Version No.: 008/CRD/12122019 TRADE CODE **CKYC & KRA FORM** BO ACCOUNT:- 13023400 CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual Important Instructions: E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end. A) Fields marked with '\*' are mandatory fields F) List of two character ISO 3166 country codes is available at the end. B) Please fill the form in English and in BLOCK letters. G) KYC number of applicant is mandatory for update application. C) Please fill the date in DD-MM-YYYY format. H) For particular section update, please tick ( ) in the box available before the D) Please read section wise detailed guidelines / instructions at the end. section number and strike off the sections not required to be updated. Application Type\* □ New Update For office use only (To be filled by financial institution) KYC Number (Mandatory for KYC update request) Account Type\* ☐ Simplified (for low risk customers) ☐ Small □ Normal ■ 1. PERSONAL DETAILS (Please refer instruction A at the end) Middle Name Last Name ☐ Name\* (Same as ID proof) Maiden Name (If any\*) Father / Spouse Name\* Mother Name\* Date of Birth\* **Photo** Gender\* ☐ M- Male ☐F- Female ☐ T-Transgender Marital Status\* ☐ Married □Unmarried ☐ Others ☐ IN- Indian ☐ Others (ISO 3166 Country Code Citizenship\* Residential Status\* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin Occupation Type\* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ) ☐ O-Others (☐ Professional ☐ Self Employed Retired ☐Housewife ☐Student) □ B-Business ☐ X- Not Categorised 2. PROOF OF IDENTITY (Pol)\* (Please refer instruction C at the end) (Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted) □ 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) Identification Number ☐ S- Simplified Measures Account - Document Type code Identification Number 3. PROOF OF ADDRESS (PoA)\* 3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **D** at the end) (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Address Type\* Residential / Business Residential ☐ Business ☐ Registered Office ☐ Unspecified Proof of Address\* ☐ Driving Licence ☐ UID (Aadhaar) Passport ☐ NREGA Job Card ☐ Voter Identity Card ☐ Others please specif ☐ Simplified Measures Account - Document Type code **Address** Line 1\* Line 2 City / Town / Village\* Line 3 District\* Pin / Post Code\* State / U.T Code\* ISO 3166 Country Code\* 3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end) Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1') Line 1\* Line 2

Pin / Post Code\*

Line 3

District'

City / Town / Village\*

ISO 3166 Country Code\*

State / U.T Code\*

Version No.: 008/CRD/12122019

4. FATCA/CRS Information	PART I (Tick i	f Applicable) 🗌 Resid	ence for Tax Pu	ırposes in Jur	isdiction(s) Outside Ind	dia (Please refer instruction <b>B</b> at the end)
Additional Details Required Country of Jurisdiction of F	ACCO N. N. N. D. D.	f you are not an Indiar	Resident)	Country	Code of Jurisdiction	of Residence as per ISO 3166
Tax Identification Number	or equivalent	(If issued by jurisdict	ion)*			
TIN issued country					Date of B	rth d d m m 2 0 y y
Place / City of Birth*						Country Code as per ISO 3166
US person YES OR	□ NO Cour	ntry of Birth*				Country Code as parties of the
_	NO Cour	ntry or Birtir				
Address						
Line 1*						
Line 2						
Line 3					City / Tov	vn / Village*
District*		Zip / Post Code	*		State/UT Co	de as per Indian Motor Vehicle Act, 1988
State/UT*		Country*				Country Code as per ISO 316
☐ 5. CONTACT DETAILS	(All communication			mail-ID) (Please		
Tel. (Off)		Tel. (R	es)		Mol	oile
FAX		Email I	D			
6. DETAILS OF RELATI	FD PERSON (	In case of additional relat	ed persons plea	se fill 'Annexure	B1' ) (please refer instru	action <b>G</b> at the end)
Addition of Related Person	Deletion of F				ated Person (if available*	
Related Person Type*	☐ Guardian o		Assignee		Authorized Represer	
Related Ferson Type	Prefix	First Name	_ Assignee		Middle Name	Last Name
Name*						
	(If KYC number	and name are provided, I	pelow details of s	ection 6 are op	tional)	
PROOF OF IDENTITY [Pol]	I OE BELATED D	ERSON* (Please see inst	truction (H) at the	and)		
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□ B- Voter ID Card						
C- PAN Card						
□ D- Driving Licence				Dr	iving Licence Expiry	Date DD-MM-YY
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Card						
Z- Others (any document	t notified by the	central government)			Identification Nu	mber
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S- Simplified Measures		_			Identification Nu	
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