

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Important Instructions:

- A) Fields marked with '**' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* New Update

(To be filled by financial institution) KYC Number

[Grid for KYC Number]

(Mandatory for KYC update request)

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

Line 1* [Grid]

Line 2 [Grid]

Line 3 [Grid] City / Town / Village* [Grid]

District* [Grid] Pin / Post Code* [Grid] State / U.T Code* [Grid] ISO 3166 Country Code* [Grid]

2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end)

Tel. (Off) [Grid] - [Grid] Tel. (Res) [Grid] - [Grid] Mobile [Grid] - [Grid]

FAX [Grid] - [Grid] Email ID [Grid]

3. 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.

Date : [DD] - [MM] - [YYYY]

Place : [Grid]

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant