

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**



**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)

Account Type\*  Normal  Simplified (for low risk customers)  Small

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<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"/>			
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 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 type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input 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

Simplified Measures Account - Document Type code

**Address**

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   
District\*  Pin / Post Code\*  State / U.T Code\*  City / Town / Village\*\*  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   
State\*  ZIP / Post Code\*  City / Town / Village\*  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]

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]

**Annexure B1**

**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.
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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 of the sections not required to be updated.



**For office use only**      Application Type\*     New     Update  
 (To be filled by financial institution)    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 Minor     Assignee     Authorized Representative

Name\*    Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

(If KYC number and name are provided, below details of section 1 are optional)

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

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    \_\_\_\_\_

**2. APPLICANT DECLARATION**

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\_\_\_\_\_  
 [Signature / Thumb Impression]  
 Signature / Thumb Impression of Applicant

Date : DD - MM - YYYY      Place : \_\_\_\_\_

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

Documents Received     Certified Copies

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date : _____	Name : _____
Emp. Name : _____	Code : _____
Emp. Code : _____	[Institution Stamp]
Emp. Designation : _____	
Emp. Branch : _____	
_____ [Employer Signature]	

Annexure A1

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

Important Instructions:

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**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.

Date :    DD    MM    YYYY    Place :    \_\_\_\_\_

\_\_\_\_\_  
 [Signature / Thumb Impression]  
 Signature / Thumb Impression of Applicant