

ARN-64917 F434563

	Know You	our Customer (KYC) Application Form Individual AKIN-04917 E434303			
Important Instructions:					
A. Fields marked with '*' are mandatory fields. F. Please read section wise detailed guide					
B. Tick "wherever applicable.		G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.			
C. Please fill the form in English		H. List of two character ISO 3166 country codes is available at the end.			
D. Please fill the date in DD-MM		KYC number of applicant is mandatory for update application.			
section number and strike of required to be updated.		x 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	Application Ty	ype* New Update			
(To be filled by financial instituti	ion) KYC Number	r (Mandatory for KYC update request)			
	Account Type	e* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)			
☐ 1. Personal Details	s (Please refer instru	ruction A at the end)			
	Prefix	First Name Middle Name Last Name			
Name* (Same as ID proof)					
Maiden Name					
Father / Spouse Name*			F		
Mother Name			Ξ		
Date of Birth*	D D - M M - Y	7 7 7 7			
	M- Male	F- Female T- Transgender			
Gender*		FORM 60 furnished			
PAN*					
Marital Status*	Married	Unmarried Others			
Citizenship*	N- Indian	Others – Country Country Code			
Residential Status*	Resident Individua	_ 5			
2. PROOF OF IDEN	NTITY AND ADDRE	ESS* (Please refer instruction B at the end)			
Certified copy of OVD or equival	lent e-document of OVD	or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)			
A-Passport Number		Passport Expiry Date DD - MM - YYYYY			
B-Voter ID Card		PHOTO*			
C-Driving Licence		Driving Licence Expiry Date D D - M M - Y Y Y Y			
D-NREGA Job Card					
E-National Population Re	-				
F-Proof of Possession of	f Aadhaar No need to	to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer			
II E-KYC Authentication	No need to	to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer			
III Offline verification of Aad	dhaar No need to	to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer Signature /Thumb Impres			
Address [For other than resider	nt Individual, please ment	across photo without cove the face	ring		
Line 1*	I marriada, picaco mona				
Line 2			_		
Line 3		City/Town/Village*	=		
District*		Pin/Post Code* State/U.T Code* ISO 3166 Country Code*	_		
District		State/0.1 Code State C			
☐ 3. CURRENT ADD	RESS DETAILS (Pl	Please refer instruction B at the end)			
Same as above mentioned	address (In such cases a	address details as below need not be provided			
I. Certified copy of OVD or equiv	valent e-document of OVI	/D 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 Re	egister Letter				
F-Proof of Possession of	f Aadhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer			
II E-KYC Authentication		No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer			
III Offline verification of Aad	dhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer			
	ss – Document Type code	le			
Address					
Address					

Pin/Post Code*

City/Town/Village*

ISO 3166 Country Code*

State/U.T Code*

Line 2

Line 3

District*

☐ 4. Contact	Details (All communications will be sent to Mobile number/En	mail-ID provided including for validation purpose) (Please refer instruction C at the end)			
Tel. (Off)	- Tel. (Res)	Mobile*			
Email ID*					
	to validation, hence provide the valid information in legible manner				
5. Remark	s (If any)				
6. Applicant De	eclaration				
 I hereby declare that the details furnished above are true and correct to the best of my knowledge/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 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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address and to download the information from CKYCR I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data / applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines. Date: D D M M - Y Y Y Y Place: Signature/Thumb Impression of Applicant Attestation / For Office Use only Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process 					
K	YC documents verification carried out by	Institution details			
Date:		Name Name			
		Code			
Emp. Name					
Emp. Code Emp. Designation					
Emp. Branch					
	[Employee Signature]	[Institution Stamp]			
In-	-Person Verification (IPV) carried out by	Institution details			
Date:	D D - M M - Y Y Y Y				
Emp. Name					
Emp. Code					
Emp. Designation					
Emp. Branch		[Institution Stamp]			
	[Employee Signature]				