

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

**For office use only**

Application Type\*  New  Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

**1. PERSONAL DETAILS**

	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"/>
<input type="checkbox"/> Father / <input type="checkbox"/> 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"/>
PAN	<input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
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			

**2. TICK IF APPLICABLE  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA**

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

Country Name of Jurisdiction of Residence\*

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

Place / City of Birth\*  Country Name of Birth\*

**2.1 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  City / Town / Village\*

State\*  ZIP / Post Code\*  Country Name\*

**3. PROOF OF ADDRESS (PoA)\***

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

**4. DETAILS OF RELATED PERSON**

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Authorized Representative

Name\* 

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If KYC number and name are provided, below details of section 3 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\***

<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"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

**5. 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

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

Documents Received  Certified Copies

**KYC VERIFICATION CARRIED OUT BY**

Date	<input type="text"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>
Emp. Branch	<input type="text"/>

[Employee Signature]

**INSTITUTION DETAILS**

Name	<input type="text"/>
Code	<input type="text"/>

[Institution Stamp]