

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

 Name*(Same as Aadhaar)

Maiden Name (If any*)

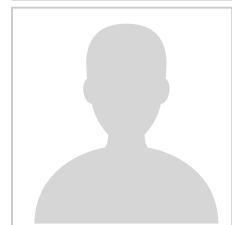
Father / Spouse Name*

Mother Name*

Date of Birth*

DD - MM - YYYY

PHOTO



Signature / Thumb Impression

 M- Male F- Female T-Transgender Married Unmarried Others

Citizenship*

 IN- Indian Others (ISO 3166 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 Categorised **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) 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 **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*

<input type="checkbox"/> 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)	
<input type="checkbox"/> 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* <input type="text"/> State / U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>
<input type="checkbox"/> 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)	
<input type="checkbox"/> Same as Current / Permanent / Overseas Address details <input type="checkbox"/> Same as Correspondence / Local Address details	
Line 1*	
Line 2	
Line 3	
District*	City / Town / Village* <input type="text"/> ZIP / Post Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>
5. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email-ID) (Please refer instruction F at the end)	
Tel. (Off)	<input type="text"/> - <input type="text"/> Tel. (Res) <input type="text"/> - <input type="text"/> Mobile <input type="text"/> - <input type="text"/>
Fax	<input type="text"/> - <input type="text"/> Email ID <input type="text"/>
6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)	
<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person KYC Number of Related Person (if available*) <input type="text"/>	
Related Person Type* <input type="checkbox"/> Guardian of MinorName* <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative Prefix <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name Name* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(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)	
<input type="checkbox"/> A- Passport Number <input type="text"/> Passport Expiry Date <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <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="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <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"/>	
7. REMARKS (If any) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. APPLICANT DECLARATION	
<ul style="list-style-type: none"> 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 : <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> [Signature / Thumb Impression]	
<input type="text"/> [Signature / Thumb Impression of Applicant]	
9. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received <input type="checkbox"/> Certified Copies	
KYC VERIFICATION CARRIED OUT BY	
Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>
<input type="text"/> [Employee Signature]	
In-Person Verification (IPV) Carried Out by	
Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>
<input type="text"/> [Employee Signature]	
INSTITUTION DETAILS	
Name	<input type="text"/>
Code	<input type="text"/>
Emp. Branch	<input type="text"/>
<input type="text"/> [Institution Stamp]	
Institution Details	
Name	<input type="text"/>
Code	<input type="text"/>
Emp. Branch	<input type="text"/>
<input type="text"/> [Institution Stamp]	