Expiry Date

 E- UID (Aadhaar)

 F- NREGA Job Card

 Z- Others (any document notified by the central government)

Identification Number

 S- Simplified Measures Account - Document Type code

Identification Number

## 2. 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.

[Signature / Thumb Impression]

Date : Place : 

Signature / Thumb Impression of Applicant

## 9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

## KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

## INSTITUTION DETAILS

Name

Code

[Institution Stamp]



**KYC Details Change form  
(For Individuals Only) ARN-64917 E434563**

Application No. :



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

www.camskra.com

**A Name of Applicant (As per original KYC records)**

PAN           PAN Exempt Ref. No.            UID/Aadhaar, if any:

Title Please tick (✓) Mr.  Ms.

Name

**B. New Identity Details (please see guidelines overleaf)**

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

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

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

4. Father's / Spouse's Name

5. Marital Status Please tick (✓)  Single  Married

6. Nationality Please tick (✓)  Indian  Others  Please specify

**C. New Address Details (please see guidelines overleaf)**

1. New Address for Correspondence

City / Town / Village  Pin Code

State  Country

2. New 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  RationCard  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   /   /

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

1. Gross Annual Income Details Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs

Net-worth in ₹  (\* Net worth should not be older than 1 year) as on (date)   /   /

2. New Occupation (Please tick (✓) any one and give brief details):

Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired

Housewife  Student  Forex Dealer  Others (Please specify)

3. Please tick, if applicable:  Politically Exposed Person  Related to a Politically Exposed Person

For definition of PEP, please refer guideline overleaf

4. Any other information:

**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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications directions issued by any governmental or statutory authority from time to time. I hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/ SEBI Registered Intermediaries

Place:  Date:

**SIGNATURE OF APPLICANT**

**FOR OFFICE USE ONLY**

IPV Done  on   /   /

AMC/Intermediary name OR code

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name  
Emp.No./ARN. No  
Designation  
Name of the Organization  
Signature  
Date

Seal/Stamp of the intermediary should contain

Staff Name  
Emp.No./ARN. No  
Designation  
Name of the Organization  
Signature  
Date



**FATCA-CRS Declaration & supplementary Information**  
**Declaration Form for Individuals**

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

**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 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 for 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

Sl. 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 <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 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 hereinabove 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 and understood the FATCA & CRS Terms and Condition 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 :