

**Know Your Client (KYC)**

**Application Form (For Individuals only)**

(Please fill the form in English and in BLOCK Letters)

Fields marked with '\*\*' are mandatory fields

Application  New

Type\*  Update

KYC Number\*

KYC Type\*  Normal (PAN is mandatory)

PAN Exempt Investors (Refer instruction K)



**KYC Mode\*** : Please Tick (✓)

Normal  EKYC OTP  EKYC Biometric  Online KYC  offline KYC  Digilocker

**1. Identity Details** (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

	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\*

Gender\*  M- Male  F - Female  T-Transgender

Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN - Indian  Others - Country  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

**Photo**

Photo across sign

Signature/Thumb Impression

**2. Proof of Identity (PoI)\*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K 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

B- Voter ID Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

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

**3. Proof of Address (PoA)\***

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act , 1988

State/UT\*  Country \*  Country Code  as per ISO 3166

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

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

Proof of Address\*

Passport Number  Passport Expiry Date

Voter ID Card

Driving Licence  Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

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

3.2 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“, Submit relevant documentary proof)

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act , 1988

State/UT\*  Country \*  Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email ID) (Please refer instruction F at the end)

Email ID

Mobile  Tel. (Off)  Tel. (Res)

**5. FATCA/CRS Information** (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 above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act , 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end ) (in case of additional related persons, please fill Annexure B1)

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)

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

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

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

**7. 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address
- I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card With readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Applicant e-Sign	Applicant Wet Signature

Date :  Place :

**8. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by** (Refer Instruction I)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

**In-Person Verification (IPV) Carried Out by** (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]