In Case of Multiple Local/Correspondence Addresses, Please Fill This Form.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Annexure A1 for Local Address

Instructions:

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

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

❑CORRESPONDENCE / LOCAL ADDRESS DETAILS *(In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)*

Line 1* :
Line 2 :
Line 3 : City / Town / Village* :
State/U.T* : Pin /Post code : ISO -3166 Country Code :

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 : D D - M M - Y Y Y Y
Emp. Name :
Emp. Code :
Emp. Designation :
Emp. Branch :
Signature :

[Employee Signature]

INSTITUTION DETAILS

Name :
Code :
Stamp :

[Institution Stamp]