

Place/City of Birth*

Know Your Customer Form

Important Instructions A) Fields marked with '*' are mandatory fields C) Please fill the date in DD-MM-YYYY format	B) Please fill the form in English and in BLOCK letters D) Please read section wise detailed guidelines/instructions		
For office use only (to be filled by financial institution)			
Application Type* New Update KYC Number (Mandatory for KYC update request) Simplified (for low risk customers) Risk classification	Small		
1. PERSONAL DETAILS (Please refer to instruction A at the end of the	e form)		
Prefix			
First Name*	Middle Name*		
Last Name*	Maiden Name* (if any)		
Father/Spouse Name*	Mother Name*		
Date of Birth* DD MM YYYYY Gender* Male Female Transgender Marrital Status* Married Unmarried Other			
Minority Community			
Citizenship* IN-Indian Others (ISO 3166 Country Code)		
Residential Status* Resident Individual Occupation Type* S-Service O-Others B-Business Non-Resident Indian Private Sector Professional Self-Employed X-Not Categorized	Foreign National Person of Indian Origin Public Sector Government Sector Retired Housewife Student Politically Exposed Person (PEP) Yes No		
Profession/Occupation			
Educational Qualification			
Company Name			
No. of Years in Employment/Business	No. of Years in Present Employment/Business		
Nature of Business	Nature of Employment		
Income Details	Gross Annual Income (in Indian Rupees)		
Gross Annual Turnover (in case of self-employed or business owner)			
Source of Funds (list sources other than income)			
(For Non-Resident customers this information should be filled) ADDITIONAL DETAILS REQUIRED (Mandatory only if section 2 is ticked)	ES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)		
ISO 3166 Country Code of Jurisdiction of Residence*			
Tax Identification Number or equivalent (If issued by jurisdiction)*			

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ISO 3166 Country Code of Birth*

·	I)* (Please refer instruction C at the end				
	ring Proof of Identity (PoI) needs to be submi	<u> </u>			
A - Passport No.		Passport Expiry Date D			
B - Voter ID Card					
C - PAN Card					
D - Driving License		Driving License Expiry Dat			
E - UID (Aadhaar)					
F - NREGA Job Card					
Z - Others (any document notifie	d by the central government)				
Identification No.					
S - Simplified Measures Accord	unt - Document Type Code	Identification No.			
(For Non-Resident Customers: Pa	assport Number, Passport expiry date s	should be filled.)			
Passport Issuance Date D D M		Place of Issuance			
VISA Reference		Visa Expiry Date D D M M	Visa Expiry Date D D M M Y Y Y		
	A)* Address Details (Please see instruction D ring Proof of Address (PoA) needs to be subi	•			
Residential/Business	Residential Business	Registered Office	Unspecified		
Proof of Address					
Passport	Driving License	UID (Aadhaar)	Voter Identity Card		
NREGA Job Card	Others	Simplified Measures Accou	unt - Document Type Code		
Address					
City/Town/Village		District			
PIN/Post Code*		State/U.T Code*	ISO 3166 Country Code*		
(In case of Indian Address)			· ·		
Residence Accommodation Owne	ership				
Same as Current/Permanent/City/Town/Village	Overseas Address details (In case of mu	Itiple correspondence/local addresses, District	please fill 'Annexure A1')		
PIN/Post Code*		State/U.T Code*	ISO 3166 Country Code*		
(In case of Indian Address)		Oldie/O.1 Oode	100 5 100 Gournity Code		
Residence Accommodation Owne	ara bin				
Residence Accommodation Owner	ersnip				
4.3 Address in the Jurisdiction det Same as Current/Permanent/9	tails where applicant is resident outside Overseas Address details	India for Tax Purposes* (Applicab			
City/Town/Village		District			
PIN/Post Code*		State/U.T Code*	ISO 3166 Country Code*		
(In case of Indian Address)					
Residence Accommodation Owne	ership				
E CONTACT DETAILS (All see		No (anail ID) (Diana arforta instruc	#ion F of the cond\		
	mmunications will be sent on provided Mobile	, ,	tion F at the end)		
Tel. (Off)		Tel. (Res)			
Mobile		Fax			
Email					
	RSON (In case of additional related persor	ns, please fill 'Annexure B1') (Please re	efer to instruction G at the end)		
		ns, please fill 'Annexure B1') (Please re	efer to instruction G at the end)		
6. DETAILS OF RELATED PE	RSON (In case of additional related person	ns, please fill 'Annexure B1') (Please re	efer to instruction G at the end)		
6. DETAILS OF RELATED PE Addition of Related Person	RSON (In case of additional related person	ns, please fill 'Annexure B1') (Please re	efer to instruction G at the end) Authorized Representative		
6. DETAILS OF RELATED PE Addition of Related Person KYC No. of Related Person (if ava	RSON (In case of additional related person Deletion of Related Person ilable*)				
6. DETAILS OF RELATED PE Addition of Related Person KYC No. of Related Person (if ava Related Person Type	RSON (In case of additional related person Deletion of Related Person ilable*)				
6. DETAILS OF RELATED PE Addition of Related Person KYC No. of Related Person (if ava Related Person Type Prefix	RSON (In case of additional related person Deletion of Related Person ilable*)	Assignee			

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A - Passport No.	Passport Expiry Date DD MM YYYY
B - Voter ID Card	
C - PAN Card	
D - Driving License	Driving License Expiry Date DDMMYYYY
E - UID (Aadhaar)	
F - NREGA Job Card	
Z - Others (any document notified by the central government)	
Identification No.	
S - Simplified Measures Account - Document Type Code	Identification No.
7. REMARKS (if any)	
that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry th	s found to be false or untrue or misleading or misrepresenting, I am aware
	puired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us.
	uired and permitted by law, rule or regulation or at request of any public
regulatory authority or if such disclosure is required for the purpose of	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us.
regulatory authority or if such disclosure is required for the purpose of pate DDMMYYYY Place	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us.
regulatory authority or if such disclosure is required for the purpose of pate DDMMYYYYY Place 9. ATTESTATION/FOR OFFICE ONLY Documents Received Certified Copies	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us.
regulatory authority or if such disclosure is required for the purpose of pate DDMMYYYY Place 9. ATTESTATION/FOR OFFICE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us. Signature/Thumb Impression of Applicant INSTITUTION DETAILS
regulatory authority or if such disclosure is required for the purpose of pate DD MM YYYY Place 9. ATTESTATION/FOR OFFICE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY Date DD MM YYYYY	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us. Signature/Thumb Impression of Applicant INSTITUTION DETAILS Name
regulatory authority or if such disclosure is required for the purpose of pate DDMMYYYY Place 9. ATTESTATION/FOR OFFICE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY Date DDMMYYYYY Employee Name	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us. Signature/Thumb Impression of Applicant INSTITUTION DETAILS
regulatory authority or if such disclosure is required for the purpose of pate DD MM YYYY Place 9. ATTESTATION/FOR OFFICE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY Date DD MM YYYYY Employee Name Employee Code	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us. Signature/Thumb Impression of Applicant INSTITUTION DETAILS Name
regulatory authority or if such disclosure is required for the purpose of pate DDMMYYYY Place 9. ATTESTATION/FOR OFFICE ONLY Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY Date DDMMYYYYY Employee Name	juired and permitted by law, rule or regulation or at request of any public preventing fraud, without any specific consent or authorization from me/us. Signature/Thumb Impression of Applicant INSTITUTION DETAILS Name

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

General Instructions

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '√'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

1 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.
- 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,
02	Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions. 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.

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	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	CH	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			

Haryana		HR Orissa		OR			
List of ISO 3166 two-digit Cour	ntry Code						
Country	Country Code	Country	Country Code	Country	Country Code	Country	Country
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miguelon	Code 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
		•		The former Yugoslav Republic of		·	
Andorra	AD	Eritrea	ER	Macedonia	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	Al	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	ВН	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Federated States of Micronesia	FM	Sandwich Islands South Sudan	SS
Barbados	BB	Germany	DE	Republic of Moldova	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	BT	Guadeloupe	GP		MZ	Sweden	SE
Plurinational State of Bolivia	ВО	Guam	GU	Mozambique 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	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	United Republic of Tanzania	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
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	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	Islamic Republic of Iran	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
The Democratic Republic of Congo	CD	Kazakhstan	KZ	Portugal	PT	Bolivarian Republic of Venezuela	VE
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	Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, U.S.	VI
		Korea				•	
Croatia	HR	Republic of Korea	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	Democratic Republic Lao People's	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
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		
				, and a second party			

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Annexure A1

Date D D M M Y Y Y Y

Place

Central KYC Registry Know Your Customer (KYC) Application Form Ind	lividual 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 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 'V' 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)					
1. CORRESPONDENCE/LOCAL ADDRESS DETAILS (Please see instruction E at the end)					
Same as Current/Permanent/Overseas Address details					
City/Town/Village	District				
PIN/Post Code*	State/U.T Code*				
2. CONTACT DETAILS (All communications will be sent on provided Mobile I	No./Email ID) (Please refer to instruction F at the end)				
Tel. (Off)	Tel. (Res)				
Mobile	Fax				
Email					
	o the best of my knowledge and belief and I undertake to inform you of any found to be false or untrue or misleading or misrepresenting, I am aware				

Signature/Thumb Impression of Applicant

Anneyure R1

Date DDMMYYYY

Place

Affilexule BT			
Central KYC Registry Know Your Customer (KYC) Application Form Inc	lividual 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 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 'V' 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)			
1. DETAILS OF RELATED PERSON (Please see instruction G at the end)			
Addition of Related Person Deletion of Related Person			
KYC No. of Related Person (if available*)			
Prefix			
First Name*	Middle Name*		
Last Name*			
(If KYC number and name are provided, below details of section 6 are optional)			
PROOF OF IDENTITY (Pol) OF RELATED PERSON (Please see instruction H at the	ne end)		
A - Passport No.	Passport Expiry Date DDMMYYYY		
B - Voter ID Card			
C - PAN Card			
D - Driving License	Driving License Expiry Date DD MM YYYY		
E - UID (Aadhaar)			
F - NREGA Job Card			
Z - Others (any document notified by the central government)			
Identification No.			
S - Simplified Measures Account - Document Type Code	Identification No.		
2. APPLICANT DECLARATION	a the best of any large states and belief at the state of the state of		
	o the best of my knowledge and belief and I undertake to inform you of any found to be false or untrue or misleading or misrepresenting, I am aware		

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Signature/Thumb Impression of Applicant