## Important Instructions:

## Know Your Customer (KYC) Application Form | Individual



<ul> <li>A. Fields marked with **' are mar</li> <li>B. Tick " wherever applicable.</li> <li>C. Please fill the form in English</li> <li>D. Please fill the date in DD-MM-</li> <li>E. For particular section update, section number and strike off required to be updated.</li> </ul>	and B -YY fo , pleas	LOCk ormat.	( letter () in th		G F I.	G. Lis I. Lis KY . The	t of S t of tv C nui e 'OT	tate vo cl nbe P ba	/U.T haraer of a	cod cter app	de as · ISO licant (YC'	per 316 t is r	r Indi 66 co mano eck b	d guide an Mo ountry datory ox is to face	tor V code for u o be	es is ipda che	s avai ate ap	lable plica	e at thation.	ne er	ıd.									
For office use only		Α	pplica	tion T	уре*			Ne	w	[	U	Jpda	ate																	
(To be filled by financial institution	on)	K	YC N	umbei	r														(	Man	dato	ry fo	r KY	/C up	oda	te re	ques	t)		
		A	Accoun	t Type	e*			No	rmal	[	N	1inor	r		adh	aar	ОТР	bas	ed E-	KYC	(in	non-f	face	to fa	асе	mod	e)			
☐ 1. Personal Details	(Ple	ase	refer	insti	ruct	ion A	۹ at	the	en	 d)																				
	Pre	efix				First N	Name	_				Г			Mic	ddle	Nam	е			7		_			Last	Nam	е	1	
Name* (Same as ID proof)		<u> </u>				<u> </u>					_	-											_	1 1	_					
Maiden Name				<u> </u>				<u> </u>		_	_	I	_		+	<u> </u>		+		<u> </u>		-	$\perp$		$\perp$	$\perp$		$\perp$		
Father / Spouse Name*					 			 	 	1	_	I F		1 1	+	<u> </u>	 	+	 	_	 		_		$\perp$	$\stackrel{\mid}{-}$		$\stackrel{\mid}{-}$	 	
Mother Name		21 I			V	V   V						L																		
Date of Birth*		<u> </u>	IVI IVI	] - L	ĭ		т 						_	_																
Gender*	M-	- Male	:				F- Fe	male	9					Trans																
PAN*	_													RM 60	) furr	nish	ed													
Marital Status*		Marrie	ed				Unn	narri	ied				Otl	ners																
Citizenship*		IN- Ir	ndian				Oth	ers ·	– Co	unt	ry											у С								
Residential Status*	_		lent Ind											eign N					Pers	on o	f Ind	ian C	)rigi	n						
2. PROOF OF IDEN																														
Certified copy of OVD or equivale	ent e-d	locum	ent of	OVD	or O	VD ob	otaine	ed th	roug	gh d	ligital	IKY							nitted	l (any	one	of th	ne fo	ollow	ing	OVE	)s)			
A-Passport Number					1		Pass	por	t Ex	piry	/ Da	te	D	D -	M	M	-	Υ	YY	′   Y							В	НС	)TO*	
B-Voter ID Card								Τ	7																					
C-Driving Licence								Т		D	riving	j Lio	cenc	е Ехр	iry I	Date	e D	D	- [	MIN	-	Υ	Υ	Y	Υ			4		
D-NREGA Job Card								Т	П			Т	П			Т														
E-National Population Reg	gister I	Letter		İ		i		Ť	Τİ	Ť	İ	Ť	Τİ		Ť	Ť	İ	Т												
F-Proof of Possession of A	_		Λ	lo need	to atta	nch. Aad	lhaar ca	ard. If	submi	itted,	Aadha	ar Nu	umber	to be ma	isked l	by the	e custoi	mer												
II E-KYC Authentication			Λ	lo need	to atta	ach. Aad	lhaar ca	ard. If	submi	itted,	Aadha	ar Nu	umber	to be ma	isked l	by the	e custoi	mer							×					
	ı		Λ	lo need	to atta	ich. Aad	haar ca	rd. If	submit	tted.	Aadhaa	ar Nu	ımber i	o be mas	sked b	v the	custom	ner										(T)		
																												hoto v	umb Impre without co face	
Address [For other than resident	t inaivi	auai, į	oiease	ment	tion (	Overs	eas A	laar	essj	Т		_	_			_					Т	<u> </u>	$\top$		$\top$	$\overline{}$	П			
Line 1*															Ш										$\pm$	士	Ш	$\pm$		
Line 3					Т		П	Т			$\top$	Т				Т		(	City/T	own	/Villa	ige*	1	П	Т	Т	П	Т		
District*					F	Pin/Pc	st Co	de*								Stat	 :e/U.T	- Co	de*					so	316	6 Cc	untr	y Cc	de*	
3. CURRENT ADDR  Same as above mentioned a	addres	ss (In	such c	ases	addr	ess d	etails	as	belo	w n	eed r	not b	be pr	ovided						1./				6.11			\(\frac{1}{2}\)			
I. Certified copy of OVD or equiva	aient e	-uocu	iiient	JI UV	or آ	טעט	opta	ned	u IFO	ugi	ı uıgi	ıdı f	VIC.	hioces	ss ne	eas	o io D	e su	וווונל	eu (a	arryo	11 <del>0</del> 01	ıuıe	; IOIIC	wir	ıy O	۷ DS	,		
B-Voter ID Card	1 1	1 1	1 1	-	 	1		_	7																					
	1 1			1				<u> </u>																						
C-Driving Licence	1 1			_													_													
D-NREGA Job Card											<u> </u>								_											
E-National Population Reg	gister I	Letter																												
F-Proof of Possession of A	Aadha	ar			Ν	o need t	to attac	h. Aad	dhaar d	card.	If subn	nitted	d, Aadh	aar Num	ber to	be m	nasked i	by the	custor	ner										
II E-KYC Authentication					N	o need t	o attaci	h. Aad	dhaard	card.	lf subn	nitted	l, Aadh	aar Num	berto	be m	asked l	by the	custon	ner										
III Offline verification of Aadh	haar				N	o need to	o attach	n. Aad	lhaar c	card.	lf subm	nitted,	, Aadh	aar Num	ber to	be m	asked b	y the	custom	ier										
IV Deemed Proof of Address		cumer	nt Tvn	e code	e [																									
	230		. 76.																											
Address Line 1*					Т		Т			Т											Т	Т	Т	$\Box$	$\top$	$\top$	П	$\neg$		
Line 2				$\vdash$			+	+	$\top$		$\parallel$	$\dagger$	$\top$		$\Box$	$\top$		П	+	$\Box$	$\top$		$\top$	$\sqcap$	+	+	$\forall$	+		
Line 3						Pin/Pc	ost Co	ode*								s	state o	code	City	/Tow	⁄n∕Vi	llage		ISO	316	66 Cd	ountr	ry C	ode*	

T 1 (0m)			mail-ID provided	<u> </u>			
Tel. (Off)	- Tel.	(Res) -		M	obile -		
Email ID					7		
	validation, hence provide the valid informa	tion in legible manner					
5. Remarks	(If any)						
6. Applicant Dec	claration t the details furnished above are true						
or misrepresenting. I I hereby declare that of legislation or any r I hereby consent to r address I hereby consent to r address. I also prov	anges therein, immediately. In case any am aware that I may be held liable for I am not making this application for the footifications/directions issued by any greceiving information from Central KYC receiving information from Central KYC riding consent to MF/AMC/KRA to shruation from CKYCR and share the fellines.	it. e purpose contravention of overnmental or statutory a c Registry through SMS/E. C Registry through SMS/E. c Registry through SMS/E. c are this KYC data / app	f any Act, Rules, R uthority from time mail on the above mail on the above blicable Aadhaar	egulations or any to time registered numbe registered numbe XML data with O	er/email Sign		
Date: D D M		Place:			Signatur	re/Thumb Impression of Ap	onlicant
	or Office Use only			1 1	Olgitatai	o, mamb impression or a	риссии
Documents Received	Certified Copies	E-KYC data receive	d from LIIDAI	Data receive	ed from Offline veri	ification Digital KYC Pro	ecce.
Documents Neceived	Equivalent e-document	Video Based KYC	d IIOIII OIDAI	Data receive	d Ironi Online ven	ilication bigital KTO 110	0033
	Equivalent e-document	Video Based KTC					
KYO	C documents verification carried	out by			Institution	details	
Date:	D D - M M - Y Y Y Y	<u> </u>	Name				
Emp. Name			Code				
				1 1 1 1 1	1 1 1 1 1 1		
Emp. Code							
Emp. Code  Emp. Designation							
					[Institution	Stampl	
Emp. Designation	[Employee Signature]				[Institution	Stamp]	
Emp. Designation Emp. Branch	[Employee Signature]	out by			[Institution		
Emp. Designation Emp. Branch		out by	Name				
Emp. Designation Emp. Branch	Person Verification (IPV) carried	out by					
Emp. Designation Emp. Branch  In-P Date:	Person Verification (IPV) carried	out by	Name				
Emp. Designation Emp. Branch  In-P Date: Emp. Name	Person Verification (IPV) carried	out by	Name				
Emp. Designation Emp. Branch  In-P Date: Emp. Name Emp. Code	Person Verification (IPV) carried	out by	Name		Institution o	details	
Emp. Designation Emp. Branch  In-P Date: Emp. Name Emp. Code Emp. Designation Emp. Branch	Person Verification (IPV) carried	out by	Name			details	
Emp. Designation Emp. Branch  In-P  Date: Emp. Name Emp. Code Emp. Designation	Person Verification (IPV) carried	out by	Name		Institution o	details	
Emp. Designation Emp. Branch  In-P Date: Emp. Name Emp. Code Emp. Designation Emp. Branch	Person Verification (IPV) carried of the property of the prope	out by	Name		Institution o	details	