

**Know Your Client (KYC)  
Application Form (For Individuals only)**

(Please fill the form in English and in BLOCK Letters)  
Fields marked with "\*" are mandatory fields

Application Type\*  New  Update KYC Number\*   
KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

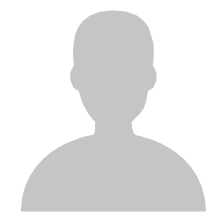
**1. Identity Details** (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<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\* --  
Gender\*  M- Male  F- Female  T-Transgender  
Marital Status\*  Married  Unmarried  Others  
Citizenship\*  IN- Indian  Others – Country  Country Code   
Residential Status\*  Resident Individual  Non Resident Indian  
 Foreign National  Person of Indian Origin  
Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector  
 O-Others  Professional  Self Employed  Retired  Housewife  Student  
 B-Business  X-Not Categorized

**Photo**



Signature/  
Thumb Impression

**2. Proof of Identity (PoI)\*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date --  
 B- Voter ID Card   
 D- Driving Licence  Driving Licence Expiry Date --  
 E- Aadhaar Card   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number

**3. Proof of Address (PoA)\***

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166  
Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

**Proof of Address\***

Passport Number  Passport Expiry Date --  
 Voter ID Card   
 Driving Licence  Driving Licence Expiry Date --  
 Aadhaar Card   
 NREGA Job Card   
 Others (any document notified by the central government)  Identification Number

3.2 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', Submit relevant documentary proof)

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

**5. FATCA/CRS Information** (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 above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

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)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date --

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date --

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  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 declare that I am not making this application for the purpose of 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.

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 (Refer Instruction I)**

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

**Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address**



Fields marked with "\*" are mandatory fields.  
Please fill the form in English and in BLOCK letters.

<b>For office use only</b> <small>(To be filled by financial institution)</small>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change	
	KYC Number <input style="width:50px; height: 15px; border: 1px solid black;" type="text"/>	<i>(Mandatory for KYC update request)</i>

**1. Correspondence / Local Address Details** (Please see instruction E at the end) Enclose relevant documentary proof

Same as Current / Permanent / Overseas Address details

Line 1*	<input style="width:100%; height: 15px; border: 1px solid black;" type="text"/>		
Line 2	<input style="width:100%; height: 15px; border: 1px solid black;" type="text"/>		
Line 3	<input style="width:100%; height: 15px; border: 1px solid black;" type="text"/>	City / Town / Village*	<input style="width:50px; height: 15px; border: 1px solid black;" type="text"/>
District*	<input style="width:50%; height: 15px; border: 1px solid black;" type="text"/>	Zip / Post Code*	<input style="width:20%; height: 15px; border: 1px solid black;" type="text"/>
		State/UT Code	<input style="width:10%; height: 15px; border: 1px solid black;" type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT	<input style="width:50%; height: 15px; border: 1px solid black;" type="text"/>	Country*	<input style="width:20%; height: 15px; border: 1px solid black;" type="text"/> Country Code <input style="width:10%; height: 15px; border: 1px solid black;" type="text"/> as per ISO 3166

**2. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID	<input style="width:100%; height: 15px; border: 1px solid black;" type="text"/>		
Mobile	<input style="width:20%; height: 15px; border: 1px solid black;" type="text"/>	Tel. (Off)	<input style="width:20%; height: 15px; border: 1px solid black;" type="text"/>
		Tel. (Res)	<input style="width:20%; height: 15px; border: 1px solid black;" type="text"/>
Fax	<input style="width:100%; height: 15px; border: 1px solid black;" type="text"/>		

**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. I hereby declare that I am not making this application for the purpose of 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.

[Signature / Thumb Impression]

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Signature / Thumb Impression of Applicant

Date:   -   -

Place:

