

Know Your Client (KYC) Application Form (For Individuals Only)

Fields marked * are mandatory Fields marked * are pertaining to CKYC and mand CKYC also KYC Mode*: Please Tick (*/) Normal EKYC OTF 1. Identity Details (please r PAN* Name* (same as PAN Card) Maiden Name* (if any) Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status* Please Tick (*/)	P EKYC Bio	leaf)	n Type*: Online k	□ New KYC	ie EKYC	ation KYC Digilocker
Fields marked * are pertaining to CKYC and mand CKYC also KYC Mode*: Please Tick (Normal EKYC OTF 1. Identity Details (please repairs) PAN* Name* (same as PAN Card) Maiden Name* (if any) Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status*	P EKYC Bio refer guidelines over Ple Male Single	metric leaf) ase enclose a c	Online k	CYC Offlin	ie EKYC	
KYC Mode*: Please Tick (✓) Normal EKYC OTF 1. Identity Details (please r PAN* Name* (same as PAN Card) Maiden Name [†] (if any) Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status*	refer guidelines over Ple Male Single	leaf) ase enclose a c	duly attested o	copy of your PAN Card		Digilocker
Normal EKYC OTE 1. Identity Details (please repairs) PAN* Name* (same as PAN Card) Maiden Name* (if any) Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status*	refer guidelines over Ple Male Single	leaf) ase enclose a c	duly attested o	copy of your PAN Card		Digilocker
PAN* Name* (same as PAN Card) Maiden Name [†] (if any) Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status*	Ple Male Single	ase enclose a c			d	
Name* (same as PAN Card) Maiden Name [†] (if any) Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status*	Male Single	Female			d	
Maiden Name [†] (if any) Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status*	Single			☐ Transgender		
Fathers/Spouse's Name* Date of Birth* Gender* Marital Status* Nationality* Residential Status*	Single			☐ Transgender		
Date of Birth* Gender* Marital Status* Nationality* Residential Status*	Single			☐ Transgender		
Gender* Marital Status* Nationality* Residential Status*	Single			Transgender		
Marital Status* Nationality* Residential Status*	Single			Transgender		
Nationality* Residential Status*		Marrios				
Residential Status*	Indian	Iviailie	t			
Residential Status*	HIIUIAII	Other				
Please Tick (🗸)	Resident Individua	 .I	Non Re	sident Indian		
riease rick (*)	Foreign National		Person	of Indian Origin [†]	>	(
(F	Passport copy is mandatory for	NRI's and Foreign			and	Cross Signature across photograph
A — Aadhaar Card B — Passport Number	XXXX XXXX			(Expir	ry Date)	
C — Voter ID Card						
D — Driving License				(Expir	ry Date)	
E —NREGA Job Card						
F — NPR						
Z —Others			(a)	ny document notified by	Central Government	1
Identification Numb			(4.	ny document notineu by	ochinar oovernment	,
2. Address Details* (please		erleaf)				
A. Correspondence/ Local A	ddress*					
Line 1*						
Line 2						
Line3						
City/Town/Village*		Dis	trict*		Pin Cod	e*
State*		Cou	untry*			
Address Type* Residenti	ial/Business Re	esidential	Busi	ness Regi	stered Office	Unspecified
					Applicant e-SIGN	
				×		

B. Permanent residence address of applicant, if different fr	om above A / Overseas Address	* (Mandatory for NRI Applicant)		
Line 1*				
Line 2				
Line3				
City/ Town/Village* Dis	ict* Pin Code*			
	try*			
Address Type* Residential/Business Residential		ed Office Unspecified		
Proof of Address* (attested copy of any 1 POA for correspondence and perma				
A — Aadhaar Card XXXX XXXX				
B — Passport Number	(Expiry Date	e)		
C — Voter ID Card				
D —Driving License	(Expiry Date	e)		
E —NREGA Job Card				
F — NPR Letter				
Z—Others	(any document notified by Centra	l Government)		
Identification Number				
3. Contact Details (in CAPITAL)				
Email ID*				
Mobile No. *				
Tel (off)	Tel (Res)			
4. Applicant Declaration				
I/We hereby declare that the KYC details furnished by me are true and	Applicant e-SIGN	Applicant Wet Signature		
correct to the best of my/our knowledge and belief and I/we under-take 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, am/We are aware that I/We may be held liable for it.	1			
I/We hereby consent to receiving information from CVL KRA through SMS/ Email on the above registered number/Email address.				
I am/We are also aware that for Aadhaar OVD based KYC, my KYC request				
shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/				
Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC				
purposes only. DATE:				
PLACE:				
5. For Office Use Only				
In-Person Verification (IPV) carried out by*	Intermed	liary Details*		
IPV Date	Self certified document copies received (OVD)			
Emp. Name	True Copies of documents received (Attested)			
Emp. Code	AMC / Intermediary Name :			
Emp. Designation				
×				
Employee Signature and Stamp	Institut	Institution Name and Stamp		