CENTRAL KYC REG	ISTRY Know Your Customer (KYC) Application Form Individual									
	Important Instructions: A) Fields marked with "" are mandatory fields. E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. B) Please fill the form in English and in BLOCK letters. F) List of two character ISO 3166 country codes is available at the end. C) Please fill the date in DD-MM-YYYY format. G) KYC number of applicant is mandatory for update application. D) Please read section wise detailed guidelines / instructions at the end. H) For particular section update, please tick (x) 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 i	Application Type* New Update institution) KYC Number (Mandatory for KYC update request) Account Type* Normal Simplified (for low risk customers) Small									
	ETAILS (Please refer instruction A at the end)									
	Prefix First Name Middle Name Last Name									
 Name* (Same as ID p Maiden Name (If any*) Father / Spouse Name Mother Name* 										
Date of Birth*										
Gender*	M-Male DF-Female T-Transgender									
Marital Status*	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 Student Impression Signature / Thumb									
2. TICK IF APPLI	CABLE CRESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)									
	S REQUIRED* (Mandatory only if section 2 is ticked)									
	le of Jurisdiction of Residence*									
•	ber or equivalent (If issued by jurisdiction)*									
Place / City of Birth*	ISO 3166 Country Code of Birth*									
3. PROOF OF IDE	ENTITY (Pol)* (Please refer instruction C at the end)									
(Certified copy of <u>any one</u>	of the following Proof of Identity[PoI] needs to be submitted)									
A- Passport Numb	er Passport Expiry Date D D - M M - Y Y Y									
B- Voter ID Card										
C- PAN Card										
D- Driving Licence	Driving Licence Expiry Date D D - M M - Y Y Y									
E- UID (Aadhaar)										
F- NREGA Job Ca	rd									
Z- Others (any docu	Identification Number									
S- Simplified Meas	ures Account - Document Type code Identification Number									
4. PROOF OF A	DDRESS (PoA)*									
4.1 CURRENT / PER	4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)									
(Certified copy of <u>any one</u>	of the following Proof of Address [PoA] needs to be submitted)									
Address Type*	Residential / Business Residential Business Registered Office Unspecified									
	Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card Others Image: Specify and the specify an									
Address	Simplified Measures Account - Document Type code									
Line 1*										
Line 2										
Line 3	City / Town / Village*									
District*	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*									

4.2 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')																															
Line 1*																															
Line 2																															
Line 3																				-		n / V		-							
District*						Pi	in / F	Post	Cod	e*						Sta	ate /	U.1	T Co	ode	*			ISO	316	6 Co	ount	ry Co	ode*		
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)																															
Same as	Current / Pe	rmane	nt / O	versea	as Add	ress d	etails	6				_ s	Same	as	Corre	espo	onde	ence	e / Lo	ocal	Add	ress	deta	ils							
Line 1*																															
Line 2																															
Line 3																			City	y / ٦	Towr	ו / Vi	-								
State*												ZI	IP / F	Pos	t Co	de*	•						l	so	3166	6 Co	untr	y Co	de*		
	5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)																														
		123 (~		munica			sente					. / LI	nan-n	D) (I	icasi	erei		ISUU	CIUI												
Tel. (Off)									(Res	· _						_					Mob	ile									
FAX								Ema	ail ID																						
6. DETA	ILS OF REI		PER	SON	(In ca	ise of a	additio	onal r	elate	d pers	sons,	pleas	se fill	'Anr	nexur	e B1	l') (p	leas	se re	fer ir	nstrue	ction	G at	the e	end)						
Addition of	Related Pers	on [Dele	tion o	f Relat	ed Per	son				k	YC N	Numb	oer o	f Rela	ated	Pers	son	(if a	vaila	ble*)										
Related Perso	on Type*		Gua	ardian	of Mi	nor				Assi	gnee				_					epre	esen	tative	е								
		Г	Prefix	<			First	t Nan	ne							Mid	Idle I	Nam	ne							La	ist N	ame			
Name*			fKVC	numb	er and	name /	are n	rovide	d be		lotaile	ofs		163		tion	al)														
															iie op		ai)														
PROOF O	F IDENTITY	[Pol] O	F REL	ATED	PERS	ON* (P	lease	e see	instru	iction	(H) a	t the	end)										_							_	
A- Passp	ort Numbe	er													Pa	assp	port	Ex	piry	Da	te		D	D	- 1	/I M	-	ΥY	YY		
B- Voter	ID Card																														
C- PAN (Card																														
D- Drivin	g Licence														Dr	ivin	ng Li	icer	nce	Exp	oiry	Date		D	-	/I M]-[ΥY	Y Y		
🗌 E- UID (#	Aadhaar)																														
🗌 F- NREG	GA Job Car	d																													
Z- Others	s (any docu	ment n	otified	by th	e cent	ral gov	ernn	nent)									lde	entif	ficat	tion	Nu	mbe	r								
🗌 S- Simpli	ified Meas	ures A	ccou	nt - I	Docur	nent ⁻	Туре	e coo	le								lde	entif	ficat	tion	Nu	mbe	r								
7. REMA	RKS (If an	y)																													
					1 1												_			_		1 1	_								
														-						+											
			_																	+											
																	_													_	
8. APPL	ICANT DE		RATI	ON																											
	are that the detail diately. In case a																														
for it.																		,													
I hereby conse	ent to receiving i	nformatio	n from (Central F	(YC Reg	istry thro	ugh Sl	MS/Em	ail on	the abo	ove reg	istered	d numb	ber/er	mail ad	Idress	S.														
Date : D	D — M M	— Y	ΥY	Y		Pla	ace :																Sign	ature	/ Thur	nb Imp	oressi	on of A	pplicar	nt	
9. ATTES	9. ATTESTATION / FOR OFFICE USE ONLY																														
Documents Received Certified Copies																															
KYC VERIFICATION CARRIED OUT BY									INSTITUTION DETAILS																						
Date		DD	- M	м —	YY	YY							Nam	e																	
Emp. Name													Code																		
Emp. Code																															
Emp. Design	ation																														
Emp. Branch																															

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

General Instructions:

3 4

1

н

- Fields marked with '*' are mandatory fields. 2
- Tick '✓' wherever applicable.
- Self-Certification of documents is mandatory Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format. 5
- 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 6 respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 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.

Clarification / Guidelines on filling 'Personal Details' section Α

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 1 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.

в 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)

Clarification / Guidelines on filling 'Proof of Identity [PoI]' section С

- If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 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

- 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.
- 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 3 code may be mentioned 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.

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

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. 1 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

Clarification / Guidelines on filling 'Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

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

Provide KYC number of related person if available. 1

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

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	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	СН	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Countr Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miguelon	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 of	МК	Saudi Arabia	SA
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
	AU		PF	Mauritania	MR	Solomon Islands	SB
Austria		French Polynesia					
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 Islands	GS
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
	BE		GR		ME		SD
Belize		Greece		Montenegro		Suriname	
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	τJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
	IO		HT		NZ		TL
British Indian Ocean Territory		Haiti		New Zealand		Timor-Leste	
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	КН	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	РК	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	ML	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Japan Jersey	JE	Pitcairn	PH	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	СК	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire ICôte d'Ivoire	CI	Korea, Democratic People's Republic of	КР	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
		Lebanon	LB	Saint Kitts and Nevis	KN		
Denmark							
Denmark Djibouti	DK DJ	Lesotho	LS	Saint Lucia	LC		

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 / instruation 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 (\$\scrime{2}\$) in the box available before the section number and strike off the sections not required to be updated.
For office use onlyApplication(To be filled by financial institution)KYC Number	
1. CORRESPONDENCE / LOCAL ADD Same as Current / Permanent / Overseas Add Line 1* Line 2 Line 3 District*	· · · ·
Tel. (Off)	III be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end) Tel. (Res) Email ID
	rrect to the best of my knowledge and belief and I undertake to inform you of any changes and to be false or untrue or misleading or misrepresenting, I am aware that I may be held [Signature / Thumb Impression]

Annexure B1										
CENTRAL KYC REGIST	TRY Know Your Customer (KYC) Application Form Individual Related Pe	erson								
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. H) For particular section unber and strike of the sections not required to be updated.										
For office use only Application Type* New Update										
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)										
1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)										
Addition of Related Person	Deletion of Related Person KYC Number of Related Person (if available	*)								
Related Person Type* Name*	Guardian of Minor Assignee Authorized Represe Prefix First Name Middle Name Image: Strate Strat	Last Name								
PROOF OF IDENTITY (Pol	ol) OF RELATED PERSON* (Please see instruction (H) at the end)									
A- Passport Number	Passport Expiry Date									
B- Voter ID Card										
C- PAN Card										
D- Driving Licence	Driving Licence Expiry									
E- UID (Aadhaar)										
F- NREGA Job Card	nt patified by the control government	umber								
	ent notified by the central government) Identification N es Account - Document Type code Identification N									
2. APPLICANT DECL										
I hereby declare that the details furr	Irrnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held									
Date : D D - M M -	Y Y Y Place :	Signature / Thumb Impression of Applicant								
3. ATTESTATION / FO										
Documents Received										
KYC VERI	RIFICATION CARRIED OUT BY INSTIT	TUTION DETAILS								
Date	D — M M — Y Y Y Y									
Emp. Name	Code									
Emp. Code										
Emp. Designation Emp. Branch										
	[Employee Signature]	[Institution Stamp]								