Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick "wherever applicable.

- F. Please read section wise detailed guide G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- C. Please fill the form in English and BLOCK letters.
- H. List of two character ISO 3166 country codes is available at the end.
- D. Please fill the date in DD-MM-YY format.
- I. KYC number of applicant is mandatory for update application.
- E. For particular section update, please tick () in the box section number and strike off the sections not STP based E-KYC in non-face to face mode

For office use only		An	plicat	ion Typ	ne*		Ne	w	Г	– u	Jpdat	e																	
(To be filled by financial institut	tion)		′C Nu		,,,	H					Puu				Т			((Mar	ndato	ory fo	or K	YC u	pda	te re	eques	t)		
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Name* (Same as ID proof)																								\perp	\perp				
Maiden Name																													
Father / Spouse Name*																													
Mother Name																													
Date of Birth*	D D	- [M M	- Y	YY	Y																							
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II E-KYC Authentication																								~					
III Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer Signature /Thumb Impression across photo without covering the face the face of th																													
Address [For other than reside	nt Individ	dual, p	lease	mentio	on Ove	rseas	Add	dress]		_				_	Т		_						$\overline{}$			The is	ice	
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3. CURRENT ADD													•																
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IV Deemed Proof of Address	ss – Doc	ument	t Type	code																									
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4. Contact	Details (All communications will be sent to Mobile number 1)	ber/Email-ID provided) (Please refer instruction C at the end)												
Tel. (Off)	- Tel. (Res)	Mobile												
Email ID														
5. Remarks (If any)														
6. Applicant De	eclaration													
 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. Incase 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 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: D D M	M - Y Y Y Y Place:	Signature/Thumb Impression of Applicant												
7. Attestation /	For Office Use only													
Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process Equivalent e-document Video Based KYC														
KY	YC documents verification carried out by	Institution details												
Date:	D D - M M - Y Y Y Y	Name												
Emp. Name		Code												
Emp. Code														
Emp. Designation														
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×	[Employee Signature]													
In-	-Person Verification (IPV) carried out by	Institution details												
Date:	D D - M M - Y Y Y Y													
Emp. Name														
Emp. Code														
Emp. Designation														
Emp. Branch		[Institution Stamp]												
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