

Know Your Client (KYC)**Application Form (For Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number :

Application Type* : ☐ New KYC ☐ Modification KYC**KYC Mode*:** Please Tick (✓)
☐ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker
☐ **1. Identity Details** (please refer guidelines overleaf)

PAN

Prefix First Name Middle Name Last Name

Name* (Same as ID proof) Maiden Name* (if any) Father / Spouse's Name* Date of Birth* Gender* ☐ M- Male ☐ F- Female ☐ T-TransgenderMarital Status * ☐ Single ☐ MarriedNationality* ☐ Indian ☐ Other Residential Status* ☐ Resident Individual ☐ Non Resident IndianPlease Tick (✓) ☐ Foreign National ☐ Person of Indian Origin *

(Passport mandatory for NRIs and Foreign Nationals.

PIO selection is only for CKYC and not for KRA KYC.

Select NRI or Foreign National based on Nationality of the individual)

Signature of Client

**PHOTO**

Proof of Identity (POI) submitted for PAN exempted cases (Please (✓) Tick)

☐ A - Aadhaar Card ☐ B - Passport Number Expiry Date ☐ C - Voter ID Card ☐ D - Driving Licence Expiry Date ☐ E - NREGA Job Card ☐ F - National Population Register Letter ☐ Z - Others (any document notified by Central Government)Identification Number **E-sign of the Client**

☐ 5. For Office Use Only

In-Person Verification (IPV) carried out by*	Intermediary Details*
<div>IPV Date _____</div> <div>Emp. Name _____</div> <div>Emp. Code _____</div> <div>Emp. Designation _____</div>	<div><input type="checkbox"/> Self certified document copies received (OVD)</div> <div><input type="checkbox"/> True Copies of documents received (Attested)</div> <div>AMC / Intermediary Name : <div></div></div>
Employee Signature and Stamp	Institution Name and Stamp

E-sign of the Client

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