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

# 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. 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.

## Important Instructions:

- Inspired By Passion, Driven By Technology. D) Please read section wise detailed guidelines / instructions. H) For particular section update, please tick [4] in the box available before the



	at the error.				o o openio.	White Court
For office use only	Application Type*	New	Update			
(To be filled by financial ins	stitution) KYC Number			(Mandator	ry for KYC update	request)
	Account Type*	Normal	☐ Simplified (	for low risk customers)	Small	
☐ 1. PERSONAL DET	AILS (Please refer instruction A	at the end)				
	Prefix Fin	st Name		Middle Name		Last Name
Name* (Same as ID pro	pof)					
Maiden Name (If any*)						
Father / Spouse Name*						
Mother Name*						
Date of Birth*	$D \ D \ - \ M \ M \ - \ Y \ Y \ Y$					РНОТО
Gender*	M- Male		F- Female	T-Transgender		
Marital Status*	Married		Unmarried	Others		
Citizenship*	☐ IN- Indian		Others (ISO 31	166 Country Code )		
Residential Status*	Resident Individual Foreign National		Non Resident In Person of India			
Occupation Towart				_		
Occupation Type*	<ul><li>S-Service ( ☐ Private</li><li>O-Others ( ☐ Profess</li></ul>		Public Sector Self Employed	Government Sector) Retired Housewit		
	B-Business X- Not Categorised		_ con _ inprojec			
	A- Not Categorised					
2. TICK IF APPLICA	ABLE RESIDENCE FOR	TAX PURPO	SES IN JURISDI	ICTION(S) OUTSIDE IND	IA (Please refer ins	truction B at the end)
ADDITIONAL DETAILS	REQUIRED* (Mandatory only if	section 2 is tic	kerl)			
	of Jurisdiction of Residence*					
_	er or equivalent (If issued by juri					
Place / City of Birth*	er or equivalent (ir issued by juri		SO 3166 Country	Code of Birth*		
riace / Oity of Biltin		,	00 0100 0001111	Code of Bitti		
☐ 3. PROOF OF IDEN	ITITY (Pol)* (Please refer instr	uction C at the	end)			
(Certified copy of any one of	the following Proof of Identity[Po	ill needs to be	submitted)			
A- Passport Number		•	,	Passport Expiry Date	D D - M	M - Y Y Y Y
B- Voter ID Card				, , , , , , , , , , , , , , , , , , , ,		
C- PAN Card						
☐ D- Driving Licence				Driving License Eveley D	Note D D W	
☐ E- UID (Aadhaar)				Driving Licence Expiry D	Jate Did - M	M - Y Y Y Y
F- NREGA Job Card				14 - 00 - 0 - N		
	ent notified by the central govern			Identification Num		
S- Simplified Measur	res Account - Document Typ	e code		Identification Num	nber	
4. PROOF OF ADI	DRESS (PoA)*					
	ANENT / OVERSEAS ADDRESS	-		n <b>D</b> at the end)		
(Certified copy of <u>any one</u> or	f the following Proof of Address [F	PoA] needs to b	be submitted)			
Address Type*	Residential / Business	Resident	tial	Business Re	egistered Office	Unspecified
	Passport	Driving L		UID (Aadhaar)		
	Voter Identity Card Simplified Measures Account		Job Card It Type code	Others	prease specify	
Address	epiilos mosocios nocouii		, po codo			
Line 1*						
Line 2						
Line 3				City / Town		
District*	Pin / F	Post Code*		State / U.T Code*	ISO 3166 (	Country Code*

4.2 CORRESPONDENC	E / LOCAL ADDRESS DET	AILS * (Please see inst	ruction <b>E</b> at the end)			
Same as Current / Perma	anent / Overseas Address o	letails (In case of multip	le correspondence / local add	dresses, please fi	ll 'Annexure A1')	
Line 1*						
Line 2						
Line 3				City / Town / V		
District*	Pi	n / Post Code*	State / U.	Γ Code*	ISO 3166 Country Code*	
D 4.2 ADDDESC IN THE III	IDICDICTION DETAIL CAN	LIEDE ADDI IOANT IOE	AFCIDENT OUTCIDE INDIA		OCCO* (Amelianda if anation 2 in ti	-11\
	anent / Overseas Address o		Same as Correspondence		SES* (Applicable if section 2 is tid	скеа)
Line 1*	allelit / Overseas Address t		Same as Correspondence	T Local Address	uetalis	
Line 2				1 1000		
Line 3				City / Town / Vil	llage*	-
State*			ZIP / Post Code*		ISO 3166 Country Code*	$\exists \exists$
State			2.11 / 1 001 0000		, , , , , , , , , , , , , , , , , , , ,	
☐ 5. CONTACT DETAILS (A	all communications will be sent	on provided Mobile no. / En	nail-ID) (Please refer instruction <b>F</b>	at the end)		
Tel. (Off)		Tel. (Res)		Mobile		
FAX		Email ID		Wiobile		
☐ 6. DETAILS OF RELATED	PERSON (In case of addition	onal related persons, please	e fill 'Annexure B1' ) (please refer i	nstruction <b>G</b> at the e	end)	
Addition of Related Person	Deletion of Related Person	on k	YC Number of Related Person (i	f available*)		
Related Person Type*	☐ Guardian of Minor	Assignee	Authorized I	Representative		
Na*	Prefix	First Name	Middle Nam	e	Last Name	
Name*	(1510/0		i a a sti a m C a ma a m ti a m a l)			
	(If KYC number and name ar	e provided, below details of	section 6 are optional)			
PROOF OF IDENTITY [Pol]	OF RELATED PERSON* (Plea	se see instruction (H) at the	end)			
☐ A- Passport Number			Passport Ex	piry Date		
□ B- Voter ID Card						
☐ C- PAN Card						
☐ D- Driving Licence			Driving Licer	nce Expiry Date		1
☐ E- UID (Aadhaar)			-			J
☐ F- NREGA Job Card						
	nt notified by the central go	vornment)	Identii	fication Numbe	r	
	es Account - Document			fication Numbe		
·	3 Account - Document	Type code	identi	ication indilibe	'	
☐ 7. REMARKS (If any)						
						П
				111111		
8. APPLICANT DECL	ARATION					
I hereby declare that the details furnished therein, immediately. In case any of the a	d above are true and correct to the best of bove information is found to be false or untr					
for it.	bove information is found to be false of unit	de of misicading of misicprescribing, i	arraware triat rinay be not liable			
I hereby consent to receiving information	from Central KYC Registry through SMS/E	mail on the above registered number/e	mail address.			
	Y Y Y Pla	ice :			Signature / Thumb Impression of Applicant	
Date: DD - MM -						
Date: DD - MM -						
9. ATTESTATION / FOI	R OFFICE USE ONLY					
9. ATTESTATION / FOI						
9. ATTESTATION / FOI	R OFFICE USE ONLY Certified Copies					
9. ATTESTATION / FOIl				INSTITUTION	DETAILS	
9. ATTESTATION / FOIl	Certified Copies		Name	INSTITUTION	DETAILS	
9. ATTESTATION / FOI Documents Received [	Certified Copies		Name Code	INSTITUTION	DETAILS	
9. ATTESTATION / FOI  Documents Received [  KYC VERI	Certified Copies			INSTITUTION	DETAILS	
9. ATTESTATION / FOI  Documents Received [  KYC VERI  Date [  Emp. Name [  Emp. Code [  [  [  [  [  [  [  [  [  [  [  [  [	Certified Copies			INSTITUTION	DETAILS	
9. ATTESTATION / FOI  Documents Received [  KYC VERI  Date [ Emp. Name [ Emp. Code [ Emp. Designation [  [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Certified Copies			INSTITUTION	DETAILS	
9. ATTESTATION / FOR Documents Received [ KYC VERI Date Emp. Name Emp. Code	Certified Copies			INSTITUTION	DETAILS	
9. ATTESTATION / FOI  Documents Received  KYC VERI  Date  Emp. Name  Emp. Code  Emp. Designation	Certified Copies			INSTITUTION		

# CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

#### **General Instructions:**

- 1 Fields marked with '\*' are mandatory fields.
- 2 Tick '\(\delta\)' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (🖒) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

#### A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

#### B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

#### C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
  - In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/State Government Departments, Statutory/Regulatory Authorities, Public Sector
	Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

#### D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

,	code may be memorie	d in point 4.1.
	Document Code	Description
	01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water
		bill).
	02	Property or Municipal Tax receipt.
	03	Bank account or Post Office savings bank account statement.
	04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if
		they contain the address.
	05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies,
		public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements
		with such employers allotting official accommodation.
	06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

#### E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

#### F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g., for Indian mobile number mention 91-999999999).
- 2 Do not add '0' in the beginning of Mobile number.

#### G Clarification / Guidelines on filling 'Related Person details' section

1 Provide KYC number of related person if available.

#### H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

# List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP
Andhra Pradesh	AP	Jammu & Kashmir	JK
Arunachal Pradesh	AR	Jharkhand	JH
Assam	AS	Karnataka	KA
Bihar	BR	Kerala	KL
Chandigarh	CH	Lakshadweep	LD
Chattisgarh	CG	Madhya Pradesh	MP
Dadra and Nagar Haveli	DN	Maharashtra	MH
Daman & Diu	DD	Manipur	MN
Delhi	DL	Meghalaya	ML
Goa	GA	Mizoram	MZ
Gujarat	GJ	Nagaland	NL
Haryana	HR	Orissa	OR

PY PB		
DR		
10		
RJ		
SK		
TN		
TS		
TR		
UP		
UA		
WB		
XX		

# List of ISO 3166 two- digit Country Code

	Code	12	Code	-24.11.	Code	223.11.7	Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic	MK	Saudi Arabia	SA
			Liv	of	17113		J. 1
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich	GS
bullulli	DI I	Garrisia	OIVI	WEXICO	1417	Islands	65
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BIVI	Guadeloupe	GD GP	Mozambique	MZ	Sweden	SE SE
	ВО						
Bolivia, Plurinational State of Bonaire, Sint Eustatius and Saba	BQ BQ	Guam Guatemala	GU GT	Myanmar Namibia	MM NA	Switzerland Syrian Arab Republic	CH SY
Bosnia and Herzegovina	BQ BA	Guatemala Guernsey	GG	Namibia	NA NR	Taiwan, Province of China	TW
	BW		GN		NR NP		
Botswana Bound		Guinea		Nepal	NP NL	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands		Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	НМ	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	то
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	П
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	- IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
the				<u> </u>		,	
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
2010 a front foote a front		of	KI		AL.	g 1 Junius, 0.3.	
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curação !Curação	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
	CV	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Cyprus Crock Popublic		Latvia			SH		ZW
Czech Republic	CZ	Latvid	LV	Saint Helena, Ascension and Tristan da	эп	Zimbabwe	∠VV
Danis and a second	DI	Laborator		Cunha	1/5:		
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

## 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 (2) in the box available before the section number and strike off the sections not required to be updated.



or office use only	Application Type"	NewOpda	ate								
To be filled by financial institution	) KYC Number				(Man	datory fo	or KYC	updat	te requ	est)	
1. CORRESPONDENCE	/ LOCAL ADDRESS	DETAILS (Please	see instruction	E at the	end)						
Same as Current / Permanen	t / Overseas Address de	tails									
ine 1*											
ine 2											
ine 3					City /	Town / V	illage*				
istrict*	Pin	/ Post Code*		State	/ U.T Code	*	ISO	3166	Coun	try Code	e*
el. (Off)		Tel. (Res)				Mabile	-				
AX —		Email ID									
3. APPLICANT DECLAR	ATION										
<ul> <li>I hereby declare that the details furnished therein, immediately. In case any of the liable for it.</li> </ul>		일 본 경기에서 내가 없는 얼마나 있다면 없다. 근데 10 12 12 12									
Date : D D - M M - VI	Plan	ce					Signature	/ Thum	b Impresi	sion of Apr	olicant

## 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.
- 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 (J) in the box available before the section number and strike of the sections not required to be updated.



For office use only (To be filled by financial institu	Application Type*	□ New □ Update	,	(Mandatory fo	r KYC update request)		
1. DETAILS OF RELAT	ED PERSON (Please refer in	struction G at the end)					
Addition of Related Person	Deletion of Related Person	KY	C Number of Related Per	son (if available*)			
Related Person Type*	Guardian of Minor	Assignee		rized Representative			
	Profix Fin	st Namo	Middle	Name	Last Name		
Name*	(If KYC number and name are	provided below details of	section 1 pro antional)				
PROOF OF IDENTITY (Pol	OF RELATED PERSON* (Plea		Air (Sair				
	OF REENTED PERSON (FIRE	oe see manacion (11) ac	7:4V10C+17:4013	F			
A- Passport Number			Passport	Expiry Date			
B- Voter ID Card							
C- PAN Card							
D- Driving Licence			Driving L	icence Expiry Date	DD MM - Y Y Y X		
E- UID (Aadhaar)							
F- NREGA Job Card							
Z- Others (any documen	t notified by the central govern	ment)	Ide	entification Number			
S- Simplified Measures	s Account - Document Typ	e code	lde	entification Number			
2. APPLICANT DECL	ARATION						
	ished above are true and correct to the bithe above information is found to be fall to b	e or untrue or misleading or im		I may be held	Signature / Thumb Impression of Applicant		
3. ATTESTATION / FO	R OFFICE USE ONLY						
Documents Received	Certified Copies						
KYC VERI	FICATION CARRIED OUT BY		INSTITUTION DETAILS				
Date			Name				
Emp. Name			Code				
Emp. Code							
Emp. Designation							
Emp. Branch							