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 (\checkmark) in the box available before the section number and strike off the sections not required to be updated.



						STATE PARTY
For office use only	Application Type*	New	Update			
•	institution) KYC Number			(Mandator	ry for KYC update	request)
	Account Type*	Normal	Simplified (1	for low risk customers)	_ Small	, ,
☐1. PERSONAL DI	ETAILS (Please refer instruction	n A at the end)				
		First Name		Middle Name		Last Name
☐ Name* (Same as ID)	proof)					
Maiden Name (If any*)						
Father / Spouse Name	*					
Mother Name*						
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	YY				РНОТО
Gender*	☐ M- Male		☐ F- Female	☐ T-Transgender		
Marital Status*	Married		Unmarried	Others		
Citizenship*	☐ IN- Indian		Others (ISO 31	66 Country Code)		
Residential Status*	Resident Individual		☐ Non Resident Ir	ndian		
	☐ Foreign National		Person of India	n Origin		
Occupation Type*	\square S-Service (\square Priva	te Sector	☐ Public Sector	☐Government Sector)		
	☐ O-Others (☐ Profe	essional	☐ Self Employed	☐ Retired ☐ Housewit	fe □Student)	
	□ B-Business□ X- Not Categorised					
	_ / Het dategeneda					
☐ 2. TICK IF APPLI	CABLE RESIDENCE FO	R TAX PURP	OSES IN JURISDI	CTION(S) OUTSIDE IND	IA (Please refer inst	ruction B at the end)
ADDITIONAL DETAILS	S REQUIRED* (Mandatory only	if section 2 is t	ticked)			
ISO 3166 Country Coo	de of Jurisdiction of Residenc	e*				
Tax Identification Num	ber or equivalent (If issued by)	urisdiction)*				
Place / City of Birth*			ISO 3166 Country	Code of Birth*		
☐ 3. PROOF OF IDI	ENTITY (Pol)* (Please refer in	struction C at th	ne end)			
(Certified copy of any one	of the following Proof of Identity	Pol] needs to b	e submitted)			
☐ A- Passport Numb	er			Passport Expiry Date	D D — M	W — Y Y Y Y
☐ B- Voter ID Card						
C- PAN Card						
☐ D- Driving Licence				Driving Licence Expiry D	Date DD - M	W - Y Y Y
☐ E- UID (Aadhaar)						
F- NREGA Job Ca	rd					
Z- Others (any docu	ument notified by the central gove	rnment)		Identification Num	nber	
S- Simplified Meas	sures Account - Document T	ype code		Identification Num	nber	
4. PROOF OF AI	DDRESS (PoA)*					
_	RMANENT / OVERSEAS ADDRE	SS DETAILS ((Please see instructio	n D at the end)		
_	of the following Proof of Address			2 at the shap		
Address Type*	Residential / Business	Reside	· _	Business Re	egistered Office	Unspecified
Proof of Address*	Passport		Licence	UID (Aadhaar)	-g.515.54 5 moo	_ Onspecified
	☐ Voter Identity Card	☐ NREG	A Job Card	Others Others	please specify	
Address	Simplified Measures Accou	unt - Docume	ent Type code			
Line 1*						
Line 2						
Line 3				City / Town	/ Village*	
District*	Pin	/ Post Code*		State / U.T Code*	ISO 3166 C	ountry Code*

4.2 CORR	ESPON	DENC	E/L	OCAL	L ADE	RES	S DE	TAIL	S * (F	Pleas	e see	inst	ructio	n E a	at the	e end)													
☐ Same as 0	Current /	Perm	anent	/Ov	ersea	s Add	dress	deta	ils (Ir	case	e of n	nultip	le co	rresp	ond	ence	/ loca	al ac	ddres	sses	, plea	ase fil	ı 'A	nnex	ure A	41 ')				
Line 1*																														
Line 2				Щ							Ш		Ш		Ш		Ш								Щ					
Line 3											Щ				Щ				c	City	/ Tov	vn / ۱	Villa	age*						
District*								Pin /	Post	Cod	de*					(State	e/L	J.T (Cod	e*			ISC	310	66 C	oun	try Co	ode*	
4.3 ADDR	ESS IN	THE J	URIS	DICT	ION I	DETA	ILS V	٧HEI	RE AF	PLIC	ANT	IS R	RESIE	DENT	OU	TSID	E INI	DIA	FOR	(AT	X PU	RPO	SES	6* (Ap	plica	able i	f sec	tion 2	is tick	ed)
☐ Same as 0	Current /	Perm	anent	/Ov	ersea	s Add	dress	deta	ils					Same	as (Corre	spon	nden	ce / l	Loca	al Add	dress	det	tails						
Line 1*																		_		Ш	_	Щ								
Line 2																														
Line 3					Щ				<u> </u>	Ш							Ш		С	ity /	Tow	n/V		-						
State*													Z	IP / I	Pos	t Coo	de*							ISO	316	6 Co	ount	ry Co	de*	
☐ 5. CONTA	ACT DE	TAILS	S (All	comn	nunica	itions	will be	e sen	t on pr	ovide	d Mol	oile n	o. / E	mail-l	D) (F	Please	refe	r inst	truction	on F	at the	e end))							
Tel. (Off)			1_[Tel	. (Re	s)			7_[Мо	bile		_						
FAX			j-[Em	ail IE) <u> </u>																			
☐ 6. DETAI	LS OF I	RELA	TED	PER:	SON	(In c	ase o	f add	itional	relate	d per	sons	. plea:	se fill	'Ann	exure	B1')) (ple	ase i	refer	instru	uction	G a	at the	end)					
Addition of F			_		tion o						- 201					f Rela														
Related Perso			_		rdian						Assi											ntativ	e							
			F	refix				Fir	st Na	me		_				I	Middl	le Na	ame	·						L	ast N	lame		
Name*			L		╝.								Ш																	
			(If	KYC	numb	er and	nam	e are	provid	ed, b	elow	detail	s of s	ectior	n 6 a	re opt	ional))												
PROOF O	FIDENT	TY [Po	ol] OF	RELA	ATED	PERS	ON*	(Plea	se see	instr	uction	(H) a	at the	end)																
A- Passp	ort Nur	nber														Pas	sspc	ort E	xpir	уD	ate			D D]-[M N]-[Y	Y	
B- Voter I	D Card																													
C- PAN C	ard																													
☐ D- Driving	g Licen	се														Dri	vina	Lic	ence	e Ex	xpirv	Date	е	D D	1—[M	1-[YY	YY	
E- UID (A	adhaa	r)		Ħ			Ħ						_				9				- J- · · · J									
□ F- NREG		•		Ħ			Ħ			Ť																				
Z- Others			nt no	ified	by the	e cen	tral o	over	nment	\ _			_				1	lden	tific	atio	n Ni	ımbe	ar [
S- Simpli					-		_										_					ımbe	L							
☐ 7. REMA	RKS (If	any)										·	_																	
_	·																													
					_		+			_		_		_			$\frac{1}{1}$			1			_							
										_		_			\perp		 		+	+			_		$\frac{1}{1}$	_	\perp			
8. APPLICANT DECLARATION																														
 I hereby declar therein, immed for it. 																														
I hereby conse	nt to receiv	ing infor	mation	from C	entral k	YC Re	gistry tl	nrough	SMS/E	mail on	the ab	ove re	gistere	d numl	ber/en	nail add	ress.													
Date : D	D — M	M	Y	Y	Υ		F	Place	: [Sig	gnature	/ Thu	ımb In	npress	ion of A	pplicar	nt
9. ATTES	OITAT	N/F	OR C	FFI	CE U	ISE (DNL	Y																						
Documents I	Receive	ed	☐ C	ertifie	ed Co	pies																								
	KY	'C VEF	RIFICA	NOIT	I CAR	RIED	OUT	BY												IN	STIT	UTIOI	N DI	ETAIL	S					
Date		В	П	. 10	М	y s	/ V							Nam	ρ.															
Emp. Name																														
•														Code	= [
Emp. Code	ation																													
Emp. Designa	auon																													
Emp. Branch																														

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.
- 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.
- 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

- 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)

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

- 1 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.
- 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 undernoted relevant code may be mentioned in point 3 (S).

code may be member	d iii poliit 5 (5).
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 undernoted relevant code may be mentioned in point 4.1

code may be mentione	ed 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.

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 91-999999999).
- 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 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

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

Chata / III T	CI-
State / U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	СН
Chattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State / U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
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	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
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	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
Antarctica	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 AW	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX SK
Aruba		France	FR GF	Marshall Islands	MH	Slovakia	
Australia	AU	French Guiana	OF PF	Martinique	MQ MR	Slovenia Solomon Islands	SI SB
Austria Azerbaijan	AT AZ	French Polynesia	TF	Mauritania Mauritius	MU	Solomon Islands Somalia	20 2R
	BS BS	French Southern Territories					
Bahamas		Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	ВН	Gambia	GM	Mexico	MX	South 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	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	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	BI	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	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	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	Jersey	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 Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curação !Curação	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da	SH	Zimbabwe	ZW
Czech Republic	CZ			Cunha			
·	DK		LB		KN		
Czech Republic Denmark Djibouti		Lebanon Lesotho	LB LS	Cunha Saint Kitts and Nevis Saint Lucia	KN LC		

Annexure A1

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

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 (\checkmark) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type*	☐ New ☐ Update	
(To be filled by financial institution)	KYC Number		(Mandatory for KYC update request)
1. CORRESPONDENCE	LOCAL ADDRESS	DETAILS (Please see instruction E at the end	3)
Same as Current / Permanent /	Overseas Address detai	ails	
Line 1*			
Line 2			
Line 3			City / Town / Village*
District*	Pin /	Post Code* State / U	I.T Code* ISO 3166 Country Code*
2 CONTACT DETAILS (All co	ommunications will be sent	t on provided Mobile no./ Email-ID) (Please refer inst	ruction F at the end)
Tel. (Off)		Tel. (Res)	
FAX — —		Email ID	
3. APPLICANT DECLARA	TION		
		best of my knowledge and belief and I undertake to inform you of a alse or untrue or misleading or misrepresenting, I am aware that I	
Date : DD - MM - YY	Y Y Place	e:	Signature / Thumb Impression of Applicant

Annexure B1

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

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 of the sections not required to be updated.



For office use only	Application Type*	te					
(To be filled by financial insti	tution) KYC Number	(Mandatory for KYC update request)					
☐ 1 DETAILS OF PELA	TED PERSON (Please refer instruction G at the end)						
	_						
Addition of Related Person Related Person Type*	☐ Deletion of Related Person KY☐ Guardian of Minor ☐ Assignee	/C Number of Related Person (if available*) ☐ Authorized Representative					
Related Ferson Type	Prefix First Name	Middle Name Last Name					
Name*							
	(If KYC number and name are provided, below details of	of section 1 are optional)					
PROOF OF IDENTITY (Po	ol) OF RELATED PERSON* (Please see instruction (H) at	the end)					
☐ A- Passport Number		Passport Expiry Date					
☐ B- Voter ID Card							
C- PAN Card							
☐ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY					
☐ E- UID (Aadhaar)							
☐ F- NREGA Job Card							
Z- Others (any document notified by the central government)							
S- Simplified Measure	es Account - Document Type code	Identification Number					
2. APPLICANT DEC	LARATION						
I hereby declare that the details fu	rnished above are true and correct to the best of my knowledge and belie	ef and I undertake to inform you of any changes					
therein, immediately. In case any of liable for it.	of the above information is found to be false or untrue or misleading or n						
Date : DD - MM -	Y Y Y Y Place:	Signature / Thumb Impression of Applicant					
3. ATTESTATION / FO	OR OFFICE USE ONLY						
Documents Received	Certified Copies						
KYC VEF	RIFICATION CARRIED OUT BY	INSTITUTION DETAILS					
Date		Name					
Emp. Name		Code					
Emp. Code							
Emp. Designation							
Emp. Branch							
		[Institution Stamp]					
	[Employee Signature]	[madation etamp]					