



**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 (✓) in the box available before the section number and strike off 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)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (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\*  DD -  MM -  YYYY

Gender\*  M- Male  F- 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 Categorized

**PHOTO**

Signature / Thumb Impression

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

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

ISO 3166 Country Code of Jurisdiction of Residence\*

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

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date  DD -  MM -  YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date  DD -  MM -  YYYY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

S- Simplified Measures Account - Document Type code  Identification Number

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

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

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

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  
 Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

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																								
District*																								
	Pin / Post Code*													State / U.T Code*			City / Town / Village*				ISO 3166 Country Code*			

**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 / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1*																							
Line 2																							
Line 3																							
State*																							
	ZIP / Post Code*										City / Town / Village*				ISO 3166 Country Code*								

**5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)								Tel. (Res)							Mobile								
FAX								Email ID															

**6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (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*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative	
Name*	Prefix	First Name	Middle Name	Last Name		

(If KYC number and name are provided, below details of section 6 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number										Passport Expiry Date						
<input type="checkbox"/> B- Voter ID Card																
<input type="checkbox"/> C- PAN Card																
<input type="checkbox"/> D- Driving Licence										Driving Licence Expiry Date						
<input type="checkbox"/> E- UID (Aadhaar)																
<input type="checkbox"/> F- NREGA Job Card																
<input type="checkbox"/> Z- Others (any document notified by the central government)										Identification Number						
<input type="checkbox"/> S- Simplified Measures Account - Document Type code										Identification Number						

**7. REMARKS (If any)**


**8. 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.

[Signature / Thumb Impression]

Date : DD - MM - YYYY Place :

Signature / Thumb Impression of Applicant

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

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date							
Emp. Name							
Emp. Code							
Emp. Designation							
Emp. Branch							

[Employee Signature]

INSTITUTION DETAILS

Name											
Code											

[Institution Stamp]

