CENTRAL KYC REGIST	RY Know Your Customer (KYC)	Application Form Individual						
Important Instructions: A) Fields marked with ^(*) are man B) Please fill the form in English a C) Please fill the date in DD-MM- D) Please read section wise deta at the end.	and in BLOCK letters. F) List of YYYY format. G) KYC r illed guidelines / instructions H) For pa section	State / U.T code as per Indian Motor Vehicle Act, 19 two character ISO 3166 country codes is available a umber of applicant is mandatory for update applicati ticular section update, please tick (✓) in the box ava number and strike off the sections not required to b	at the end. on. ailable before the					
For office use only (To be filled by financial institu	Application Type* New ution) KYC Number Account Type* Norma	· · ·	atory for KYC update request)					
☐ 1. PERSONAL DETAI	LS (Please refer instruction A at the end							
	Prefix First Name	Middle Name	Last Name					
 Name* (Same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* Date of Birth* 								
Gender*	M- Male	□ F- Female □ T-Transgender						
Marital Status*	Married	Unmarried Others						
Citizenship*	🗌 IN- Indian	Others (ISO 3166 Country Code)					
Residential Status*	 Resident Individual Foreign National 	☐ Non Resident Indian ☐ Person of Indian Origin						
Occupation Type*	 S-Service (Private Sector O-Others (Professional B-Business X- Not Categorised 	Public Sector Government Sector Self Employed Retired House						
2. TICK IF APPLICAB	BLE RESIDENCE FOR TAX PUR	POSES IN JURISDICTION(S) OUTSIDE II	NDIA (Please refer instruction B at the end)					
ADDITIONAL DETAILS RE	QUIRED* (Mandatory only if section 2 is	ticked)						
ISO 3166 Country Code of	Jurisdiction of Residence*							
Tax Identification Number of	or equivalent (If issued by jurisdiction)*							
Place / City of Birth*		ISO 3166 Country Code of Birth*						
3. PROOF OF IDENTI	ITY (Pol)* (Please refer instruction C at	he end)						
(Certified copy of <u>any one</u> of th	e following Proof of Identity[Pol] needs to	be submitted)						
 A- Passport Number B- Voter ID Card C- PAN Card 		Passport Expiry Date						
 D- Driving Licence E- UID (Aadhaar) E- NDECA lab Cord 		Driving Licence Expir	y Date DD-MM-YYYY					
F- NREGA Job Card	t potified by the control comment		lumbor					
Z- Others (any document notified by the central government) Identification Number S- Simplified Measures Account - Document Type code Identification Number								
PROOF OF ADDRESS (PoA)* 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)								
_	e following Proof of Address [PoA] needs							
Address Type* Re Proof of Address* Pra	esidential / Business Residential / Business Drivir	ential Business g Licence UID (Aadhaar) GA Job Card Others	Registered Office Unspecified please specify Image: specify					
Address Line 1*								
Line 2								
Line 3 District*	Pin / Post Code		wn / Village* ISO 3166 Country Code*					

4.2 CORR	ESPON	DENC	E / LO	CALA	DDRE	SS DE	TAIL	S * (F	lease	see in	struc	tion I	E at th	ne enc	d)												
Same as C	Current	Perma	anent /	Overs	eas Ac	Idress	deta	ils (In	case	of mul	tiple	corre	spon	dence	/ loca	al ado	dress	es, p	leas	e fill '	Annex	cure	A1 ')				
Line 1*																		_				_					
Line 2																						_					
Line 3										•					0			-		n / Vi	llage*					-1 - *	
District*							Pin /	Post	Code	e*					State	e / U	.1 Co	ode			150	5 31	66 C	Joun	try Co	de^	
4.3 ADDR	ESS IN	THE JI	JRISD		N DET	AILS V	VHEF	RE AP	PLICA	ANT IS	RES	IDE		JTSIC		DIA F	OR T	AX I	PUR	POSE	ES* (A	pplic	able	if sec	tion 2 i	s ticke	ed)
Same as C	Current	Perma	anent /	/ Overs	eas Ac	Idress	deta	ils				Sar	ne as	Corre	espon	denc	e / Lo	ocal /	Addr	ess d	etails						
Line 1*																											
Line 2																											
Line 3															[City	/ T	own	/ Vill	age*					1 - +	
State*												ΖIΡ	/ Po:	st Co	de*						150	316	56 C	ounti	у Сос	ie [~]	
5. CONT/	ACT DE	TAILS	(All c	ommun	ications	s will be	e sent	on pro	ovided	Mobile	e no. /	Ema	il-ID) (Please	e refer	instr	uction	F at	the e	end)							
Tel. (Off)								Tel	(Res)						1			Mobi								
FAX									ail ID	′⊢		<u> </u>						•									
								LIII																			
🗌 6. DETAI	LS OF	RELAT	ED P	ERSO	N (In	case o	f addi	tional	related	perso	ns, ple	ease	fill 'An	nexure	e B1')	(plea	ase re	fer in	struc	tion G	at the	end)					
Addition of F				Deletion			erson					C Nu	mber	of Rela													
Related Perso	n Type'	r		Guardia efix	an of N	/linor	Eir	st Nai		Assign	iee] Auth Middle			epre	sent	ative				.ast N	amo		
Name*			FI				FII	SUNA	ne			7 [anne		
			(If K	YC nun	nber an	d nam	e are	provid	ed, bel	ow det	ails of	fsect	ion 6	are op	tional)												
PROOF OI	F IDENT	ITY IPo	II OF F	RELATE	D PER	SON*	(Plea	se see	instru	ction (H	l) at th	ne en	id)														
A- Passp											-,		-,	Pa	isspo	rt E:	xnirv	Dat	e		DD	1-6	MIN	a_6	YY	y y	1
B- Voter I															pe			200									
		•																									
D- Driving		~													i dina	Lies			in / F) oto					VV	VV	1
E- UID (A	-													DI	iving	LICE	nce	Exp	niy L	Jale	D	<u>'</u> _	IVI		ТТ	T T	
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 Z- Others S- Simplif 											_						tificat tificat										
_			3 7.00	Journ		umen			uc							uem	inca		Num	noci							
7. REMA	RKS (II	any)																									
8. APPL	ICANT	DECI	LARA	TION																							
I hereby declar																											
therein, immed for it.	liately. In c	ase any o	f the abo	ove inform	ation is f	ound to I	be false	e or untr	ue or mi	sleading	or misr	eprese	enting, I	am awa	are that	I may	be held	liable									
 I hereby conse 	ent to recei	/ing inforr	nation fro	om Centra	al KYC R	eqistry th	hrough	SMS/Er	nail on tl	he above	e registe	ered nu	umber/e	mail ad	dress.												
	D — M	-	YY	YY]		Place													5	Signatur	e / Th	umb Ir	npress	ion of A	pplican	t
				1 1]																						
9. ATTES	STATIO	N / FC	or oi	FFICE	USE	ONL	Y																				
Documents I	Receiv	ed [Cei	rtified (Copies																						
	K	C VER	IFICAT		ARRIED) OUT	BY											INS	ΓΙΤυ	TION	DETAII	_S					
Data												Na					1 1	_					_			_	
Date Emp. Name													ame														
Emp. Code												0	ode														
Emp. Designa	ation																										
Emp. Branch																											
																											_

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

General Instructions:

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

- 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

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.
 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 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

Clarification / Guidelines on filling 'Related Person details' section

1 Provide KYC number of related person if available.

G

H Clarification / Guidelines on filling 'Related Person details - Proof of Identity [PoI] 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	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	Count 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	Масао	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic	MK	Saudi Arabia	SA
				of			
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
		French Southern Territories					SO
Azerbaijan	AZ		TF	Mauritius	MU	Somalia	
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
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
							SK SJ
Benin	BJ	Greenland	GL GD	Montserrat	MS	Svalbard and Jan Mayen	
Bermuda	BM	Grenada		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	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	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		NE	Tokelau	TK
				Niger			
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	нк	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	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
							GB
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	
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 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 !Côte d'Ivoire	CI	Korea, Democratic People's Republic	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	of Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kuwan Kyrgyzstan	KG	Rwanda	RW	Yemen	YF
	CW		LA		BL	Zambia	ZM
Cyprus		Lao People's Democratic Republic		Saint Barthelemy !Saint Barthélemy			
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Diibouti	DJ	Lesotho	LS	Saint Lucia	LC		

Annexure A1		
CENTRAL KYC REGISTRY	Know Your Custome	er (KYC) Application Form Individual Correspondence / Local Address
Important Instructions: A) Fields marked with '*' are mandator B) Please fill the form in English and in C) Please fill the date in DD-MM-YYYY D) Please read section wise detailed g at the end.	n BLOCK letters. Y 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. H) For particular section update, please tick (\$\scrime{1}\$) 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* KYC Number	New Update (Mandatory for KYC update request)
Same as Current / Permanent / Line 1* Line 2 Line 3 District*		Image: State / U.T Code* ISO 3166 Country Code*
2. CONTACT DETAILS (All co	ommunications will be sent	t on provided Mobile no./ Email-ID) (Please refer instruction F at the end)
Tel. (Off) FAX		Tel. (Res) Mobile Email ID
3. APPLICANT DECLARA	TION	
therein, immediately. In case any of the about the liable for it.	ove information is found to be fals	best of my knowledge and belief and I undertake to inform you of any changes lise or untrue or misleading or misrepresenting, I am aware that I may be held [Signature / Thumb Impression]
	Y Y Place	Signature / Thumb Impression of Applicant

Annexure B1									
CENTRAL KYC REGISTR	Y Know Your Customer (KYC) Application	on Form Individual Related Person							
 Important Instructions: A) Fields marked with '*' are mand B) Please fill the form in English a C) Please fill the date in DD-MM- D) Please read section wise detain at the end. 	and in BLOCK letters. F) List of two charae YYYY format. G) KYC number of a iled guidelines / instructions H) For particular sec	T code as per Indian Motor Vehicle Act, 1988 is available at the end. ter ISO 3166 country codes is available at the end. applicant is mandatory for update application. tion update, please tick () in the box available before the<br nd strike of the sections not required to be updated.							
For office use only (To be filled by financial institut		te (Mandatory for KYC update request)							
1. DETAILS OF RELATE	DPERSON (Please refer instruction G at the end)								
Addition of Related Person Related Person Type*	Deletion of Related Person KY Guardian of Minor Prefix First Name (If KYC number and name are provided, below details of	/C Number of Related Person (if available*)							
PROOF OF IDENTITY (Pol)	OF RELATED PERSON* (Please see instruction (H) at	the end)							
	Image: Constraint of the constraint	Passport Expiry Date D M Y Y Y Driving Licence Expiry Date D M Y Y Y Identification Number Identification Number Identification Number Identification Number Identification Number							
2. APPLICANT DECLA	ARATION								
	shed above are true and correct to the best of my knowledge and believe above information is found to be false or untrue or misleading or n Y Y Place :								
3. ATTESTATION / FOR	R OFFICE USE ONLY								
Documents Received Certified Copies									
KYC VERIF	CATION CARRIED OUT BY	INSTITUTION DETAILS							
Date Date Date Date Date Date Date Date	- M M - Y Y Y - M M - Y Y Y - I I I I I I I - I I I I I I I I I I I I I I I I I I I <td< td=""><td>Name Image: Code <</td></td<>	Name Image: Code <							