



CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

For Office use only

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 in the end. (F) List of Two character ISO -3166 country code are 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.

Application Type : New Update
Account Type* : Normal Small Simplified (for low risk customers)
KYC Number :

1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix _____ First Name _____ Middle Name _____ Last Name (Surname) _____

Name (Same as ID Proof)* : _____

Maiden Name (if any)* : _____

Father / Spouse Name* : _____

Mother Name* : _____

Date of Birth* (dd/mm/yyyy) : _____

Place / Country of Birth : _____

Gender* : Male Female Transgender

Marital Status* : Married Unmarried Others

Citizenship* : IN - Indian Other (ISO-3166 Country Code of Birth)

Residential Status* : Resident Individual Non Resident Indian Foreign National Person of Indian Origin

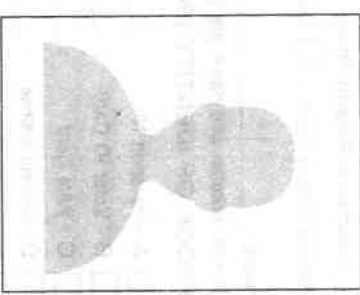
Occupation Type* : S - Service (Private Sector Public Sector Government Sector)

O - Others (Professional Self Employed Retired Housewife Student)

B - Business

X - Not Categorised

Service / Business Name & Address : _____



2. TICK IF APPLICABLE : Residence for Tax Purpose 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 Residence* : Tax Identification Number of equivalent (if issued by Jurisdiction) _____

Place / City of Birth* : _____ ISO-3166 Country Code of Birth* :

Signature / Thumb Impression

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 No. : _____ Passport Expiry Date : _____

B - Voter ID Card : _____

C - PAN Card : _____

D - Driving license : _____ Driving License Expiry Date : _____

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. : _____

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 Register Office Unspecified

Proof of Address : Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card Others : _____

Simplified Measures Account - Document Type Code Identification No. : _____ Document No. : _____

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____ City / Town / Village : _____

Pin Code* : _____ State / U.T.* : _____ 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 A-1)

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____

Pin Code* : _____

State / U.T.* : _____

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

Address Line 1* : _____

Address Line 2 : _____

Address Line 3 : _____

State* : _____

ZIP / Postal Code* : _____

City / Town / Village* : _____

ISO-3166 Country Code*

5. CONTACT DETAILS (All communication will be sent on provided mobile no. / Email ID) (Please refer instruction G 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 (if available) : _____

Related Person Type* : Guardian of Minor Assignee Authorized Representative

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)

A - Passport No. : _____

Passport Expiry Date : _____

B - Voter ID Card : _____

C - PAN Card : _____

D - Driving license : _____

Driving License Expiry Date : _____

E - UID (Aadhaar) : _____

F - IIREGA Job Card : _____

Z - Others (any document notified by the central government) : _____

Identification No. : _____

S - Simplified Measures Account - Document Type Code : _____

Identification No. : _____

7. OTHER DETAILS*

Income : Rs. _____

(Monthly)

Rs. _____

(Yearly)

Net Worth (In INR) : Rs. _____

As on Date : _____

Education / Qualification : Below SSC SSC HSC Graduate Master Degree Professional (CA,CS,CMA)

Please tick if Applicable : Politically Exposed Person Related to Politically Exposed Person

RELATION WITH OUR BANK / OTHER BANK :

Our Bank A/c Details

Other Bank A/c Details

A/c Type

A/c Number

Bank Name

Branch

A/c Type

A/c Number

8. REMARKS (if any)

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 through SMS / Email on the above registered number / email address.

Attestation / For Office Use Only (Branch)

Documents Received

Certified Copy

Emp. No. :

Name :

Designation :

Institutional Details

Name

Code

Signature / thumb Impression of Applicant

Verified by (Signature)

Stamp

For Bank Use Only (Entry / Authorisation purpose)

Create

Update

Customer ID :

Entered by

Authorised by

Entered for CKYCR

Authorised for CKYCR

Stion with Emu. Name / Number

Stion with Emu. Name / Number

Stion with Emu. Name / Number

Stion with Emu. Name / Number