


HDFC ERGO General Insurance Company Limited

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



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

Important Instructions:				
A) Fields marked with "*" are mandatory fields.		E) List of 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 two character ISO 3166 country codes is available at the end.		
C) Please fill the date in DD-MM-YYYY format.		G) KYC number of applicant is mandatory for update application.		
D) Please read section wise detailed guidelines / instructions at the end		H) For particular section update, please tick in the box available before the section number and strike of the sections not required to be updated		
For office use only:	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number			(Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

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

Prefix	First Name	Middle Names	Last Name	
<input type="checkbox"/> Name* (Same as ID proof)				
Maiden Name (if any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*			Photo	
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female		<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried		<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN- Indian*	<input type="checkbox"/> Others (ISO 3166)		
Country Code				
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Services	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	Signature / Thumb Impression
	<input type="checkbox"/> Government Sector)	<input type="checkbox"/> O-Others	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed
	<input type="checkbox"/> Retired)	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> B-Business
<input type="checkbox"/> X- Not Categorised)				

<input type="checkbox"/> 2. TICK IF APPLICABLE	<input type="checkbox"/> RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
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ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)			
ISO 3166 Country Code of Jurisdiction of Residence*			
Tax Identification Number of equivalent (if issued by jurisdiction)*			
Place / City of Birth*		ISO 3166 Country Code of Birth*	

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☐ 3. PROOF OF IDENTITY(Pol)* (Please refer instruction C at the end)

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

☐ 4. PROOF OF ADDRESS (PoA)*

<input type="checkbox"/> 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*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others		
	<input type="checkbox"/> Simplified Measures Account - Document Type code				
Address					
Line 1*					
Line 2*					
Line 3*		City / Town / Village*			
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')

Address

Line 1*			
Line 2*			
Line 3*		City / Town / Village*	
District*		Pin/Post Code*	
State/U.T Code*		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)**

<input type="checkbox"/> Same as Current / Permanent / Overseas Address details	<input type="checkbox"/> Same as Correspondence / Local Address details
Address	
Line 1*	
Line 2*	
Line 3*	City / Town / Village*
State*	ZIP / Post Code*
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	

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☐ 6.DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> 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 Names
	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)

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☐ 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

Date:		Place:	
Signature / Thumb Impression of Applicant			


9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received)	<input type="checkbox"/> Certified Copies)
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KYC VERIFICATION CARRIED OUT BY)		INSTITUTION DETAILS)	
Date:		Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			

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KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



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 [PoI]' 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 under noted 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 under noted 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 91-9999999999).
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 Provide KYC number of related person if available.

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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
Chhattisgarh	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
Gujarati	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

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List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Plerre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint vincent and the Grenadines	VC
Albania	AI	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
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AL	Ethiopia	ET	Malawi	MW	Serbia	RS
AntarcticaAn	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	AQ	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	BH	Gambia	GM	Mexico	MX	Southe 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	BH	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BE	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at 022 6158 2020/022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim or simply text "Hi" on what's app number 8169 500 500 for instant policy servicing.

Bermuda	BM	Grenada	GD	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	Guermsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	Gw	Netheriands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Claedonia	NC	Tahiland	TH
British Indian Ocean Territory	IO	Halti	GT	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	BL	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	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	Tv
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TO	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IQ	Palau	PW	Uganda	UG
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	Paraguay	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	Jersy	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	CK	Kenya	KE	Puerto Rica	PR	Viet Nam	VN
Costa Rica	CR	kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Reunion	RE	Virgin Islands, U.S	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Walls and Futana	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy 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		


HDFC ERGO General Insurance Company Limited

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Important Instructions:				
A) Fields marked with "*" are mandatory fields.	E) List of 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 two character ISO 3166 country codes is available at the end.			
C) Please fill the date in DD-MM-YYYY format.	G) KYC number of applicant is mandatory for update application.			
D) Please read section wise detailed guidelines / instructions at the end	H) For particular section update, please tick in the box available before the section number and strike of the sections not required to be updated			
For office use only:	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	(Mandatory for KYC update request)
(To be filled by financial institution)	KYC Number			

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

<input type="checkbox"/> Same as Current / Permanent / Overseas Address details			
Address			
Line 1*			
Line 2*			
Line 3*		City / Town / Village*	
District*		Pin/Post Code*	
State/U.T Code*		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	

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.

Date:		Place:	
Signature / Thumb Impression of Applicant			

HDFC ERGO General Insurance Company Limited

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



Annexure B1
CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual Related Person

Important Instructions:				
A) Fields marked with "*" are mandatory fields.	E) List of 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 two character ISO 3166 country codes is available at the end.			
C) Please fill the date in DD-MM-YYYY format.	G) KYC number of applicant is mandatory for update application.			
D) Please read section wise detailed guidelines / instructions at the end	H) For particular section update, please tick in the box available before the section number and strike of the sections not required to be updated			
For office use only:	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number			(Mandatory for KYC update request)

<input type="checkbox"/> 6.DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)
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<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> 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 Names
	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	

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.

Date:		Place:	
Signature / Thumb Impression of Applicant			
3. ATTESTATION / FOR OFFICE USE ONLY			

Documents Received)	<input type="checkbox"/>
	Certified Copies)

KYC VERIFICATION CARRIED OUT BY)		INSTITUTION DETAILS)	
Date:		Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			