

**CERSAI KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity**



**Important Instructions :**

- A) Fields marked with\* are mandatory.
- B) Please fill the form in English and in BLOCK letters.
- C) List of two character ISO 3166 country codes is available at the end.
- D) List of State/U.T code as per Indian Motor Vehicle Act, 1986 is available at the end.
- E) KYC number of entity is mandatory for update application.

**For office use only :**

Application Type\*  New  Update

(To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

Account Holder Type\* US Reportable  Other Reportable  (Please refer instruction A at the end)

Nature of Business/ Entity Constitution Type\* (Please refer instruction B at the end)

**1. ENTITY DETAILS (Please refer instruction C at the end)**

Name\*

Date of Incorporation\*  Date of commencement of Business\*

Place of Incorporation\*  Country of Incorporation\*  Country of Residence as per Tax laws\*

Identification Type Tax Identification Number (TIN)  TIN issuing Country

PAN

Number of controlling person(s) resident outside India for tax purposes   
 (Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')

**2. PROOF OF IDENTITY (PoI)\* (Please refer instruction D at the end)**

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

- Certificate of Incorporation /Formation | | Registration Certificate
- Resolution of Board /Managing Committee | | Memorandum and Article of Association / Partnership Deed / Trust Deed
- Officially valid document(s) in respect of person authorised to transact

**3. PROOF OF ADDRESS (PoA)\* (Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted) (Please refer instruction E at the end)**

**3.1 CURRENT /PERMANENT /OVERSEAS ADDRESS DETAILS\***

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Certificate of incorporation/Formation  Registration Certificate

Line1\*

Line2

Line3  City/Town/Village\*

State/U.T code\*  Pin/Post Code\*  ISO 3166 Country Code\*

**3.2 CORRESPONDENCE /LOCAL ADDRESS DETAILS\***

Same as current /Permanent/Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A2')

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Certificate of incorporation/Formation  Registration Certificate

Line1\*

Line2

Line3  City/Town/Village\*

State/U.T code\*  Pin/Post Code\*  ISO 3166 Country Code\*

**3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\***

Same as current /Permanent/Overseas Address details  Same as Correspondence / Local Address details

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Certificate of incorporation/Formation  Registration Certificate

Line1\*

Line2

Line3  City/Town/Village\*

State\*  ZIP Post Code\*  ISO 3166 Country Code\*

**4. CONTACT DETAILS (All communication will be sent on provided mobile no./Email ID) (Please refer instruction F at the end)**

Tel. (Off)  Tel.(res)  Mobile

FAX  Email ID

**5. DETAILS OF RELATED PERSON\* (In case of additional related persons, please fill 'Annexure B2') (Please refer instruction G at the end)**

Addition of Related Person  Deletion of Related Person  Update Related Person details

KYC Number of Related person (if available\*)  If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.

- Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  Authorised Signatory  Court Appointed Official  Beneficiary

**5.1 PERSONAL DETAILS** (Please refer instruction G.I at the end)

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (if any*)				
Father/Spouse Name*				
Mother Name*				
Date of Birth*			Gender*	M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender <input type="checkbox"/>
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code)	
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector)		<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed)		<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

**5.2 TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction G.II at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 5.2 is ticked)

ISO 3166 Country code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (if issued by jurisdiction)\*

Place/City of Birth\*  ISO 3166 Country code of Birth\*

**5.3 PROOF OF IDENTITY (PoI)\*** (Please refer instruction G.III at the end)

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

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C-PAN Card	<input type="text"/>		
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E-UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z-Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

**5.4 PROOF OF ADDRESS (PoA)\*** (Certified copy of any one of the following proof of Address [PoA] needs to be submitted)

5.4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS (Please see instruction G.IV at the end)

Address Type*	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof Of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar)
Address	<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others
Line1*	<input type="text"/>
Line2	<input type="text"/>
Line3	<input type="text"/>
State/U.T code*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

**6. REMARKS (if any)**

**7. APPLICANT DECLARATION**

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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/We am/are aware that I/We may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address.

Date:  Place:

Signature/Thumb Impression of Applicant

**8. ATTESTATION/FOR OFFICE USE ONLY**

Documents Received  Self-Certified  True Copies  Notary  Risk Category  High  Medium  Low

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification	<input type="checkbox"/> Done	Date	<input type="text"/>
Emp. Name	<input type="text"/>		
Emp. Code	<input type="text"/>		
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		

INSTITUTION DETAILS

Name	<input type="text"/>
Code	<input type="text"/>

## CENTRAL KYC REGISTRY | Instructions/Check list/ Guidelines for filling individual KYC Application Form

### General Instructions :

- 1 Field marked with \* are mandatory fields.
- 2 Tick ( ) wherever applicable.
- 3 Self-Certification of documents is mandatory
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor vehicle 1968 and ISO 3166 country code respectively, details of which are available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick ( ) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of "Small Account Type" only personal details in sections 1 and 2, photograph, signature and self-certification of documents is required.

### A Clarification / Guidelines on filling "Personal Details" section.

- 1 Name Please state the name with Prefix (Mr/Mrs/Ms/Dra/c). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory

### B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) out side India

- 1 Jurisdiction(s) of Residence : Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individuals include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

### C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification/reference number if 'Z-Others (any document notified by the central government)' is ticked.

### D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current/Permanent/Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address or address as per PoI is invalid or not in force
- 2 State / U.T. Code and Pan / Code will not mandatory for Overseas address.

### E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence/Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted
- 2 In case of multiple correspondence/local address, please fill "Annexure A1"

### F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g for Indian mobile number mention 91-9999999999)
- 2 Do not add '0' in the beginning of Mobile number

### G Clarification / Guidelines on filling 'Details of Related Person' section

- 1 Provide KYC number of related person if available.

### H Clarification / Guidelines on filling 'Related Person details-Proof of Identity [PoI] of Related Person' section

- 1 In case of nominees, proof of identity is not required.
- 2 Mention identification/reference number if 'Z-Others (any document notified by the central government)' is ticked.

List of two-digit state / U.T codes as per India

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	J	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	M	Other	X
Gujarat	GJ	Nagaland	NL		
Maryana	HR	Orissa	OR		

List of ISO two-digit Country Codes

Country	Code	Country	Code	Country	Code	Country	Code
Afghanistan	AF	Dominican Republic	DO	Uzbekistan	UZ	Yemen	YE
Aland Islands	AX	Ecuador	EC	Venezuela	VE	Zambia	ZM
Albania	AL	Egypt	EG	Vietnam	VN	Zimbabwe	ZW
Algeria	DZ	El Salvador	SV	Virgin Islands, British	VG		
American Samoa	AS	Equatorial Guinea	GQ	Virgin Islands, U.S.	VI		
Andorra	AD	Eritrea	ER	Wallis and Futuna	WF		
Angola	AO	Estonia	EE	Western Sahara	EH		
Anguilla	AI	Ethiopia	ET	Yemen	YE		
Antarctica	AQ	Falkland Islands (Maldives)	FK	Zambia	ZM		
Antigua and Barbuda	AG	Faroe Islands	FO	Zimbabwe	ZW		
Argentina	AR	Finland	FI				
Armenia	AM	France	FR				
Aruba	AU	French Guiana	GF				
Australia	AU	French Polynesia	PF				
Austria	AT	French Southern Territories	TF				
Azerbaijan	AZ	Gabon	GA				
Bahamas	BS	Gambia	GM				
Bahrain	BH	Georgia	GE				
Bangladesh	BD	Germany	DE				
Barbados	BB	Ghana	GH				
Belarus	BY	Greece	GR				
Belgium	BE	Greenland	GL				
Belize	BZ	Guadeloupe	GP				
Benin	BJ	Guam	GU				
Bermuda	BM	Guatemala	GT				
Bhutan	BT	Guernsey	GG				
Bolivia, Plurinational State of	BO	Ghana	GH				
Bonaire, Sint Eustatius and Saba	BQ	Hong Kong	HK				
Bosnia and Herzegovina	BA	Hungary	HU				
Botswana	BS	Iceland	IS				
Bouvet Island	BV	India	IN				
Brazil	BR	Indonesia	ID				
British Indian Ocean Territory	IO	Iran, Islamic Republic of	IR				
Brunai Darussalam	BN	Iraq	IQ				
Bulgaria	BG	Ireland	IE				
Burkina Faso	BF	Israel	IL				
Burundi	BI	Italy	IT				
Cabo Verde	CV	Japan	JP				
Cambodia	KH	Jersey	JE				
Cameroon	CM	Jordan	JR				
Canada	CA	Kazakhstan	KZ				
Cayman Islands	KY	Kenya	KE				
Central African Republic	CF	Kiribati	KI				
Czechia	CZ	Korea, Democratic People's Republic of	KP				
Chad	TD	Korea, Republic of	KR				
Chile	CL	Kuwait	KW				
China	CN	Kyrgyzstan	KG				
Christmas Island	CX	Laos	LA				
Cocos (Keeling) Islands	CC	Latvia	LV				
Colombia	CO	Lebanon	LB				
Comoros	KM	Lesotho	LS				
Congo	CG	Liberia	LR				
Congo, the Democratic Republic of the	CD						
Cook Islands	CK						
Costa Rica	CR						
Cote d'Ivoire (Côte d'Ivoire)	CI						
Croatia	HR						
Cuba	CJ						
Curaçao	CW						
Cyprus	CY						
Czech Republic	CZ						
Denmark	DK						
Djibouti	DJ						
Dominica	DM						

Annexure A2

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Correspondence / Local address**



**Important Instructions :**

- A) Fields marked with\* are mandatory.
- B) Please fill the form in English and in BLOCK letters.
- C) List of two character ISO 3166 country codes is available at the end.
- D) List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end
- E) KYC number of entity is mandatory for update application.

**For office use only :**

Application Type\*  New  Update

(To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

**1. PROOF OF ADDRESS (PoA)\* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) (Please see instruction E at the end)**

1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS\*

Same as Current / Permanent / Overseas Address details

Address Type*	<input type="checkbox"/> Residential/Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate			
Line1*	<input type="text"/>				<input type="text"/>
Line2	<input type="text"/>				<input type="text"/>
Line3	<input type="text"/>				<input type="text"/>
State/U.T code*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>

2. CONTACT DETAILS (All communication will be sent on provided Mobile no./Email ID) (Please refer instruction F at the end)

Tel. (Off)	<input type="text"/>	Tel.(res)	<input type="text"/>	Mobile	<input type="text"/>
FAX	<input type="text"/>	Email ID	<input type="text"/>		

**3. APPLICANT DECLARATION**

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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 mis-representing, I/We and/or am/are aware that I/We may be held liable for it
- My/Our personal KYC details may be shared with Central KYC Registry
- I/We 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:

**4. ATTESTATION/ FOR OFFICE USE ONLY**

Documents Received  Self-Certified  True Copies  Notary **Risk Category**  High  Medium  Low

**IN PERON VERIFICATION CARRIED OUT BY**

Identity Verification	<input type="checkbox"/> Done	Date	<input type="text"/>
Emp. Name	<input type="text"/>		
Emp. Code	<input type="text"/>		
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		

**INSTITUTION DETAILS**

Name	<input type="text"/>
Code	<input type="text"/>

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity - Related Person**



**Important Instructions :**

- A) Fields marked with\* are mandatory.
- B) Please fill the form in English and in BLOCK letters.
- C) List of two character ISO 3166 country codes is available at the end.
- D) List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- E) KYC number of entity is mandatory for update application.

**For office use only :** Application Type\*  New  Update

(To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

**1. DETAILS OF RELATED PERSON\*** (Please refer instruction G at the end)

- Addition of Related Person  Deletion of Related Person  Update Related Person details
- KYC Number of Related person (if available\*)  If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.
- Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  Authorised Signatory  Court Appointed Official  Beneficiary

**1.1 PERSONAL DETAILS** (Please refer instruction GJ at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<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			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

**1.2 TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA** (Please refer instruction G at the end)

ADDITIONAL DETAILS REQUIRED\* (If applicant is resident outside India for tax purposes)

ISO 3166 Country code of Jurisdiction of Residence\*  Tax Identification Number or equivalent (if issued by jurisdiction)\*

Place/City of Birth\*  ISO 3166 Country code of Birth\*

**1.3 PROOF OF IDENTITY (PoI)\*** (Please refer instruction G.III at the end)

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

<input type="checkbox"/> A-Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B-Voter ID Card <input type="text"/>	
<input type="checkbox"/> C-PAN Card <input type="text"/>	
<input type="checkbox"/> D-Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E-UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F-NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z-Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>

**1.4 PROOF OF ADDRESS (PoA)\*** (Certified copy of any one of the following proof of Address [PoA] needs to be submitted)

5.4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS (Please see instruction G.IV at the end)

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Proof Of Address\*  Passport  Driving Licence  UID (Aadhaar)

Address  Voter Identity Card  NREGA Job Card  Others

Line1\*

Line2

Line3

State/U.T code\*  Pin/Post Code\*  City/Town/Village\*  ISO 3166 Country Code\*

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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/We am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

Signature/Thumb Impression of Applicant

Documents Received  Self-Certified  True Copies  Notary Risk Category  High  Medium  Low

Identity Verification  Done Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Controlling Person**

**Important instructions :**

- A) Fields marked with\* are mandatory.
- B) Please fill the form in English and in BLOCK letters.
- C) List of two character ISO 3166 country codes is available at the end.
- D) List of State/U.T code as per Indian Motor Vehicle Act, 1968 is available at the end.
- E) KYC number of entity is mandatory for update application.



**For office use only :** Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

**1. DETAILS OF CONTROLLING PERSON\*** (Please refer instruction H at the end)

- Addition of Controlling Person
- Deletion of Controlling Person
- Update Controlling Person details

KYC Number of Related person (if available\*)  If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.

**Type of control\***

- In case of Legal Person  Ownership  Other Means  Senior Managing Officials
- In case of Trust  Settlor  Trustee  Protector  Beneficiary  Other
- In case of Other Legal arrangement  Settlor-Equivalent  Trustee-Equivalent  Protector-Equivalent  Beneficiary-Equivalent
- Other Equivalent

**1.1 PERSONAL DETAILS** (Please refer instruction H.I at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<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			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Nationality*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector ) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student ) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

ISO 3166 Country code of Jurisdiction of Residence\*  Tax Identification Number or equivalent (if issued by jurisdiction)\*   
 Place/City of Birth\*  ISO 3166 Country code of Birth\*

**1.2 PROOF OF IDENTITY (PoI)\*** (Please refer instruction H.II at the end)

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

<input type="checkbox"/> A-Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C-PAN Card	<input type="text"/>		
<input type="checkbox"/> D-Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E-UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F-NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z-Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

**1.3 PROOF OF ADDRESS (PoA)\*** (Certified copy of any one of the following proof of Identity [PoI] needs to be submitted)

**5.4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS** (Please see instruction H.III at the end)

Address Type*	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
Proof Of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> UID (Aadhaar)			
Address	<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others			
Line1*	<input type="text"/>			
Line2	<input type="text"/>			
Line3	<input type="text"/>			
State/U.T code*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	ISO 3166 Country Code*



**2. CONTACT DETAILS** (All communication will be sent on provided Mobile no./Email ID) (Please refer instruction F at the end)

Tel. (Off)

FAX

Tel.(res)

Mobile

Email ID

**3. APPLICANT DECLARATION**

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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/We am/are aware that I/We may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address

Date:

Place:

Signature/Thumb Impression of Applicant

**4. ATTESTATION FOR OFFICE USE ONLY**

Documents Received  Self-Certified  True Copies  Notary  Risk Category  High  Medium  Low

**IN PERON VERIFICATION CARRIED OUT BY**

Identity Verification  Done Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

**INSTITUTION DETAILS**

Name

Code