

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* <input type="checkbox"/> New <input type="checkbox"/> Update	
	KYC Number <input style="width:100px;" type="text"/>	(Mandatory for KYC update request)
	Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (for low risk customers) <input type="checkbox"/> Small <input type="checkbox"/> OTP based E-KYC	

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

	Prefix <input style="width:30px;" type="text"/>	First Name <input style="width:100px;" type="text"/>	Middle Name <input style="width:100px;" type="text"/>	Last Name <input style="width:100px;" type="text"/>
<input type="checkbox"/> Name* (Same as ID proof)	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
Maiden Name	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
Father / Spouse Name	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
Mother Name	<input style="width:30px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
Date of Birth*	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>			
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 <input style="width:20px;" type="text"/> <input style="width:20px;" 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			

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)

<input type="checkbox"/> A- Passport Number <input style="width:100px;" type="text"/>	Passport Expiry Date <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> - <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> - <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
<input type="checkbox"/> B- Voter ID Card <input style="width:100px;" type="text"/>	
<input type="checkbox"/> C- PAN Card <input style="width:100px;" type="text"/>	
<input type="checkbox"/> D- Driving Licence <input style="width:100px;" type="text"/>	Driving Licence Expiry Date <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> - <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> - <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input style="width:100px;" type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input style="width:100px;" type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input style="width:100px;" type="text"/>	Identification Number <input style="width:100px;" type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input style="width:30px;" type="text"/>	Identification Number <input style="width:100px;" type="text"/>

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 please specify

Simplified Measures Account - Document Type code

Line 1*

Line 2

Line 3

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*
State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided)

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 Minor 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) Mobile no. / Email-ID) (Please refer instruction F at the end)

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 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.

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	INSTITUTION DETAILS
Date <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	<input type="text"/>
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

FATCA/ Foreign Tax Laws Information - Self Certification Form

(Individual Sole Proprietor) (Refer to instructions)

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

First / Sole Applicant / Guardian

Name																								
PAN										Folio No.														
Address																								
City					State					Country														
Pincode					Mobile																			
Type of address given at KRA					Residential or Business					Residential					Business					Registered Office				
City of Birth																								
Country of Birth																								
Are you a tax resident of any country other than India? Yes <input type="checkbox"/> No <input type="checkbox"/>																								

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [§]	Identification Type (TIN or Other, please specify)

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update

[#] To also include USA, where the individual is a citizen / green card holder of the USA

[§] In case Tax Identification Number is not available, kindly provide its functional equivalent

Second Applicant

Name																								
PAN										Folio No.														
Address																								
City					State					Country														
Pincode					Mobile																			
Type of address given at KRA					Residential or Business					Residential					Business					Registered Office				
City of Birth																								
Country of Birth																								
Are you a tax resident of any country other than India? Yes <input type="checkbox"/> No <input type="checkbox"/>																								

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [§]	Identification Type (TIN or Other, please specify)

Application

Received Form _____	
Date _____	

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update

[#] To also include USA, where the individual is a citizen / green card holder of the USA

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent

Third Applicant

Name																																				
PAN											Folio No.																									
Address																																				
City											State											Country														
Pincode											Mobile																									
Type of address given at KRA											Residential or Business											Residential					Business					Registered Office				
City of Birth																																				
Country of Birth																																				
Are you a tax resident of any country other than India?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																																

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update.

[#] To also include USA, where the individual is a citizen / green card holder of the USA

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent

Certification

I have understood the information requirements of this Form (read along with the FATCA Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions given under and hereby accept the same.

Signature (as per KRA record):

Please Sign here

First / Sole Applicant / Guardian / POA Holder / Auth. Sign

Please Sign here

Second Applicant / Auth. Sign

Please Sign here

Third Applicant Sign

Date:

Place:

INSTRUCTIONS

Details under FATCA / Foreign Tax Laws: Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. **Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.