

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

Instructions:

- A) Field marked with *are mandatory fields.
- B) Please Fill the form in English and in BLOCK Letters.
- C) Please read guidelines / detailed instructions overleaf.
- D) List of Two character ISO-3166 country codes are available overleaf.

Application Type : New Update

Account Type* : Normal Small

KYC Number :

PERSONAL DETAILS

PHOTO

Name* (Same as ID Proof) :

Maiden Name (If any*) :

Father / Spouse Name* :

Mother Name* :

Date of Birth* :

Gender* : Male Female Transgender

Marital Status* : Married Unmarried

Nationality* : Indian Others Country Name

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

Occupation* : Private Sector Service Public Sector Government Sector Business Professional

Self Employed Retired Housewife Student Other Please Specify

Tick if applicable : Residence for Tax purposes in Jurisdiction(s) outside India

Signature / Thumb Impression

ADDITIONAL DETAILS REQUIRED* (If Applicant is resident outside India for Tax purposes)

(Please read guidelines / details for *Jurisdiction of Residence* and Tax Identification Number*)

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* :

PROOF OF IDENTITY (PoI)* (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

PAN :

UID (Aadhaar) :

Voter ID Card :

NREGA Job Card :

Passport Number :

Passport Expiry Date : DD-MM-YYYY

Driving License :

Driving License Expiry Date : DD-MM-YYYY

Other (any document notified by the Central Government) :

PROOF OF ADDRESS (PoA)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified Copy of any one of the following Proof of Address (PoA) needs to be submitted)

Line 1* :

Line 2* :

Line 3* : City / Town / Village :

State/U.T* : Pin / Post Code : ISO - 3166 Country Code :

Proof of Address* : Passport Driving License Aadhaar Card

Voter Identity Card NREGA CARD Other Please Specify

CORRESPONDENCE / LOCAL ADDRESS DETAILS

Same as Current / Permanent / Overseas Address Details (In case of multiple correspondence / local addresses, Please fill Annexure A1*)

Line 1* :

Line 2* :

Line 3* : City / Town / Village :

State/U.T* : Pin / Post Code : ISO - 3166 Country Code :

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT* (If Applicant is resident outside India for Tax purposes)

Same as Current / Permanent / Overseas Address Details Same as Correspondence / Local Address Details

Line 1* :

Line 2* :

Line 3* : City / Town / Village :

State/U.T* : Pin / Post Code : ISO - 3166 Country Code :

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity

Instructions:

- a) Fields marked with * are mandatory fields
- b) Please fill the form in English and in BLOCK Letters.
- c) Please read guidelines / detailed instructions overleaf
- d) List of Two character ISO-3166 country codes are available overleaf

Application Type New Update
 KYC Number



ENTITY DETAILS

Name* : _____
 Date of Incorporation or Formation* : _____ Place of Incorporation or Formation* : _____
 Date of Commencement of Business* : _____
 Entity / Constitution Type* :
 Sole Proprietorship Private Limited Co Association FPI Category I
 HUF Public Limited Co. Society FPI Category II
 Partnership LLP Foundation FPI Category III
 Trust Liquidator Financial Institution Other

Tick if Applicable : Residence for Tax purposes outside India or No Residence for Tax purposes

ISO -3166 Country Code of Jurisdiction of Residence* : _____

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

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

Fill if Applicable

Number of controlling person(s) resident outside India for tax purposes: _____

(Please provide details of each Controlling Person resident outside India for tax purposes separately in Annexure C2)

PROOF OF IDENTITY* (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

PAN : _____ TAN : _____ CIN : _____

DOCUMENTS SUBMITTED*

Certification of Incorporation or Formation / Registration Certificate Memorandum and Articles of Association/ Partnership Deed/ Trust deed
 Resolution of Board / Managing Committee OVD in respect of person authorized to transact

PROOF OF ADDRESS (One Certified Copy of any one of the following Proof of Address (PoA) needs to be submitted)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified Copy of any one of the following Proof of Address (PoA) needs to be submitted)

Line 1* : _____
 Line 2 : _____
 Line 3 : _____
 State/U.T.* : _____ Pin / Post code : _____ City / Town / Village : _____
 Proof of Address* : Certification of Incorporation or Formation Registration Certificate
 ISO -3166 Country Code : _____

CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local address or address where the entity is currently residing. To be declared only when PoA is required)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses. Please fill Annexure A1)

Line 1* : _____
 Line 2 : _____
 Line 3 : _____
 State/U.T.* : _____ Pin / Post code : _____ City / Town / Village : _____
 ISO -3166 Country Code : _____

ADDRESS IN THE JURISDICTION DETAILS WHERE ENTITY IS RESIDENT * (If entity is resident outside India for Tax purposes)

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

Line 1* : _____
 Line 2 : _____
 Line 3 : _____
 State/U.T.* : _____ Pin / Post code : _____ City / Town / Village : _____
 ISO -3166 Country Code : _____

CONTACT DETAILS (Communications will be done on provided Mobile no. and Email ID)

Tel. (Off)* : STD CODE : _____ Mobile* : _____
 FAX* : STD CODE : _____ Email ID* : _____

DETAILS OF RELATED PERSON (In case of additional related persons, please fill Annexure B2 form)

Addition of Related Person Deletion of Related Person KYC Number (if available) : _____
 Related Person Type* : Director Promoter Karta Trustee Partner Authorized Signatory Court Appointed Official

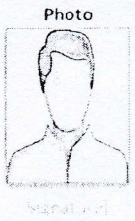
PERSONAL DETAILS (Mandatory in case the KYC number of Related Person is not available)

Name* : _____
 PAN : _____ UID : _____ DIN : _____

Tick if Applicable : Politically Exposed Person Related to Politically Exposed Person

ADDRESS DETAILS (Mandatory in case the KYC number of Related Person is not available)

Line 1* : _____
 Line 2 : _____
 Line 3 : _____
 State/ U.T.* : _____ Pin / Post Code : _____ City/Town/Village* : _____
 Country : _____



OTHER DETAILS

Income Range : Below 1 Lac 5 Lac to 10 Lac 10 Lac to 25 Lac 25 Lac to 50 Lac 50 Lac and 1 CR Above 1 CR
 Net Worth (In INR) : _____ As on : _____
 Any Other Information : _____

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it

I would like to share my personal / KYC details with Central KYC Registry

Signature / Stamp of Applicant

Place : _____
 Date : _____

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : Self-Certified True Copies Notary
IN PERSON VERIFICATION DETAILS
 Identity Verification : Done
 Date : _____
 Emp. Name : _____
 Emp. Code : _____
 Emp. Designation : _____
 Emp. Branch : _____
 Signature : _____
INSTITUTION DETAILS
 Name : _____
 Code : _____
 Stamp : _____