CENTRAL KYC R	EGISTRY   Know Your Custon	ner (KYC) Application Fo	rm   Individual					
B) Please fill the form in English and in BLOCK letters.  F) List C) Please fill the date in DD-MM-YYYY format.  G) KYO D) Please read section wise detailed guidelines / instructions  H) For		<ul><li>F) List of two character ISO</li><li>G) KYC number of applicant</li><li>H) For particular section update</li></ul>	st of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.  It of two character ISO 3166 country codes is available at the end.					
		F						
For office use onl		New Update						
(To be filled by financi	ial institution) KYC Number  Account Type*	□ Normal □ Simplifi	(Mandatory for KYC					
TA DEDGONAL			led (for low risk customers)					
1. PERSONAL	DETAILS (Please refer instruction  Prefix	First Name	Middle Name	Last Name				
Name* (Same as I		11 2 Maille	Mittig inditie	Tast value				
laiden Name (If any	and the second s							
ather / Spouse Nar	processor proces							
lother Name*								
ate of Birth*	DD was M 88 was A A	and an anti-control of the second	dandindandan dan dan dan dan dan dan dan dan	idanin dan sandinin dan mada kan mada k				
ender*	M- Male	F- Female	T-Transgender	. РНОТО				
larital Status*	Married	Unmarried	Others					
itizenship*	IN- Indian		O 3166 Country Code )					
esidential Status*	Resident Individual	Non Reside	Commission					
condition otatus	Foreign National	Person of Ir						
ccupation Type*	S-Service ( Privat			dent)				
	B-Business X- Not Categorised			Signature / Thumb Impression				
2. TICK IF APP	LICABLE RESIDENCE FOR	TAX PURPOSES IN JURI	ISDICTION(S) OUTSIDE INDIA (Please	refer instruction B at the end)				
DDITIONAL DETAI	ILS REQUIRED* (Mandatory only	if section 2 is ticked)						
O 3166 Country C	ode of Jurisdiction of Residence							
x Identification Nu	mber or equivalent (If issued by ju	ırisdiction)*						
ace / City of Birth*		ISO 3166 Cou	untry Code of Birth*					
3. PROOF OF I	DENTITY (Pol)* (Please refer ins	truction C at the end)						
ertified copy of any o	ne of the following Proof of Identity[P	ol] needs to be submitted)						
A- Passport Num	nber		Passport Expiry Date	Toron Mi Al Month M X X X X				
B- Voter ID Card								
C- PAN Card								
D- Driving Licence	ce		Driving Licence Expiry Date	Learner RA RA Joseph Y Y Y X X				
E- UID (Aadhaar	)							
F- NREGA Job C	Card							
Z- Others (any do	ocument notified by ane central govern	nment)	· Identification Number					
S- Simplified Me	asures Account - Document Type	pe code	Identification Number					
4. PROOF OF	ADDRESS (PoA)*							
	ERMANENT / OVERSEAS ADDRES	S DETAILS (Please see instru	uction <b>D</b> at the end)					
ertified copy of any or	ne of the following Proof of Address	[PoA] needs to be submitted)						
dress Type*	Residential / Business	Residential	Business Registered C	Office Unspecified				
oof of Address*	Passport Voter Identity Card Simplified Measures Accoun	☐ Driving Licence ☐ NREGA Job Card nt - Document Type code	UID (Aadhaar) Others	ecsy. I I I I I I I I I I I I I I I I I I I				
ldress								
ine 1*								
ine 2								

Line 3

District\*

City / Town / Village\*

ISO 3166 Country Code\*

State / U.T Code\*

Pin / Post Code\*

4.2 CORRESPONDENCE	CE / LOCAL ADDRESS DETA	AILS * (Please see ins	truction E at the	end)				
Same as Current / Perm	nanent / Overseas Address de	etails (In case of multi	ple corresponde	nce / local ad	ddresses, pleas	e fill 'Annexure	A1')	
Line 1*						An annual an		
Line 2		*						and the section of th
Line 3					City / Towr	1 / Village**	ti katura da	
District*	Pir	n / Post Code*		State / L	J.T Code*	france or the second	66 Country	Code*
4.3 ADDRESS IN THE J	URISDICTION DETAILS WHI	ERE APPLICANT IS F	RESIDENT OUT	SIDE INDIA	FOR TAX DUD	200501		in the second section of
Same as Current / Perma	anent / Overseas Address de	tails	Same as C	orresponden	ce / Local Addr	OSES* (Applica	able if section	2 is ticked)
Line 1*				on coponació	Ce / Local Addit	ess details		and the second second second second
Line 2				-				
Line 3					City / Town	/ Village*		. 18 10 18 18 18 18 18 18 18 18 18 18 18 18 18
State* :			ZIP / Post (	Code*		- Secondary	6 Country C	Code*
5. CONTACT DETAILS	(All communications will be se	nt on provided Mobile n	o / Email ID) / Pla					
Tel. (Off)	anning and a second	gan National agency and an artist and an artist and artist artist artist artist and artist	production productions	ase relei ilisti	uction F at the e	na)		
FAX		Tel. (Res) Email ID			Mobile	9 20000		
6. DETAILS OF RELAT	ED PERSON (in case of add	ditional related persons	please fill 'Anney	ure R1' \ /nles	esa refer instructi	20 C 244b		and a second
Addition of Related Person	Deletion of Related Perso		CYC Number of R			on G at the end)		
Related Person Type*	Guardian of Minor	Assignee			ed Representa	tive		and a second second second second second
p	Prefix	irst Name	2 (27 )	Middle Na		tive	· Last Name	
Name*	in the second second							
	(If KYC number and name are			optional)				
	OF RELATED PERSON* (Plea	ase see instruction ( <b>H</b> ) a	t the end)	•				
A- Passport Number			F	Passport Ex	opiry Date	TO DOME	A M som Y X	***************************************
B- Voter ID Card						bumbana fan	minimum limitaria	na kananana ali kananana
C- PAN Card			*					
D- Driving Licence				Orivina Lica	noo Evnin, D	the production of production of the production o	manifered promperson	angement on the grant country.
E- UID (Aadhaar)				onving Lice	rice Expiry Da	ate DO MA	A North Annual Control	***************
F- NREGA Job Card								
	notified by the central govern	ament		1.1.5.10		· ·	ang arabang araban pagaran araban ang araban ang araban ang araban araban araban araban araban araban araban a	i. Di Nghina halan ka karangan kan kaka ka pyyana na mana kata ka gabawa na kata ka
	Account - Document Typ	the control of the co			fication Numb	. Sanarakannandannakanna		
7. REMARKS (If any)		Lucidania		identi	fication Numb	er		
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								i Albanderia de Araba de Arabanderia de Arabanderia de Arabanderia de Arabanderia de Arabanderia de Arabanderi Arabanderia de Arabanderia de
8, APPLICANT DECLA	RATION							and a section of the
I hereby declare that the details furnis	shed above are true and correct to the base above information is found to be false	est of my knowledge and be or untrue or misleading or mi	elief and I undertake srepresenting, I am av	to inform you of a vare that I may be	ny changes held liable			
	tion from Control KVO Desiste 4	2112	110			(Sign stare r		
I hereby consent to receiving informat  Date:	Place		tered number/email a	ddress.				
hammen hammen ham	Tiace	· manufacture de la constitución	hanna dan manada and an	<u>i</u>		Signature / Thum!	Impression of A	Applicant
9. ATTESTATION / FOR	OFFICE USE ONLY							
Documents Received	Certified Copies							
. KYC VERIFI	CATION CARRIED OUT BY				INSTITUTIO	N DETAILS		
Date ·			Name					and the second
Emp. Name			Continues of Spirit			*		· · · · · · · · · · · · · · · · · · ·
mp. Code			Code					
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					escanos III			and the second s
		a a v						
							# 6 15	
				3		i d		

Annexure B1				
CENTRAL KYC REGIST	RY   Know Your Custom	er (KYC) Application I	Form   Individual   Related Person	
Important Instructions:  A) Fields marked with "are man and B) Please fill the form in English C) Please fill the date in DD-MM.  D) Please read section wise defined at the end.	and in BLOCK letters. I-YYYY format.	<ul><li>F) List of two character</li><li>G) KYC number of applied</li><li>H) For particular section</li></ul>	de as per Indian Motor Vehicle Act, 1988 is available at the end and is mandatory for update application.  update, please tick ( ) in the box available be trike of the sections not required to be updated	fore the CERSAL
For office use only (To be filled by financial instit		New Update	(Mandatory for	KYC update request)
1. DETAILS OF RELAT	ED PERSON (Please refer i			
Addition of Related Person	Deletion of Related Person	passen	lumber of Related Person (if available*)	
Related Person Type*  Name*	Guardian of Minor  Prefix  (If KYC number and name are	Assignee rst Name provided, below details of se	Authorized Representative  Middle Name  ction 1 are optional)	Last Name
	•			
A- Passport Number B- Voter ID Card C- PAN Card	) OF RELATED PERSON* (Ple	ase see instruction (11) at the	Passport-Expiry Date	
D- Driving Licence E- UID (Aadhaar)			Driving Licence Expiry Date	AND
F- NREGA Job Card	nt notified by the central gover	nment)	Identification Number	
	s Account - Document Ty	garage and a few field and a f	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.

Date: Place: Place: 3. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies  KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date : Emp. Name : Emp. Code :	Name Code Code
Emp. Designation Emp. Branch	

## Annexure A1

## 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	Application Type*	New	Update					1-		
(To be filled by financial institution)	KYC Number				(Mandato	ory for KYC u	update regu	rest)		
							, padio , oqu	COL	*	
1. CORRESPONDENCE	LOCAL ADDRESS	DETAILS	(Please see instruc	tion E at the or						
Same as Current / Permanent /			(i lease see ilistruc	alon E al the er	14)					
Line 1*							ann ann a bhainn an ga agus an an airtean an a	· · · · · · · · · · · · · · · · · · ·	and the contract of the contra	
Line 2							an than air a tha an air air air air air a tha air air air air a tha air air air air air air air air air ai			
Line 3		•			City / Towr	ı / Village*			****************	
District*	Pin	Post Code	<b>a</b> *	City / Town / Village* State / U.T Code* ISO 316			3166 Count	6 Country Code*		
Tel. (Off)		Tel. (Res	(6)		Mob	particular (1)				
3. APPLICANT DECLARA	TION									
<ul> <li>I hereby declare that the details furnished at therein, immediately. In case any of the abo liable for it.</li> </ul>	oove are true and correct to the love information is found to be fa	est of my knowle lse or untrue or	edge and belief and I undertomisleading or misrepresenti	ake to inform you of a ng, I am aware that I	any changes may be held	i (Signa	ans a Troubles			
Date: [1] [A] [A] [V] V	Place					Signature /	Thumb Impressi	on of Applica	ant	