



**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID   
Mobile - Tel. (Off) - Tel. (Res) -

**5. FATCA/CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)  
Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166  
Tax Identification Number or equivalent (If issued by jurisdiction)\*   
Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166  
Address  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)   
Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Name\* Prefix  First Name  Middle Name  Last Name   
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date --  
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date --  
 E- Aadhaar Card   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number

**7. Remarks (If any)**

**8. Applicant Declaration**

- 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. In case 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 of 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.

Signature / Thumb Impression of Applicant

Date: -- Place:

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by (Refer Instruction I)**

Date --  
Emp. Name   
Emp. Code   
Emp. Designation   
  
[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
  
[Institution Stamp]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date --  
Emp. Name   
Emp. Code   
Emp. Designation   
  
[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
  
[Institution Stamp]