Know Your Client (K) Application Form (Fo	r In					ly)	Ap Ty	oplic /pe*	catio	on [lew pda	te.	ΚΥſ	: Ni	ımk	ner*									(<u>)</u>	A	N	/ (\$	3	KYC	Se) rvice	es
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Father / Spouse Name*	Ш		4		\perp	\perp	\perp	\perp	\perp									L	L		L	L	L	L	1	\perp	╙	\perp	\perp	\perp	\perp			Ц	
Mother Name*																												\perp		\perp	\perp				_
Date of Birth*	D	D -	- [i	ММ]-[Υ '	YY	Υ																								Pho	to		
Gender*		M-	Ма	le								F-	Fer	nale	9			T-	Tra	ansg	geno	der										4			
Marital Status*		Ма	rrie	d								Un	ma	rried	b			Ot	thei	rs															
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(Certified copy of any one of				-									-		- / (,									
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☐ B- Voter ID Card												_																							
☐ D- Driving Licence																		Driv	ving	g Lic	cen	ce E	Ехр	iry I	Dat	е 🗖	D]-[M	VI —	- Y	Υ	Υ	1	
☐ E- Aadhaar Card						Ш			Ш			_																							
☐ F- NREGA Job Card	Ш					Ш			Ш																										
Z- Others (any docume	ent n	otifie	ed b	y th	ne c	entr	al g	ove	rnm	ent))] 1	den	tific	atio	on N	Num	nbe	r		\Box		\perp					_
3. Proof of Address (PoA)*																																			
3.1 Current / Permanent	/ Ov	ersea	as A	Addr	ess	Deta	ails (Plea	ase	see	inst	truct	ion	D at	the	en	d)																		
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(Certified copy of any one	Address Type* Residential / Business Residential Business Registered Office Unspecified (Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)																																		
Proof of Address* Passport Number		_	_		_													Par	een.	ort I	Evr	irv '	Dat	۵		Б	Б]_Г	1/1	M		V	v I s	7	
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3.2 Correspondence / Lo											tion	E at	t the	e en	d)																				
Same as Current / Perma																nde	nce /	loca	al ad	ldres	ses,	plea	se fi	II 'Ar	nnex	ure A	\1', S	Subm	nit re	leva	nt dc	cume	ntar	y pro	of)
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				. –	" ID) (D)		0						
4. Contact Details (All co	mmunications v	will be sent on p	rovided Mobile	no. / Ema	ail-ID) (Please refer	r instruction F at the er	nd)						
Email ID													
Mobile		Tel. (0	Off)	7-		Tel. (Res)							
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)													
Additional Details Requ	uired* (Mandat												
Country of Jurisdiction				TTT'		f Jurisdiction of Resi	dence as per ISO 3166						
Tax Identification Num			v jurisdiction)	*	m í m		do por 100 0100						
Place / City of Birth*				ىـــــــا ry of Birt	th*		Country Code as per ISO 3166						
Address			Count	iy or birt			Country Code as per ISO 3166						
Line 1*				$\perp \perp \perp$									
Line 2	\bot			\bot									
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						
6. Details of Related Per	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*	☐ Guardia	n of Minor	☐ Ass	ignee	☐Auth	orized Representative							
	Prefix	Fir	st Name		Middle	Name	Last Name						
Name*	(15.16)(0. n.um)		nravidad halavu	dataila af aa	action 6 are antional)								
(If KYC number and name are provided, below details of section 6 are optional) Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)													
(Certified copy of any one		,	•	,	,								
☐ A- Passport Number					•	sport Expiry Date							
B- Voter ID Card						,							
☐ C- PAN Card			+										
		 		\neg	Drivi	ing License Evning D	ata la la la la la la la la la la la la la						
☐ D- Driving Licence		 			DIIVI	ing Licence Expiry D	ate DD - MM - Y Y Y Y						
☐ E- Aadhaar Card				\neg									
□ F- NREGA Job Card □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □													
☐ Z- Others (any docum	nent notified by	y the central go	overnment) [Identification Numb	per						
7. Remarks (If any)													
I hereby declare that the details therein, immediately. In case a liable for it. I hereby declare t legislation or any notifications/or	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.												
	a Use Only	Place					Signature / Thumb Impression of Applicant						
9. Attestation / For Office	•	nina											
Documents Receive		opies J ut by <i>(Refer Instr</i> u	uction I)			Institution	n Details						
Date	DID MIM	Take by (Kerer Insul	ucuon ij		Name	manunoi	i Details						
Emp. Name					Code								
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Emp. Designation													
In-Person Verifi	cation (IPV) Carr	ied Out by (Refer	Instruction J)			Institution	n Details						
Date	D D — M M	- Y Y Y Y			Name								
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Instructions/Guidelines for filling Individual KYC Application Form

General Instructions:

- 1. Self-Certification of documents is mandatory.
- 2. KYC number of applicant is mandatory for update/change of KYC details.
- 3. For particular section update, please tick (🗸) in the box available before the section number and strike off the sections not required to be updated.
- 4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 8. Sole proprietor must make the application in his individual name & capacity.
- 9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- 10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Identity Details' section

- 1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). 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) outside India

1. 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 individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C. Clarification / Guidelines on filling 'Proof of Identity [Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

- 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.
- Others Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector
 Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council,
 etc., to their Members; and Credit cards/Debit cards issued by Banks.
- 4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

- 1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

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 addresses, Please fill 'Annexure A1'
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

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 91-999999999).
- 2. Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines on filling 'Related Person details' section

Provide KYC number of related person if available.

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

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

I. List of people authorized to attest the documents after verification with the originals:

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.
- 6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform In Person Verification (IPV):

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
- 5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

- 1. Investments (including SIPs), in Mutual Fund schemes up to INR 50.000/- per investor per vear per Mutual Fund.
- 2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
- 3. Investors residing in the state of Sikkim.
- 4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

List of Two-Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Cod
Andaman & Nicobar	AN	Himachal Pradesh	HF
Andhra Pradesh	AP	Jammu & Kashmir	JK
Arunachal Pradesh	AR	Jharkhand	JH
Assam	AS	Karnataka	KA
Bihar	BR	Kerala	KL
Chandigarh	CH	Lakshadweep	LD
Chattisgarh	CG	Madhya Pradesh	MF
Dadra and Nagar Haveli	DN	Maharashtra	MH
Daman & Diu	DD	Manipur	1M
Delhi	DL	Meghalaya	MI
Goa	GA	Mizoram	MZ
Gujarat	GJ	Nagaland	NL
Haryana	HR	Orissa	OF

PY
РВ
RJ
SK
TN
TS
TR
UP
UA
WB
XX

List of ISO 3166 Two-Digit Country Code

	Country		Country		Country		Country
Country	Code	Country	Code	Country	Code	Country	Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	Al	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	ВО		GU		MM	Switzerland	CH
		Guam		Myanmar Namibia	NA		
Bonaire, Sint Eustatius and Saba	BQ BA	Guatemala	GT		NA NR	Syrian Arab Republic	SY TW
Bosnia and Herzegovina		Guernsey	GG	Nauru		Taiwan, Province of China	
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	Ю	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion!Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
	CW		KG	Russian Federation Rwanda	RW	Yemen	YE
Curação		Kyrgyzstan				1 1 1	ZM
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

Annexure A1 - Addition/Modification/Change of Address - Correspondence/Local Address



Fields marked with '*' are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only	Application Type*	New	Update/	Change									
(To be filled by financial institution)	KYC Number					(Mandatory for KYC update request)							
☐ 1. Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof													
☐ Same as Current / Permanent / Overseas Address details													
Line 1*													
Line 2													
Line 3						City / Tov	vn / Village*						
District*	Zip / P	ost Code*			State	e/UT Code	as per Indian Motor Vehicle Act, 1988						
State/UT			Country*				Country Code as per ISO 3166						
_													
2. Contact Details (All comm	nunications will be sent on	provided Mob	ile no. / Ema	iil-ID) (Pleas	e refer in	struction F at	the end)						
Email ID													
Mobile	Tel. (Of	ff)]-		Tel. ((Res)							
Fax													
3. Applicant Declaration													
I hereby declare that the details furnished therein, immediately. In case any of the a liable for it. I hereby declare that I am I legislation or any notifications/directions is:	t I may be held	[Signature / Thumb Impression]											
I hereby consent to receiving information		n SMS/Email on the	e above registere	ed number/email	address.	L	Signature / Thumb Improcessor of Applicant						
Date: D D - M M - Y Y	Y Y Y Place:						Signature / Thumb Impression of Applicant						

Annexure B1 - Addition/Deletion of Related Persons

Fields marked with '*' are mandatory fields.

Please fill the form in English and in BLOCK letters.



For office use only (To be filled by financial institution)	Application Type* New KYC Number	Upda	ate/Change	(Mandatory fo	r KYC update request)					
1. Details of Related Po	erson (In case of additional related person	s, please fill	l 'Annexure B1') (ple	ease refer instruction	G at the end)					
Addition of Related Pers	on Deletion of Related Person K	/C Number	of Related Person	(if available*)						
Related Person Type*		signee	_	rized Representative						
Name*	Prefix First Name (If KYC number and name are provided, below	details of sec	Middle N	Name	Last Name					
Proof of Identity [Pol] of Re	lated Person* (Please see instruction (H) a	t the end)								
☐ A- Passport Number☐ B- Voter ID Card			Passp	port Expiry Date						
☐ C- PAN Card ☐ D- Driving Licence ☐ E- Aadhaar Card			Drivin	g Licence Expiry D	eate DD-MM-YYYY					
F- NREGA Job Card										
☐ Z- Others (any docume	nt notified by the central government)			Identification Numb	ber					
2. Applicant Declaration										
therein, immediately. In case any liable for it. I hereby declare that legislation or any notifications/dire	rnished above are true and correct to the best of my know of the above information is found to be false or untrue or I am not making this application for the purpose of cotions issued by any governmental or statutory authority formation from Central KYC Registry through SMS/Email on	misleading or ontravention of rom time to time	misrepresenting, I am awa any Act, Rules, Regulation e.	are that I may be held ons or any statute of	[Signature / Thumb Impression]					
Date: DD - MM - Y	Place:				Signature / Thumb Impression of Applicant					
3. Attestation / For Office	Use Only									
Documents Received	Certified Copies									
KYO	C Verification Carried Out by		Institution Details							
Date Emp. Name Emp. Code Emp. Designation Emp. Branch	[Employee Signature]		Name Code	[Institutio	n Stamp]					
Emp. Branch	[Employee Signature]			[Institutio	n Stamp]					