



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')

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*

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\*

State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

5. CONTACT DETAILS

FAX  Tel. (Res)  Mobile

Email ID

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

Name\* Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional) Tel. (Off)

PROOF OF IDENTITY [PoI] 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

E- UID (Aadhaar)

F- NREGA Job Card

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

S- Simplified Measures Account - Document Type code  Identification Number

7. REMARKS (If any)(All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

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.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :  Place :

[Signature / Thumb Impression]

X 3 Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

IPV & KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Name

Code

[Employee Signature]

