Annexure B1

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

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 of the sections not required to be updated.



| For office use only (To be filled by financial institu | Application Type* ☐ New ☐ Update | (Mandatory for KYC update request) |
|--|--|--|
| 1. DETAILS OF RELATED PERSON (Please refer instruction G at the end) | | |
| Addition of Related Person | | C Number of Related Person (if available*) |
| Related Person Type* | ☐ Guardian of Minor ☐ Assignee | Authorized Representative |
| . tolatou i olooli i jpo | Prefix First Name | Middle Name Last Name |
| Name* | | |
| | (If KYC number and name are provided, below details of | section 1 are optional) |
| PROOF OF IDENTITY (Pol) 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 DD-MM-YYYY |
| ☐ E- UID (Aadhaar) | | Diffing Electice Expiry Date |
| ☐ F- NREGA Job Card | | |
| | t notified by the central government) | Identification Number |
| | | Identification Number |
| S- Simplified Measures Account - Document Type code Identification Number | | |
| 2. 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. [Signature / Thumb Impression] | | |
| | | |
| Date : DD - MM - | Y Y Y Y Place : | Signature / Thumb Impression of Applicant |
| | | |
| 3. ATTESTATION / FOR OFFICE USE ONLY | | |
| Documents Received | | |
| KYC VER | FICATION CARRIED OUT BY | INSTITUTION DETAILS |
| Date | | Name |
| Emp. Name | | Code |
| Emp. Code | | Code |
| Emp. Designation | | |
| Emp. Branch | | |
| Emp. Branon | | |
| | [Employee Signature] | [Institution Stamp] |