

# CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form Individual

Application Type	New <input type="checkbox"/> Update <input type="checkbox"/>	KYC Number	
Account Type	New <input type="checkbox"/> Update <input type="checkbox"/>	A/c Number	

### Personal Details

	Prefix	First Name	Middle Name	Last Name	Photo
Name (Same as ID Proof)*					Photo
Maiden Name (if any)					
Father/Spouse Name*					
Mother Name*					
					Sign

Date of Birth* (dd/mm/yyyy)	Place of Birth	Country of Birth	
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Gender* Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	Marital Status* Married <input type="checkbox"/> Unmarried <input type="checkbox"/>	Nationality* Indian <input type="checkbox"/> Other.....
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Residential Status*	Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/>
Occupation*	Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other.....
Type of Occupation	Doctor <input type="checkbox"/> C.A. <input type="checkbox"/> Advocate <input type="checkbox"/> Engineer <input type="checkbox"/> Agricultural <input type="checkbox"/> Gold Business <input type="checkbox"/>
Name & Address of Employer	

### ADDITIONAL DETAILS REQUIRED (If applicant is resident outside India for Tax Purpose) (Please read guidelines / details for jurisdiction of Residence and Tax Identification Number)

ISO-3166 country code of Jurisdiction Residence*	Place/City of Birth*
Tax Identification Number of equivalent (If Issued by Jurisdiction)	ISO-3166 Country Code of Birth*

### PROOF OF IDENTITY (POI) (One Certified copy of any one of the following proof of Identity needs to be submitted)

PAN	UID (Aadhaar)
Voter ID card	NREGA Job Card
Passport Number	Passport Expiry Date
Driving License	Driving License Exp. Date
Others (any document notified by the Central Government)	

### PROOF OF ADDRESS (POA) - PERMANENT / CURRENT / OVERSEAS ADDRESS DETAILS (One Certified copy of any one of the following proof of Address needs to be submitted)

Voter ID Card	UID (Aadhaar)
Passport Number	NREGA Job Card
Driving License	Others
Address Line 1	
Address Line 2	
Address Line 3	
City/Town/Village	Pin Code
State / U.T.	ISO-3166 Country Name/Code

**CORRESPONDENCE / LOCAL ADDRESS DETAILS** (In case the PoA is not the local address or address where the customer is currently residing To be declared only and no PoA is required) (In case of multiple correspondence/Local address, Please fill "Annexure A1")

<input type="checkbox"/> SAME AS PERMANENT ADDRESS / CURRENT / OVERSEAS ADDRESS - Otherwise Fill following	
Address Line 1	
Address Line 2	
Address Line 3	
City/Town/Village	Pin Code
State / U.T.	ISO-3166 Country Name/Code

**ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT**  
(If Applicant is resident outside India for Tax Purposes)

Same As Permanent Address <input type="checkbox"/>		Same As Correspondence Address <input type="checkbox"/>		Other wise Fill Following <input type="checkbox"/>	
Address Line 1					
Address Line 2					
Address Line 3					
City/Town/Village		Pin Code			
State / U.T.		ISO-3166 Country Name/Code			

**CONTACT DETAILS (Communication will be done on provided Mobile No. and Email-ID) (Telephone no. with STD Code)**

Tel. (Office)	-	Tel. (Res)	-	Mobile	
Fax	-	Email ID			

**DETAILS OF RELATED PERSON (In case of additional related person, Please fill "Annexure B1" form)**

Addition of Related Person <input type="checkbox"/>	Deletion of Related Person <input type="checkbox"/>	KYC Number (If available)	
Related Person Type	Guardian of Minor <input type="checkbox"/>	Nominee <input type="checkbox"/>	Assignee <input type="checkbox"/>
	Beneficial Owner <input type="checkbox"/>	Beneficiary <input type="checkbox"/>	Authorized Representative <input type="checkbox"/>
Name (Full Name)			

**PROOF OF IDENTITY (POI) \*(One Certified copy of any one of the following proof of Identity needs to be submitted)**

PAN		UID (Aadhaar)	
Voter ID Card		NREGA Job Card	
Passport Number		Passport Expiry Date	
Driving License		Driving License Exp. Date	
Others (any document notified by the Central Government)			

**OTHER DETAILS**

Income Range (Yearly)	Below 1 Lac <input type="checkbox"/>	1 Lac To 5 Lacs <input type="checkbox"/>	5 Lacs To 15 Lacs <input type="checkbox"/>	15 Lacs To 25 Lacs <input type="checkbox"/>	Above 25 Lacs <input type="checkbox"/>
Net Worth (In INR)	Rs..... As On Date.....				
Education / Qualification	Below SSC <input type="checkbox"/>	SSC <input type="checkbox"/>	HSC <input type="checkbox"/>	Graduate <input type="checkbox"/>	Master Degree <input type="checkbox"/>
	Professional (CA, CS, CMA) <input type="checkbox"/>				
Please tick if Applicable	Politically Exposed Person <input type="checkbox"/>		Related to Politically Exposed Person <input type="checkbox"/>		

**OTHER DETAILS (Relation with our Bank / Other Bank)**

Our Bank A/c Details		Other Bank A/c Details			
A/c Type	A/c Number	Bank Name	Branch	A/c Type	A/c Number

APPLICANT DECLARATION	Attestation / For Office Use only (Branch)	Institutional Details
I hereby declare that the details furnished above are true and correct to the best of my/Our 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 for untrue or misleading or misrepresenting. I am/we are aware that I/We may be held liable for it I would like to share my personal / KYC details with Central KYC Registry	<b>Documents Received</b> <input type="checkbox"/> Self Certified <input type="checkbox"/> True Copies <input type="checkbox"/> Notary	<b>Risk Category</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Signature / thumb Impression of Applicant Verified by Signature	Emp. No..... Name..... Designation.....

**Instruction : (1) Fields Marked with (\*) are mandatory fields. (2) Please fill the form in English and in Block Letters (3) Please read guidelines / detailed instructions on overleaf (4) List of Two character ISO-3166 country codes are available overleaf.**

**For Bank Use Only (Entry / Authorisation purpose)**

Create  Update Customer ID :

Entered By	Authorised By	Entered for CKYCR	Authorised for CKYCR
Sign with Emp. Name / Number Stamp	Sign with Emp. Name / Number Stamp	Sign with Emp. Name / Number Stamp	Sign with Emp. Name / Number Stamp