

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

- A) Fields marked with ** are mandatory fields. E) List of State / U.T code per Indian Motor Vehicle Act, 1988 is available at the end.
 B) Please fill the form in English and in BLOCK letters. F) List of two character ISO 3166 country codes is available at the end.
 C) Please fill the date in DD-MM-YYYY format. G) KYC number of applicant is mandatory for update application.
 D) Please read section wise detailed guidelines / instructions at the end. 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)

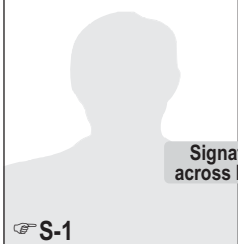
 Application Type* New Update

 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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PAN NO* <input type="text"/>	
Aadhar No. (UID)*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Other (ISO 3166 Country Code <input type="text"/> <input type="text"/>)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

PHOTO

 Signature across Photo
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 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)*

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

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

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

 Simplified Measures Account - Document Type code

 Others please specify
Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/> City / Town / Village* <input type="text"/>
District*	<input type="text"/> Pin / Post Code* <input type="text"/> State / U.T. Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

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

 Same as Current / Permanent / Overseas Address details

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/> City / Town / Village* <input type="text"/>
District*	<input type="text"/> Pin / Post Code* <input type="text"/> State / U.T. Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

 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

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/> City / Town / Village* <input type="text"/>
State*	<input type="text"/> ZIP / Post Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

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9. ATTESTATION / FOR OFFICE USE ONLY
 Originals verified and self - Attested Document copies received

IN-PERSON AND KYC VERIFICATION CARRIED OUT BY
INSTITUTION ON DETAILS

Date	
Employee Name	
Employee Code	
Employee Designation	
Employee Branch	
Signature of Employee	

Name	IBMBS LTD.
Code	IN0114
INSTITUTION STAMP	