Annexure A1

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

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Tick 'V' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (\checkmark) in the
- F) Please read section wise detailed guidelines / instructions at the end.
- 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.



	x section number and strike quired to be updated	off the section	ns not																					
	fice use only	Applica	ition Type	e*	□Ne	w	Upd	ate		Delet	e													
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)																								
□ 1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)																								
☐ Addition of Related Person ☐ Deletion of Related Person ☐ Updation KYC Number of Related Person (if available*)																								
Related Person Type*		☐ Guardian Prefix	of Minor	ee	☐ Authorized Representative Middle Name								Last Name							_				
		er and nam	ne are pro	ovided, b	elow de	tails ar	e opt	ional)		-					1 1-									
Maiden Name] [1						Ш	
Father / Spouse Name												Ш					4	4	4	+	H	Ļ	Ш	4
Mother Name								J. I														_		4
Date of Birth*																								
Gender* M- Male F- Female T-Transgender PAN* Form 60 furnished																								
2. PROOF OF IDENTITY AND ADDRESS*																								
	ied copy of OVD or equivale		t of OVD	or OVD o	btained t	hrough	digital	KYC	proces	s need	is to b	oe sub	mitted	d (any	yone o	of the	follov	ving C	DVDs	3)				
	A- Passport Number																				1000000			
	B-Voter ID Card																							
	C- Driving Licence																							
	D-NREGA Job Card																							
	E- National Population Re	gister Letter							T			Ħ	T											
	F - Proof of Possession of				dxix		M		T															
	E-KYC Authentication	100010001					M		\pm															
	Offline verification of Aadh	aar					M		Ħ															
					NC NC	W-34-3	ka N																	
Address Line 1*	SS																							
Line 2														\Box				П	Ť					
Line 3													City /	Town	/ Villa	ge*								
District			Р	in / Post (Code*					Sta	te / U.	T Code	e*				ISC	3166	Cou	intry (Code*			
V-182012		2.00	W-150-140-14	1200																				
	URRENT ADDRESS DETAIL	1000			- 5				N.															
	me as above mentioned additioned copy of OVD or equivalent									s need	ds to b	oe sub	mitted	d (any	yone o	of the	follov	wing C	OVDs	3)				
	A- Passport Number																							
	B-Voter ID Card																							
	C- Driving Licence																							
	D-NREGA Job Card																							
	E- National Population Reg	ister Letter				TT	Ħ	Ť		П														
	F - Proof of Possession of					a i																		
	E-KYC Authentication							H																
 III 🗆	Offline verification of Aadha	ar																						
IV 🗆	Deemed Proof of Address -		e code																					
v 🗆		Document typ	5 5000																					
v -	Self Declaration																							

Address														
Line 1*														
Line 2														
Line 3				ity / Town / Village*										
District*		Pin / Post Code*	State / U.T Coo	de* ISO 3166 Country Code*										
□ 4. CONTACT DETA	AILS													
Tel. (Off)		Tel. (Res)		Mobile —										
Email ID														
☐ 5. REMARKS (If a	ny)													
6. APPLICANT DECL	ARATION													
or misrepresenting, I a I hereby consent to recregistered number/ema	m aware that I may be held liab beiving information from Centra	(5)	found to be false or untrue or mislea	Signature /Thumb Impression of Applicant										
Documents Received	Certified Copies Equivalent e-docum	E-KYC data received lent Video Based KYC	from UIDAI	d from Offline verification										
, k	YC VERIFICATION CARR	IED OUT BY	INSTITUTION DETAILS											
Date			Name											
Emp. Name			Code											
Emp. Code														
Emp. Designation														
Emp. Branch														
	[Employee Signature]			Institution Stamp										