

**Know Your Client (KYC)****Application Form (For Individuals only)**

(Please fill the form in English and in BLOCK Letters)

Fields marked with '\*' are mandatory fields

Application ☐ New

Type\*

☐ Update

KYC Number\*

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KYC Type\*

☐ Normal (PAN is mandatory)☐ PAN Exempt Investors (Refer instruction K)**1. Identity Details** (Please refer instruction A at the end)PAN\* 

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Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name																																																														
Name* (same as ID proof)	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others																																																															
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<table border="1"><tr><td></td><td></td></tr></table>																																																														
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	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin																																																																
Occupation Type*	<input type="checkbox"/> S-Service	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<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 checked="" type="checkbox"/>																																																											
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised																																																																

Photo

Signature/  
Thumb Impression**2. Proof of Identity (PoI)\*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Passport Expiry Date	<table border="1"><tr><td>D</td><td>D</td></tr></table>	D	D	<table border="1"><tr><td>M</td><td>M</td></tr></table>	M	M	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y										
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<input type="checkbox"/> B- Voter ID Card	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Driving Licence Expiry Date	<table border="1"><tr><td>D</td><td>D</td></tr></table>	D	D	<table border="1"><tr><td>M</td><td>M</td></tr></table>	M	M	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y										
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<input type="checkbox"/> E- Aadhaar Card	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																										
<input type="checkbox"/> F- NREGA Job Card	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																										
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**3. Proof of Address (PoA)\***☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)**Address**

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Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified																																											

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

<input type="checkbox"/> Passport Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Passport Expiry Date	<table border="1"><tr><td>D</td><td>D</td></tr></table>	D	D	<table border="1"><tr><td>M</td><td>M</td></tr></table>	M	M	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	Y	Y	Y	Y										
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☐ 3.2 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', Submit relevant documentary proof)

Line 1*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					City / Town / Village*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
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**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID 



  
Mobile 



 Tel. (Off) 



 Tel. (Res)

**5. FATCA/CRS Information** (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 above option (5) is ticked)

Country of Jurisdiction of Residence\* 



 Country Code of Jurisdiction of Residence 



 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)\* 



Place / City of Birth\* 



 Country of Birth\* 



 Country Code 



 as per ISO 3166

Address  
Line 1\* 



  
Line 2 



  
Line 3 



 City / Town / Village\* 



  
District\* 



 Zip / Post Code\* 



 State/UT Code 



 as per Indian Motor Vehicle Act, 1988  
State/UT\* 



 Country\* 



 Country Code 



 as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*) 



Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ 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 [Pol] of Related Person\* (Please see instruction **(H)** at the 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 



 Driving Licence Expiry Date 



  
☐ E- Aadhaar Card 



  
☐ F- NREGA Job Card 



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



 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- 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]  
Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only****Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]