



KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)

For office use only
(To be filled by financial institution)

KYC Number

A. IDENTITY DETAILS

1. Name (Same as ID Proof)

Father's / Spouse Name

Mother's Name

2. A. Gender Male Female B. Marital Status Single Married C. Date of Birth / /

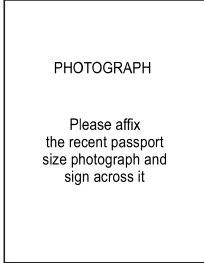
3. Nationality Indian Others (please specify) PLEASE SPECIFY (ISO 3166 Country Code)

4. Status Resident Individual Non Resident Indian Foreign National Person of Indian Origin

5. PAN (Please enclose a duly attested copy of your PAN Card)

Unique Identification Number (UID) / Aadhaar, if any

6. Proof of Identity submitted for PAN exempt cases If applicable (Please select any one) Not applicable
 UID (Aadhaar) Passport Voter ID Driving Licence Others PLEASE SPECIFY



B. ADDRESS DETAILS

1. Permanent Address of Resident Applicant

City / Town / Village

District Pin Code State / U.T Code ISO 3166 Country Code

2. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 UID (Aadhaar) Passport Ration Card Registered Lease / Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c. Statement / Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others PLEASE SPECIFY
 *Not more than 3 months old. Validity / Expiry date of proof of address submitted / /

3. Contact Details

Tel.(Off.) ISD STD Tel.(Res.) ISD STD Mobile ISD

Fax E-mail Id.

Relation (if Contact No. belongs to another person) / Relation (if Email belongs to another person)

4. Address for Correspondence: Same as above If different from above B1. Overseas Address (Mandatory) for Non-Resident Applicant.

City / Town / Village

State Zip / Post Code State / U.T Code ISO 3166 Country Code

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

UID (Aadhaar) Passport Ration Card Registered Lease / Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c. Statement / Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others PLEASE SPECIFY
 *Not more than 3 months old. Validity / Expiry date of proof of address submitted / /

C. OTHER DETAILS

1. Gross Annual Income Details Below ` 1 Lac ` 1-5 Lac ` 5-10 Lac ` 10-25 Lac > ` 25 Lacs
 OR Net-worth in ` (*Net worth should not be older than 1 year) as on (date) / /

2. Occupation Details
 S-Service (Private Sector Public Sector Government Sector) B-Business
 O-Others (Professional Self Employed Retired Housewife Student) X- Not Categorised

3. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person

4. Any other information:

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 am aware of other modes of KYC which are available and I have chosen Aadhaar based method voluntarily. My Aadhaar record can be used by NDML KRA only for the specific purpose of validating / maintaining / sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.
 I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only. I hereby consent to receiving information from NDML KRA & Central KYC Registry through SMS/Email on the above registered number/email address.

Date: / / Place:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

In-Person Verification DONE on / /

- (Self attested)
Self Certified Document copies received
- (Originals verified)
True copies of documents received

KYC VERIFICATION DONE BY

Date / /

Employee Name

Employee Code

Employee Designation

Employee Branch

Employee Signature

INSTITUTION DETAILS

Name

Code

STAMP OF INSTITUTION