CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual			
Important Instructions: A) Fields marked with '*' are ma B) Please fill the form in English C) Please fill the date in DD-MM D) Please read section wise det at the end.	and in BLOCK letters. F) List of two character ISO 3166 country codes is available at the end. I-YYYY format. G) KYC number of applicant is mandatory for update application.		
For office use only	Application Type* ☑ New ☐ Update		
(To be filled by financial insti	itution) KYC Number (Mandatory for KYC update request)		
	Account Type* ☑ Normal ☐ Simplified (for low risk customers) ☐ Small		
1. PERSONAL DETAILS (Please refer instruction A at the end)			
	Prefix First Name Middle Name Last Name		
☐ Name* (Same as ID proc			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*	MRS IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Date of Birth*	D D - M M - Y Y Y Y		
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender ☐		
 Marital Status*	☐ Married ☐ Unmarried ☐ Others		
Citizenship*	✓ IN- Indian ☐ Others (ISO 3166 Country Code ☐) Please affix		
Residential Status*	Resident Individual Non Resident Indian photograph Foreign National Person of Indian Origin		
Occupation Type*	S-Service (Private Sector Public Sector Government Sector Housewife Student) B-Business X- Not Categorised T Crost of House Government Sector Government Sector Housewife Student) Retired Housewife Student		
□ 2. 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 section 2 is ticked) ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* ISO 3166 Country Code of Birth*			
3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end)			
1, , ,	the following Proof of Identity[Pol] needs to be submitted)		
☐ A- Passport Number	Passport Expiry Date DDDMM—YYYYY		
B- Voter ID Card			
☐ C- PAN Card ☐ D- Driving Licence ☐ E- UID (Aadhaar)	Driving Licence Expiry Date DD — MM — Y Y Y Y		
F- NREGA Job Card			
Z- Others (any document notified by the central government)			
4. PROOF OF ADDI	RESS (PoA)*		
l <u> </u>	NENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)		
(Certified copy of <u>any one</u> of t	the following Proof of Address [PoA] needs to be submitted)		
Address Type* ☐ Residential / Business ☑ Residential ☐ Business ☐ Registered Office ☐ Unspecified			
Proof of Address*			
│	Simplified Measures Account - Document Type code		
Line 1*			
Line 2			
Line 3	City / Town / Village*		
District*	Pin / Post Code* State / U.T Code* K L ISO 3166 Country Code* I N		

4.2 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')	\neg			
Line 1*	닉			
Line 2 Line 3 City / Town / Village*	ᅱ			
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*	╡			
Time Could be a see that the c	_			
4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)				
☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details				
Line 1*	_			
Line 2	╡			
Line 3 City / Town / Village* ISO 3166 Country Code*	\dashv			
State*				
☐ 5. CONTACT DETAILS				
Tel. (Res)	\neg			
AX Email ID Email ID	╡			
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6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)				
Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*) Guardian of Minor				
Related Person Type* Assignee Authorized Representative				
Prefix First Name Middle Name Last Name Name*				
(If KYC number and name are provided, below details of section 6 are optional)Tel. (Off)	_			
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 - Y Y Y Y				
Le- UID (Aadhaar)				
F- NREGA Job Card	_			
Z- Others (any document notified by the central government)				
S- Simplified Measures Account - Document Type code				
7. REMARKS (If any)(All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)				
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8. 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]				
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.				
Date: DD - MM - YYYYY Place: Signature / Thumb Impression of Applicant				
9. ATTESTATION / FOR OFFICE USE ONLY				
Documents Received ✓ Certified Copies				
IPV & KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS				
Date DD - M M - Y Y Y Y Name C O C H I N S T O C K B R O K E R S L T D				
Date D D - M M - Y Y Y Y Name C O C H I N S T O C K B R O K E R S L T D Emp. Name Code 1 1 0 0 0 2 3 9 0 0 1 1 0 0 0 2 3 9 0 0	Emp. Code			
Emp. Name Code 1 1 0 0 0 2 3 9 0 0	1			
Emp. Name Code 1 1 0 0 0 2 3 9 0 0				
Emp. Name Code 1 1 0 0 0 2 3 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
Emp. Name				
Emp. Name				