

In Case of Additional Related Persons, Please Fill This Form.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Annexure B1 for Related Person Details



Instructions:

- Fields marked with "*" are mandatory fields.
- Please Fill the form in English and in BLOCK Letters.
- Please read guidelines / detailed instructions overleaf
- List of Two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ Update
Account Type* : ☐ Normal ☐ Small
KYC Number :

☐ DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :
Related Person Type: ☐ Guardian Of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary
Name*: Prefix First Name Middle Name Last Name

PROOF OF IDENTITY* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Pol needs to be submitted)

☐ PAN : ☐ UID (Aadhaar) :
☐ Voter ID Card : ☐ NREGA Job Card :
☐ Passport Number : Passport Expiry Date :
☐ Driving License : Driving License Expiry Date :
☐ Others (any document notified by the central government) :

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number (if available) :
Related Person Type: ☐ Guardian Of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary
Name*: Prefix First Name Middle Name Last Name

PROOF OF IDENTITY* (Mandatory if KYC number is not available. One Certified Copy of any one of the following Pol needs to be submitted)

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☐ Passport Number : Passport Expiry Date :
☐ Driving License : Driving License Expiry Date :
☐ Others (any document notified by the central government) :

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it. I would like to share my personal / KYC details with Central KYC Registry.

Signature / Thumb Impression

☐ Signature / Thumb Impression of Applicant

Place :
Date :

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary
Risk Category : ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done
Date :
Emp. Name :
Emp. Code :
Emp. Designation :
Emp. Branch :
Signature :

[Employee Signature]

INSTITUTION DETAILS

Name :
Code :
Stamp :

[Institution Stamp]