

**KNOW YOUR CLIENT (KYC) APPLICATION FORM**Please fill this form in **ENGLISH** and in **BLOCK LETTERS****FOR INDIVIDUAL****A. IDENTITY DETAILS**

Name of the Applicant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Father's/Spouse Name \_\_\_\_\_  
 Gender  Male  Female **Marital Status**  Single  Married  
 Date of Birth \_\_\_\_\_ **Nationality** \_\_\_\_\_  
 Status  Resident Individual  Non Resident  Foreign National  
 PAN \_\_\_\_\_ Unique Identification Number (UID)/ Aadhaar, if any \_\_\_\_\_

Please affix your recent passport size photograph and sign across it

Specify the proof of Identity submitted \_\_\_\_\_

**B. ADDRESS DETAILS**Residence / Correspondence Address :  Correspondence Address  Residence Address

City/Town/Village \_\_\_\_\_ PIN Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Contact Detail : Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_  
 Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail ID \_\_\_\_\_

Specify the proof of address submitted for residence address : \_\_\_\_\_

Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant) :

City/Town/Village \_\_\_\_\_ PIN Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Specify the proof of address submitted for permanent address \_\_\_\_\_

**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.

Date \_\_\_\_\_

Signature of the Applicant  \_\_\_\_\_**FOR OFFICE USE ONLY** Originals verified and Self Attested Document copies received**In - Person - Verification (IPV) Details**

A) Name of the person doing IPV \_\_\_\_\_

B) Designation \_\_\_\_\_

C) Name of Organization \_\_\_\_\_

D) Signature \_\_\_\_\_

E) Date \_\_\_\_\_

Date \_\_\_\_\_

Name &amp; Signature of the Authorised Signatory \_\_\_\_\_

Seal/Stamp of the intermediary \_\_\_\_\_





**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 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 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)**

**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 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

INSTITUTION DETAILS

Name

Code