Know Your Client (KY Application Form (Fo (Please fill the form in English ar Fields marked with '*' are manda	Application Type* Update KYC Number*
1. Identity Details (Please r	refer instruction A at the end)
PAN*	Please enclose a duly attested copy of your PAN Card
	Prefix First Name Middle Name Last Name
Name* (same as ID proof)	
Maiden Name (If any*)	
Father / Spouse Name*	
Mother Name*	
Date of Birth*	D D - M M - Y Y Y Y P
Gender*	M- Male F- Female T-Transgender
Marital Status*	Married Unmarried Others
Citizenship*	IN- Indian Others – Country Country Code
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
2 Proof of Identity (Pol)* (f	B-Business X-Not Categorised for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)
	the following Proof of Identity [Pol] needs to be submitted)
A- Passport Number	Passport Expiry Date
🗆 B- Voter ID Card	
D- Driving Licence	Driving Licence Expiry Date D D - M M - Y Y Y
🗆 E- Aadhaar Card	
□ F- NREGA Job Card	
□ Z- Others (any docume	ent notified by the central government)
3. Proof of Address (PoA)*	
3.1 Current / Permanent	/ Overseas Address Details (Please see instruction D at the end)
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* Country Code as per ISO 316
1	Lesidential / Business Registered Office Unspecified _of the following Proof of Address [PoA] needs to be submitted) Image: Content of the following Proof of Address is the following Proof of Address is the submitted is the following Proof of Address is the following Pr
Proof of Address*	
Passport Number	Passport Expiry Date D - M - Y Y
□ Voter ID Card	
Driving Licence	Driving Licence Expiry Date D D - M M - Y Y Y
🗆 Aadhaar Card	
□ NREGA Job Card	
□ Others (any document	notified by the central government)
3.2 Correspondence / Lo	ocal Address Details* (Please see instruction E at the end)
	nent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proo
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 316

4. Contact Details (All	commur	nicat	tions	will	be s	ent	on j	prov	ided	I Mo	obile	nc). / E	ma	ail-ID) (F	leas	e re	efer	insti	ruct	tion	F	at th	ne e	end))										
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5. FATCA/CRS Inform	ation (Ti	ick i	f App	olica	ıble)				Re	side	ence	fo	r Tax	٢P	urpo	ses	in J	luris	sdic	tion(s) (Dute	side	e Ino	dia	(Ple	eas	se re	efer	inst	ruc	tion	Ва	at th	e e	nd)	
Additional Details Re	quired*	(Ma	anda	atory	y oni	y if	abo	ove	opti	on	(5)	s t	icke	d)																							
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Tax Identification Nu	mber or	equ	uival	lent	(If is	ssu	ed b	by ju	iriso	dict	ion)	*		_																							
Place / City of Birth*										С	ount	ry	of B	irt	h* 🗌] (Οοι	untr	y C	ode	• [a	s pe	r IS(D 31	66
Address Line 1*		_						-										_															_		_		
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Line 3	$\left \right $	+	-	┢	\vdash	+	+	+	\square	\vdash	\vdash	┥	+	+	+	┢	+	\vdash	\vdash	\vdash	+	Ci	tv /	/ To	wn	/ \	/ill;	age	*	+	+	+	+	+	+	┢	\vdash
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State/UT*								_]				ountr	-		-		_			-	_	-		1				•		L			as p	er IS	O 31	66
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																																					
Related Person Type*															lam	۵																					
Prefix First Name Middle Name Last Name Name* Image: Imag															Т	Т	Τ	1																			
(If KYC number and name are provided, below details of section 6 are optional)															<u> </u>																						
Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)																																					
(Certified copy of <u>any on</u>	_	follo	wing	Proc	of of	lden	tity[Pol]	nee	ds t	to be	su	bmitte	ed))														_	_	_	_	_	_	_	_	
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B- Voter ID Card		\perp	\square	\perp	\square	\downarrow		\square																													
C- PAN Card		\downarrow	\square	\perp	\square	\downarrow		\square				_																									
D- Driving Licence	ving Licence Driving Licence Expiry Date DD - MM - YYYY																																				
E- Aadhaar Card	E- Aadhaar Card																																				
F-NREGA Job Card																																					
Z- Others (any document notified by the central government)																																					
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. Date: DD (MM) (Y) Y Y Place: Place: Signature / Thumb Impression of Applicant 9. Attestation / For Office Use Only 																																					
Documents Receiv	ved 🗌 C	ertif	fied C	Copi	es																																
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