

CENTRAL KYC REGIS	TRY   Know Your Customer (KYC) A	application Form   Individual
Important Instructions:	, , , , , , , , , , , , , , , , , , , ,	PP
A) Fields marked with '*' are ma	ndatory fields. E) List of S	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 t	wo character ISO 3166 country codes is available at the end.
C) Please fill the date in DD-MM	I-YYYY format. G) KYC nu	mber of applicant is mandatory for update application.
D) Please read section wise det at the end	-	number and strike of the sections not required to be updated.
For office use only	Application Type* ☐ New	□Update
(To be filled by financial institu	tion) KYC Number	(Mandatory for KYC update request)
, , , , , , , , , , , , , , , , , , , ,	Account Type*	Simplified (for low risk customers) Small
☐ 1. PERSONAL DETA	AILS (Please refer instuction A at the end)	_ op.mot (to for feet cases note)
	Prefix First Name	Middle Names Last Name
☐ Name* (Same as ID prod		
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*	<ul><li>☐ Resident Individual</li><li>☐ Foreign National</li></ul>	☐ Non Resident Indian ☐ Person of Indian Origin
Occupation Type*	☐ S-Servics (☐ Private Sector	☐ Public Sector ☐ Government Sector)
	□ O-Others ( □ Professional	□ Self Employed □ Retired □ Housewife □ Student)
	B-Business	Signature / Thumb Impression
	☐ X- Not Categorised	IIIpression
2. TICK IF APPLICA	<b>BLE</b> RESIDENCE FOR TAX PURP	POSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
ADDITIONAL DETAILS R	REQUIRED* (Mandatry only if section 2 is t	icked)
ISO 3166 Country Code of	of Jurisdiction of Residence*	
Tax Identification Number	of equivalent (if issued by jurisdiction)*	
Place / City of Birth*		ISO 3166 Country Code of Birth*
3. PROOF OF IDENT	TITY (Pol)* (Please refer instuction C at the	e end)
(Certified copy of any one of	the following Proof of Identity [Pol] needs to	be submitted)
☐ A- Passport Number		Passport Expiry Date
☐ B- Voter ID Card		
C- PAN Card		
☐ D- Driving Licence		Deliving Licenses Funing Date D.D. LILLI V.V.V.V.V.
		Driving Licence Expiry Date DD - MM - YYYY
☐ E- UID (Aadhaar)		
F- NREGA Job Card		
	ent notified by the central government) es Account - Document Type code	Identification Number
4. PROOF OF ADDR	• • • • • • • • • • • • • • • • • • • •	
	ANENT / OVERSEAS ADDRESS DETAILS (	Places see instruction D at the end)
	the following Proof of Address [PoA] needs	,
	Residential / Business	
D ( (A ) ) * -		
		A Job Card Others Others
□S	Simplified Measures Account - Docume	
Address		
Line 1*		
Line 2*		City / Town / Village*
Line 3*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*
District*	Pili / Post Code" [	Jacker C.1 Code   150 3100 Country Code





_ Same as Current / Perma	anent / Overseas Address details (In case of multiple of	correspondence / local addresses, please fill 'Annexure A1')
Line 1*		
ine 2*		
ine 3*		City / Town / Village*
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*
4.3 ADDRESS IN THE J	URISDICTION DETAILS WHERE APPLICANT IS RE	SIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticke
Same as Current / Perma	anent / Overseas Address details	Same as Correspondence / Local Address details
Line 1*		
ine 2*		City / Town / Village*
Line 3*	<del>                                     </del>	ZIP / Post Code* ISO 3166 Country Code*
nate		/ 1 001 0000
5. CONTACT DETAIL		e no. / Email-ID) (Please refer instruction F at the end)
ГеІ. (Off)	Tel. (Res)	Mobile
AX	- Email ID	
6. DETAILS OF RELA	ATED PERSON (In case of additional related persor	ns, please fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related Persor	□ Deletion of Related Person KYC	Number of Related Person (if available*)
elated Person Type*	☐ Guardian of Minor ☐ Assignee	Authorized Representative
ame*	Prefix First Name	Middle Names Last Name
arrie	(If KYC number and name are provided, below details of	f section 6 are optinal)
PPOOF OF IDENTITY	/ [Pol] OF RELATED PERSON* (Please see inst	rustion (LI) at the and)
A- Passport Number	[FOI] OF RELATED PERSON (Please see Inst	Passport Expiry Date
B- Voter ID Card		1 doopon Expiry Duto
C- PAN Card		
D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY
E- UID (Aadhaar)		Driving Licence Expiry Date D D - M M - T T T T
F- NREGA Job Card		
	nt notified by the central government)	Identification Number
	s Account - Document Type code	Identification Number
·	3 Account - Bocument Type code	administration (value)
7. REMARKS (If any)		
8. APPLICANT DECL	ARATION	
	ails furnished above are true and correct to the best of my knerein, immediately. In case any of the above information is fo	
or misrepresenting, I am awa	re that I may be held liable for it. g information from Central KYC Registry through SMS/Email	•
address		-
Date: DD-MM-	Y Y Y Y Place:	Signature / Thumb Impression of Applicant
9. ATTESTATION / FO	OR OFFICE USE ONLY	
Documents Received	Certified Copies	
KYC VER	IFICATION CARRIED OUT BY	INSTITUTION DETAILS
	D - M M - Y Y Y Y	Name
Date:		Code
Emp. Name		
Emp. Name Emp. Code		
Date :  Emp. Name  Emp. Code  Emp. Designation  Emp. Branch		
Emp. Name Emp. Code Emp. Designation		



### KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

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

#### General Instructions:

- Fields marked with are mandatory fields.
- 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.
- 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.

  KYC number of applicant is mandatory for updation of KYC details. 6
- 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.
- 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

- 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.
- Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

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)

#### Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 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.

  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).

<b>Document Code</b>	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.

#### 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.
- 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 code may be mentioned in point 4.1.

<b>Document Code</b>	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

  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 Al'

## 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 91-999999999).
- Do not add '0' in the beginning of Mobile number.

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

Provide KYC number of related person if available

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

Mention identification / reference number if Z- Others (any document notified by the central government)' is ticked.





# KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

### List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

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

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil NaduTN	
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
West Bengal	WB
Other	XX

# List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Coun
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Plerre and Miquelon	PI
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint vincent and the Grenadines	V
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	S
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic	MK	Saudi Arabia	S
Ingola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
		Ethiopia	ET	•			RS
Anguilla	AI			Malawi	MW	Serbia	
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Slerra Leone	S
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	S
Aruba	AQ	France	FR	Marshall Islands	MH	Slovakia	Sł
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SE
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SC
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	Southe Georgia and the South Sandwich Islands	
Bangladesh	BD	Georgia	GE	Micronesia. Federated States of	FM	South Sudan	S
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain Spain	E:
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LH
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SE
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SF
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	S
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Shutan	BT	Guadeloupe	GP	Mozambique	MZ	Swedan	SE
Bolivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	С
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	
Bosnia and Herzegovina	BA	Guermsey	GG	Nauru	NR	Taiiwan, Province of China	Т
Botswana	BW	Guinea	GN		NP		TJ
				Nepal		Tajikistan	
Bouvet Island	BV	Guinea-Bissau	GW	Netheriands	NL	Tanzania, United Republic of	Т
Brazil	BR	Guyana	GY	New Claedonia	NC	Tahiland	TH
British Indian Ocean Territory	10	Halti	GT	New Zealand	NZ	Timor -Leste	1
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	Т
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	T
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TC
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	Т
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	IT
					MP		TI
Cambodia	KH	Iceland	IS	Northern Mariana Islands		Turkey	
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos islands	T
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	Т
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	U
Chad	TO	Ireland	IE	Palestine, State of	PS	Ukraine	U.
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	Α
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	G
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	U
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	ı
	CO		JP		PH		U)
Colombia		Japan .		Philippines		Uruguay	
Comoros	KM	Jersy	JE	Pitcairn	PN	Uzbekistan	Už
Congo, the Democratic Republic of	CG CD	Jordan Kazakhstan	JO KZ	Poland Portugal	PL PT	Vanuatu Venezuela, Bolivarian Republic of	VI
he				•	PR		
Cook Islands	CK	Kenya	KE	Puerto Rica		Viet Nam	V
Costa Rica	CR	kiribati	KI	Qatar	QA	Virgin Islands, British	V
Cote d'Ivoire ICfite d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunioun IReuioun	RE	Virgin Islands, U.S.	
Croatia	HR	Korea, Republic of	KR	Romania	RO	Walls and Futana	W
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	El
Curacao ICurafao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ISaint Barthelemy	BL	Zambia	- 2
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	Z
Denmark	DK	Lebanon	LB	Saint Kitts and Nevls	KN		
	DK	Lebanon	LD	Saint Kitts and Nevis			
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		



CENTRAL KYC REGISTRY   Know Your Customer (KYC) Application Form   Individual   Correspondence / Local Address	Annexure A1	
Important Instructions:  A) Fields marked with "" are mandatory fields. B) Flease 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  Application Type*  For office use only (To be filled by financial institution)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  The filled by financial institution (Mandatory for KYC update request)  Application Type*  The filled by financial institution (Mandatory for KYC update request)  The end of the sections not required to be updated.  Application Type*  The end of the sections not required to be updated.  Application Type*  The end of the section number and strike of the sections not required to be updated.  Application Type*  The end of the section number and strike of the sections not required to be updated.  Application Type*  The end of the section number and strike	CENTRAL KYC REGISTRY   Know Your Custon	ner (KYC) Application Form   Individual   Correspondence / Local Address
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)  1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instuction E at the end)  Same as Current / Permanent / Overseas Address details  Line 1* Line 2* Line 3* District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*  2. 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 — Mobil	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	<ul> <li>E) List of State / U.T code as per Indian Motor Vehicle Act. 1988 is available at the end.</li> <li>F) List of two character ISO 3166 country codes is available at the end.</li> <li>G) KYC number of applicant is mandatory for update application.</li> <li>H) For particular section update, please tick (</li> <li>in the box available before the</li> </ul>
Same as Current / Permanent / Overseas Address details  Line 1*  Line 2*  Line 3*  District*  Pin / Post Code*  State / U.T Code*  ISO 3166 Country Code*  2. CONTACT DETAILS (All communications will be sent on provided Mobile no./Email.ID) (Please refer instruction F at the end)  Tel. (Off)  FAX  Tel. (Res)  Email ID  3. 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.  [Signature / Thumb Impression]	-	
Line 1* Line 2* Line 3* District*  Pin / Post Code*  State / U.T Code*  ISO 3166 Country Code*  2. CONTACT DETAILS (All communications will be sent on provided Mobile no./Email.ID) (Please refer instruction F at the end)  Tel. (Off)  FAX  Tel. (Res)  Email ID  3. 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.  [Signature / Thumb Impression]		
Tel. (Off)  FAX  Tel. (Res)  Email ID  Mobile  - Mobile	Line 1* Line 2* Line 3*	City / Town / Village*
3. 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.  [Signature / Thumb Impression]	☐ 2. CONTACT DETAILS (All communications will	I be sent on provided Mobile no./Email.ID) (Please refer instruction F at the end)
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Date: DD - MM - YVYY Place: Signature / Thumb Impression of Applicant	inform you of any changes therein, immediately. In case any of t	the above information is found to be false or untrue or misleading
	Date: DD - MM - YYYY Place	e: Signature / Thumb Impression of Applicant



Foot in the functions:	CENTRAL KYC REG	ISTRY   Know Your Customer (KYC) Application Form   Individual   Related Person
Please filther form in English and in ELOCK letters.		
Please read section wise detailed guidelines / instructions   Please refer instruction G at the end	•	
Please read section wise detailed guidelines / instructions at the end	,	
action number and strike of the sections not required to be updated.    Application Type*   New   Update   (Mandatory for KYC update request)	,	
1. DETAILS OF RELATED PERSON (Please refer instuction G at the end)   Addition of Related Person   Deletion of Related person   Assignee   Authorized Representative   Perfox   Perfox   First Name   Middle Name   Last Nam		CERSAL /CI
1. DETAILS OF RELATED PERSON (Please refer instuction G at the end)   Addition of Related Person   Deletion of Related person   Assignee   Authorized Representative   Perfox   Perfox   First Name   Middle Name   Last Nam		The state of the s
1. DETAILS OF RELATED PERSON (Please refer instuction G at the end)   Addition of Related Person   Deletion of Related person   KYC Number of Related Person (if available*)     Addition of Related Person   Deletion of Related person   KYC Number of Related Person (if available*)     Addition of Related Person   Deletion of Related person   KYC Number of Related Person (if available*)     Addition of Related Person   Deletion of Related person   KYC Number of Related Person (if available*)     Addition of Related Person   Deletion of Related Person   RYC Number   Authorized Representative     Middle Name   Last Name   Middle Name   Last Name     Addition of Related Person   Deletion of Related Person (if available*)     Addition of Related Person   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Related Person (if available*)     Addition of Related Person (if available*)   Deletion of Re	or office use only	Application Type* ☐ New ☐ Update
Addition of Related Person   Deletion of Related person   Related Person   Guardian of Minor   Assignee   Authorized Representative   Related Person   Related	To be filled by financial ins	stitution) KYC Number (Mandatory for KYC update request)
Related Person Type*   Guardian of Minor   Assignee   Authorized Representative   Last Name   Middle Name   Last Name   Last Name   Middle Name   Last Name   Last Name   Middle Name   Last N	1. DETAILS OF R	ELATED PERSON (Please refer instuction G at the end)
Arme*    Prefix   First Name   Middle Name   Last Name	Addition of Related Pers	on Deletion of Related person KYC Number of Related Person (if available*)
Rame*  (If KYC number and name are provided, below details of section 1 are optional)  PROOF OF IDENTITY (POI) OF RELATED PERSON* (Please see instruction (H) at the end)  A. Passport Number  B. Voter ID Card  C. PAN Card  D. Driving Licence  E. UID (Aadhaar)  F. NREGA Job Card  Z. Others (any document notified by the central government)  S. Simplified Measures Account - Document Type code  Identification Number  Lidentification Number  J. 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.  Signature / Thumb Impression of Applicant  3. ATTESTATION / FOR OFFICE USE ONLY  Place:  Signature / Thumb Impression of Applicant  Name  Code  Thum Declaration  Name  Code  Thum Declaration  Name  Code  Thum Declaration  Name  Code  Thum Declaration  Name  Code	Related Person Type*	
(if KYC number and name are provided, below details of section 1 are optional)  PROOF OF IDENTITY (POI) OF RELATED PERSON* (Please see instruction (H) at the end)  A - Passport Number	Nama*	Prefix First Name Middle Name Last Name
A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) S- Simplified Measures Account - Document Type code Identification Number  2. 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.  3. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies  KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS  Name Code Imp. Days INSTITUTION DETAILS  Name Code Imp. Designation	iame"	(If KYC number and name are provided, below details of section 1 are optional)
B- Voter ID Card  C- PAN Card  D- Driving Licence  E- UID (Aadhaar)  F- NREGA Job Card  Z- Others (any document notified by the central government)  S- Simplified Measures Account - Document Type code  Identification Number  2. 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.  Signature / Thumb Impression of Applicant  3. ATTESTATION / FOR OFFICE USE ONLY  Place:  Signature / Thumb Impression of Applicant  Name  Code	PROOF OF IDENTITY (F	OI) OF RELATED PERSON* (Please see instruction (H) at the end)
B- Voter ID Card  C- PAN Card  D- Driving Licence  E- UID (Aadhaar)  F- NREGA Job Card  Z- Others (any document notified by the central government)  S- Simplified Measures Account - Document Type code  Identification Number  2. 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.  Signature / Thumb Impression of Applicant  3. ATTESTATION / FOR OFFICE USE ONLY  Place:  Signature / Thumb Impression of Applicant  Name  Code		
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