Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Tick '√' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.



	x section number and strike quired to be updated	e off the sections	not																							
For of	fice use only	Application	on Type		□ Ne	•W	□ Up	odate		Del	ete															
(To be	e filled by financial institu	ition) KYC Nur	nber												(Ma	anda	tory	for I	KYC	upo	date	rec	quest)		
□ 1. C	ETAILS OF RELATED	PERSON (PI	ease ref	er instr	uction I	D & E	at the	e end)																	
☐ Ad	dition of Related Person	Deletion o	of Relate	d Perso	on 🗌	Upda	tion	KY	C Num	ber of	Relate	ed Per	son (if	availa	able*)											
Relate	ed Person Type*	☐ Guardian o	of Minor		Assign	iee		Auth	orized	l Rep	rese	entati	ive													
Name	*	Prefix	F	irst Nar	me					M	liddle	e Na	me			_	7		_	Las	st Na	ame	Э			
		(If KYC number	and name	e are pro	ovided, b	elow o	details	are op	otional)																	
Maide	en Name																									
Fathe	r / Spouse Name																		\perp							
Mothe	er Name																									
	of Birth*																									
Gender* M- Male			Form 60 furnished																							
PAN*	BOOF OF IDENTITY AND AL	DDESS*						Form	60 furi	nished	d															
	ROOF OF IDENTITY AND AD ied copy of OVD or equivale		of OVD or	· OVD ol	btained t	throua	h diaita	al KYC	C proce	ss ne	eds t	o be	subm	itted	(anv	one o	of the	e follo	owin	a O\	/Ds)					
	A- Passport Number														()				,	,						
	B-Voter ID Card																						PHO	ото	*	
	C- Driving Licence																									
	D-NREGA Job Card																									
		-!									-															
	E- National Population Re		L				<u> </u>			1																
	F - Proof of Possession of	Aadhaar		XXX				-]											17					
	E-KYC Authentication			XXX				-		1																
	Offline verification of Aadh	aar		XXX		$ X\rangle$																				
Addre	SS																									
Line 1*														+							1			H		
Line 2 Line 3							+							ity / T	Town	/ Villa	**				\perp					
District	*		Pir	n / Post 0	Code*					S	state /	 ' U.T (Code*	ity / i	OWII	/ VIIIc	age	IS	3O 3	166 (Count	rv C	ode*			
																						,				
☐ 3. C	URRENT ADDRESS DETAIL	S (Please refer in	nstruction	B at the	end)																					
	ime as above mentioned add										4	- 1		:44 - J	/		- 6 41-	- 6-11		0\	(D-)					
T Certii	ied copy of OVD or equivale A- Passport Number	ent e-document (01 0 0 01	OVD	blamed	inroug	n digita	al KYC	> proce	iss ne	eas i	o be	Subm	illea	(any	one o	טו נווי	e ione	Owing	J OV	DS)					
	B-Voter ID Card																									
	C- Driving Licence																									
	D-NREGA Job Card									+		+														
	E- National Population Reg																									
	F - Proof of Possession of	Aadhaar				X																				
	E-KYC Authentication					X																				
	Offline verification of Aadha	aar	$\rightarrow \rightarrow \rightarrow$			X																				
IV 🗆	Deemed Proof of Address -	- Document Type	code																							
V 🗆	Self Declaration																									

Address		
Line 1*		
Line 2		
Line 3		City / Town / Village*
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*
☐ 4. CONTACT DETAI	LS	
Tel. (Off)	Tel. (Res)	— Mobile —
Email ID		
☐ 5. REMARKS (If any	y)	
6. APPLICANT DECLA	ARATION	
I hereby consent to recei registered number/email Date: Date:		Signature /Thumb Impression of Applicant
7. ATTESTATION / FOR	R OFFICE USE ONLY	
Documents Received	☐ Certified Copies ☐ E-KYC data receive ☐ Equivalent e-document ☐ Video Based KYC	ed from UIDAI $\ \square$ Data received from Offline verification $\ \square$ Digital KYC Process
KY	C VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date		Name
Emp. Name		Code
Emp. Code		
Emp. Designation		
Emp. Branch		
	[Employee Signature]	[Institution Stamp]