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

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 at the end.
- F) List of two character ISO 3166 country codes is 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.



						WATE BEES			
For office use only	Application Type*	New	Update						
(To be filled by financial instit	tution) KYC Number			(Mandatory	for KYC update	e request)			
	Account Type*	□ Normal	☐ Simplified (for low	risk customers)	Small	OTP based E-KYC			
☐ 1. PERSONAL DETA	ILS (Please refer instruction A	A at the end)							
_	Prefix Fir	st Name	Mie	iddle Name		Last Name			
☐ Name* (Same as ID proof	f)								
Maiden Name									
Father / Spouse Name									
Mother Name									
Date of Birth*		Y				PHOTO			
Gender*	☐ M- Male			T-Transgender					
Marital Status*	☐ Married			Others					
Citizenship*	☐ IN- Indian		Others (ISO 3166 Co	untry Code)					
Residential Status*	☐ Resident Individual☐ Foreign National		Non Resident Indian□ Person of Indian Origin	in					
Occupation Type*	☐ S-Service (☐ Private			overnment Sector)					
	☐ O-Others (☐ Profess☐ B-Business	sionai	☐ Self Employed ☐ Re	etired Housewife	e ∐Student)	Signature / Thumb			
	☐ X- Not Categorised								
_	_								
☐ 2. TICK IF APPLICAE	BLE RESIDENCE FOR	TAX PURP	DSES IN JURISDICTION	I(S) OUTSIDE INDIA	A (Please refer ins	truction B at the end)			
ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)									
ISO 3166 Country Code of Jurisdiction of Residence*									
Tax Identification Number or equivalent (If issued by jurisdiction)*									
Place / City of Birth*			ISO 3166 Country Code	of Birth*					
	ITV (Dal)* (Dlagge refer instr	ustion C at th	o and)						
_	TITY (Pol)* (Please refer instr								
_	ne following Proof of Identity[Po	needs to b	·	port Expiry Date		M - V V V V			
□ A- Passport Number□ B- Voter ID Card			Fa55	port Expiry Date	D D — M	M — Y Y Y Y			
☐ C- PAN Card									
☐ D- Driving Licence			D.: i	I i	.4. 555 11				
☐ E- UID (Aadhaar)			Drivir	ng Licence Expiry Da	ate DDD-M	M — Y Y Y Y			
☐ F- NREGA Job Card									
	nt notified by the central govern	mont)		Identification Numl	hor				
	s Account - Document Type			Identification Numl					
-		5 0000		racritinoation (Valid					
4. PROOF OF ADDF									
_	NENT / OVERSEAS ADDRESS			he end)					
	ne following Proof of Address [F	_	·						
-	esidential / Business	Reside	_		gistered Office	Unspecified			
_	assport oter Identity Card		Licence \square UID (A Job Card \square Other	Aadhaar) rs	please specify				
	implified Measures Account			-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Lino 1*									
Line 1*									
Line 3				City / Town /	Village*				
District*	Dia / F	Post Code*	Cto	to / LLT Codo*		Country Code*			

4.2 CORRESPONDENCE	/ LOCAL ADDRESS DETA	AILS * (Please see instr	uction E at the end)					
☐ Same as Current / Permar	nent / Overseas Address de	etails (In case of multipl	e correspondence	local addresses, please	e fill 'Annexure A1')			
Line 1*								
Line 2								
Line 3				City / Town	/ Village*			
District*	Pi	n / Post Code*	S	State / U.T Code*	ISO 3166 Country Code*			
4.3 ADDRESS IN THE JUI	RISDICTION DETAILS WH	HERE APPLICANT IS R	ESIDENT OUTSIDE	E INDIA FOR TAX PURF	POSES* (Applicable if section 2 is ticked)			
☐ Same as Current / Permar	nent / Overseas Address de	etails	Same as Corres	spondence / Local Addre	ess details			
Line 1*								
Line 2								
Line 3				City / Town				
State*			ZIP / Post Cod	e*	ISO 3166 Country Code*			
5. CONTACT DETAILS	All communications will be se	ent on provided						
Tel. (Off)	-	Tel. (Res)		Mobil	e			
FAX	-	Email ID						
☐ 6. DETAILS OF RELATE	ED PERSON (In case of a	dditional related persons,	ple ase fill 'Annexure	B1') (please refer instruc	tion G at the end)			
Addition of Related Person	Deletion of Related Pers			ed Person (if available*)				
Related Person Type*	Guardian of Minor	Assignee		Authorized Representa				
Name*	Prefix	First Name	N.	liddle Name	Last Name			
Name	(If KYC number and name a	are provided, below details	of section 6 are opti	onal)				
				,				
PROOF OF IDENTITY [Pol]	OF RELATED PERSON* (PI	ease see instruction (H) a						
A- Passport Number			Pas	ssport Expiry Date				
☐ B- Voter ID Card								
☐ C- PAN Card								
□ D- Driving Licence			Driv	ing Licence Expiry D	eate DD-MM-YYYY			
☐ E- UID (Aadhaar)								
☐ F- NREGA Job Card								
Z- Others (any document	notified by the central gov	ernment)		Identification Num	ber			
☐ S- Simplified Measures	-			Identification Num				
7. REMARKS (If any)		Mobile no. / E	Email-ID) (Please refe	er instruction F at the end)				
8. APPLICANT DECLA	ARA TION							
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 bate: D D - M M - D - M M - D - M M - D - M M - D - M M M - D - M M M - D - M M M - D - M M M M		ugh SMS/Email on the above reg	istered number/email addi	ess.	Signature / Thumb Impression of Applicant			
9. ATTESTATION / FO	B OFFICE USE ONLY							
_	Certified Copies							
	FICATION CARRIED OUT BY	,		INSTITUT	TION DETAILS			
Date			Name					
Emp. Name			Code					
Emp. Code								
Emp. Designation								
Emp. Branch								
[Institution Stamp]								
			(institution Stamp)					