## Know Your Customer (KYC) Application Form | Individual



Im	por	tan	t Instru	uct	ion	s:	

- A. Fields marked with '\*' are mandatory fields. B. Tick "wherever applicable.
- F. Please read section wise detailed guide
- 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.
- section number and strike off the sections not required to be updated.

C. Please fill the form in English and BLOCK letters. D. Please fill the date in DD-MM-YY format.

E. For particular section update, please tick () in the box J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only	A	Applicat	tion Typ	pe*	L	N	ew		U	lpda	ate															
(To be filled by financial instituti	ion) K	YC Nu	Imber														(	Mano	datory f	or KY	C upd	ate r	eque	st)		
	A	ccount	t Type*			] N	ormal		М	linor	r	A	Aadh	naai	OTP	base	ed E-	KYC	in nor	-face	to fac	e mo	ode)			
1. Personal Details	(Please	refer	instru	ction	Aa	at th	e en	d)																		
	Prefix			First				<i>,</i>					Mi	ddle	e Nam	e						Last	Nam	ne		
Name* (Same as ID proof)																										
Maiden Name																										
Father / Spouse Name*																										
Mother Name																										
Date of Birth*	DD-	MM	- Y	ΥY	/ Y	r																				
Gender*	M- Male	Э			] F- I	Fema	le				T-	Trans	gen	der												
PAN*											FC	RM 6	0 fu	rnis	hed											
Marital Status*	Marri	ed			] U	Inma	rried				Ot	ners														
Citizenship*	IN- Ir	ndian			0	others	s – C	oun	try										Countr	v Coo	de ∏	$\square$				
Residential Status*			dividual		-				-		For	eign N	Jatic	onal			Pers		f Indian	-						
2. PROOF OF IDEN												0					0.0	011 01	- Intelletin	engi						
Certified copy of OVD or equival																sub	mitte	nd (ar	nvone c	of the t	followi	ina C	i\/Ds`	1		
A-Passport Number							ort Ex	-	-				_								0110101	ng c	103)			
					1 6	asspe		(pir)	, υα	10									]				F	РΗΟ	то	*
B-Voter ID Card																	_									
C-Driving Licence								Dr	iving	g Li	cen	ce Ex	piry	Da	ate D	D	- []	M	1 - Y	Y	YY					
D-NREGA Job Card																										•
E-National Population Re	egister Lette	r 🗌																								
F-Proof of Possession of	Aadhaar	N	o need to a	attach. Ai	adhaa	r card.	lf submi	tted, A	Aadhaa	ar Nu	ımber	to be ma	isked	by th	ne custor	ner										
II E-KYC Authentication		N	o need to a	attach. Ai	adhaa	r card.	lf submi	tted, /	Aadhaa	ar Nu	ımber	to be ma	isked	by th	ne custor	ner										
III Offline verification of Aad	lhaar	N	o need to a	attach. Ai	adhaa	r card.	lf submi	tted, /	Aadhaa	ar Nu	ımber	to be ma	isked	by th	ne custor	ner						5	ianatu	re /Thu	mb Im	pression
Address [For other than resider		nlease	o mentii	n Ove	arsas	as An	Idress	1																	ithout	covering
Line 1*																										
Line 2																										
Line 3																C	City/T	own/	/Village	*						
District*				Pin/F	Post	Code	*							Sta	te/U.T	Coc	le*			15	SO 310	66 C	ountr	y Co	de*	
		TAIL						4:00	- D	-	41	ام مر م														
3. CURRENT ADD																										
Same as above mentioned																			,				0.15			
I. Certified copy of OVD or equiv	alent e-doci	ument	of OVD	or Ov	'D ol	btaine	ed thr	ougi	n dig	Ital	KYC	proce	ess	nee	ds to t	be su	IDMI	tted (	anyone	of th	e follo	wing	OVD	/S)		
					_		_																			
B-Voter ID Card					_																					
C-Driving Licence																										
D-NREGA Job Card																										
E-National Population Re	egister Lette	r 🛄																								
F-Proof of Possession of	Aadhaar			No nee	d to ai	ttach. A	adhaar	card.	lf subr	nittec	d, Aad	haar Nui	nber	to be	masked	by the	custo	mer								
II E-KYC Authentication				No nee	d to ai	ttach. A	adhaar	card.	lf subr	nittec	d, Aad	haar Nui	nber	to be	masked	by the	custo	mer								
III Offline verification of Aad	lhaar			No nee	d to at	tach. A	adhaar	card.	lf subr	nitted	I. Aadi	naar Nur	nber f	o be	masked	bv the	custo	mer								
					7																					
IV Deemed Proof of Addres	is – Docume	пт тур	e code																							
Address																		T T								
Line 1*																					+		++		+	
Line 2					-						 					 	litv/T	/	/Village	* [						
Line 3						Cod	*							C+-			Г	5.001/	aye							
District*				r'IU/F	USI	Code	;			_				SIG	te/U.T	000	re ∟		_	15	SO 310	00 C	Junt	y CO	ne. T	

		ns will be sent to Mobile nu	mber/Email-ID pro	vided) (Please r	efer instruction	C at the end)	
Tel. (Off)	-	Tel. (Res)		Mobile	-		
Email ID							
5. Remark	<b>(s</b> (If any)						
<ul> <li>undertake to info or untrue or misl</li> <li>I hereby declare any statute of leg time</li> <li>I hereby consen number/email ad</li> </ul>	that the details furnished above orm you of any changes therein, in eading or misrepresenting. I am a that I am not making this applica gislation or any notifications/direct to receiving information from 0	nmediately. Incase any of the aware that I may be held liable tion for the purpose contraver tions issued by any governme	above information is f for it. ntion of any Act, Rules antal or statutory autho	ound to be false , Regulations or prity from time to		re/Thumb Im	pression] on of Applicant
7. Attestation	/ For Office Use only						
Documents Receive	ed Certified Copies	E-KYC data receive	d from UIDAI 🗌 D	ata received from	Offline verificatio	n 🗌 Digital I	KYC Process
К	YC documents verification ca	arried out by		Ir	nstitution details	5	
Date:	D D - M M - Y Y Y	YY	Name				
Emp Nomo			Name				
Emp. Name			Code				
Emp. Name Emp. Code							
Emp. Code Emp. Designation							
Emp. Code	[Employee Signature]				stitution Stam	p]	
Emp. Code Emp. Designation Emp. Branch	Employee Signature]	Image: state			stitution Stam		
Emp. Code Emp. Designation Emp. Branch							