

CENTRAL KYC REGISTER | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | INDIVIDUAL

IMPORTANT INSTRUCTIONS:

- A) Fields marked with '*' are mandatory fields.
 B) Tick (✓) wherever applicable.
 C) Please fill the form in English and in BLOCK letters.
 D) Please fill the date in DD-MM-YYYY format.
 E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
 F) Please read section wise detailed guidelines/instructions at

- the end.
 G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 H) List of two character ISO 3166 country codes is available at the end.
 I) KYC number of applicant is mandatory for update application.
 J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.



FOR OFFICE USE ONLY:	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
(To be filled by financial institution)	KYC Number <input type="text"/> (Mandatory for KYC update request)
	Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Name* (Same as ID proof)	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	<input type="checkbox"/> Married <input type="checkbox"/> UnMarried
PAN	<input type="text"/>	<input type="checkbox"/> From 60 furnished	Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others Specify _____	
Occupational Type	<input type="text"/>			

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-DrivingLicence	<input type="text"/>
<input type="checkbox"/> D- NAREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of Possession of Aadhaar	<input type="text"/>

II. ☐ E-KYC Authentication

III. ☐ Offline verification of Aadhaar

PHOTO*

Signature / Thumb Impression

ADDRESS:

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code	<input type="text"/>
State/UT Code	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- ☐ Same as above mentioned address (In such case address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-DrivingLicence	<input type="text"/>
<input type="checkbox"/> D- NAREGA Job Card	<input type="text"/>
<input type="checkbox"/> E- National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F- Proof of Possession of Aadhaar	<input type="text"/>

II. ☐ E-KYC Authentication

III. ☐ Offline verification of Aadhaar

IV. ☐ Deemed Proof of Address-Document Type code

V. ☐

Address Type : ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

ADDRESS:

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/UT Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

