

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



Important Instructions:

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

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

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YYYY


Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin

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



Signature / Thumb Impression

✓(S2)

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 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*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

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

A- Passport Number Passport Expiry Date DD - MM - YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

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

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

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

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date --
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date --
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number
 S- Simplified Measures Account - Document Type code Identification Number


7. REMARKS (If any)

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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

 (S3)

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

IPV/ KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	Name	HINDUSTAN TRADECOM PVT. LTD.
Emp. Name	<input type="text"/>	Code	IN0546
Emp. Code	<input type="text"/>	<input type="text"/>	
Emp. Designation	<input type="text"/>		
Emp. Branch	J A I P U R		
<input type="text"/>			

[Employee Signature]

Name of 2nd Nominee (Mr./Mrs.) _____

Share of each Nominee Equity (If not equally, Please specify percentage) _____ % Residual Share Payable Yes No
(if not tick mark, any odd lot after division shall be transferred to the first nominee mentioned in the ofrm)

Relationship _____ DOB:

d	d	m	m	y	y	y	y
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 mandatory if nominee is minor.

Address _____

Tel.: _____ Fax No: _____ Mobile No.: _____

As the nominee is a minor as on date, to receive to the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders. I/We appoint following person to act as Guardian:

Name of the Guardian (Mr./Mrs.) _____

Relationship _____

Tel.: _____ Fax No: _____ Mobile No.: _____

Address _____

Signature of Guardian : _____

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.
(To be filled by DP) Nomination Form accepted and registered wide Registration No. _____ dated _____.

Name of 3rd Nominee (Mr./Mrs.) _____

Share of each Nominee Equity (If not equally, Please specify percentage) _____ % Residual Share Payable Yes No
(if not tick mark, any odd lot after division shall be transferred to the first nominee mentioned in the ofrm)

Relationship _____ DOB:

d	d	m	m	y	y	y	y
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 mandatory if nominee is minor.

Address _____

Tel.: _____ Fax No: _____ Mobile No.: _____

As the nominee is a minor as on date, to receive to the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders. I/We appoint following person to act as Guardian:

Name of the Guardian (Mr./Mrs.) _____

Relationship _____

Tel.: _____ Fax No: _____ Mobile No.: _____

Address _____

Signature of Guardian : _____

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.
(To be filled by DP) Nomination Form accepted and registered wide Registration No. _____ dated _____.

Name of Witness for Nomination	Address of Witness	Signature of Witness
1		
2		