

Know Your Customer (KYC) Application Form | Individual



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|---|-------------------|---------------------------------|---------------------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------------|
| For office use only
(To be filled by financial institution) | Application Type* | <input type="checkbox"/> New | <input type="checkbox"/> Update | | | | | | | | | | |
| | KYC Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | (Mandatory for KYC update request) |
| | Account Type* | <input type="checkbox"/> Normal | <input type="checkbox"/> Minor | <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode) | | | | | | | | | |

☐ 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<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"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<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

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

<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-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"/> D-NREGA Job Card	<input type="text"/>										
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>										
<input type="checkbox"/> F-Proof of Possession of Aadhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer										

Signature /Thumb Impression
across photo without covering
the face

II	<input type="checkbox"/> E-KYC Authentication	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
III	<input type="checkbox"/> Offline verification of Aadhaar	No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

Line 1*																																								
Line 2																																								
Line 3																					City/Town/Village*																			
District*											Pin/Post Code*										State/UT Code*										ISO 3166 Country Code*									

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>

No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

III	<input type="checkbox"/>	Offline verification of Aadhaar	No need to attach Aadhaar card. If submitted, Aadhaar Number to be masked by the customer.
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Address																													
Line 1*																													
Line 2																													
Line 3																				City/Town/Village*									
District										Pin/Post Code*										State code					ISO 3166 Country Code*				

[Institution Stamp]