

**Know Your Client (KYC) Application Form – For Individuals**



KYC Mode:  Online KYC  Normal  EKYC OTP  Offline E-kyc  Digilocker

New  Change Request (Please fill this form in **ENGLISH** and in **BLOCK LETTERS**)

(Please tick the box on left margin of appropriate row where the CHANGE/CORRECTION is required and provide the details in the corresponding row)

**A. IDENTITY DETAILS**

- 1. Name of the Applicant:\*
- 2. Father's/Spouse's Name:\*
- 3. Mother's Name:\*
- 4. Maiden Name:\*
- 5. A. Gender: \*  Male  Female  
 Transgender
- C. Date of Birth: \* / /
- 6. Nationality: \*  
Status: \*
- 7. A. PAN: \*
- 8. Proof of Identity Submitted

B. Marital Status: \*  Single  Married

- Indian  Other (Please Specify)
- Resident Individual  Non Resident
- Foreign National (Passport Copy Mandatory)
- B. (UID)/Aadhaar, if any:  
PAN Card



**B. ADDRESS DETAILS**

- 1. Correspondence Address: \*  
Address Line 1 :  
Address Line 2 :  
Address Line 3 :  
City/Town/Village: PIN Code:  
State: Country:
- 2. Specify Proof of Address submitted for Residence/Correspondence Address :
- 3. Permanent Address: \* if different from above or overseas address, (mandatory for Non-Resident Applicant)  
Address Line 1 :  
Address Line 2 :  
Address Line 3 :  
City/Town/Village: PIN Code:  
State: Country:
- 4. Specify Proof of Address submitted for Permanent Address:
- 5. Contact Details: \*  
a. Mobile Number: b. EMAIL ID:  
c. Tel. (Office): d. Tel. (Residence):
- 6. Any other Information : \_\_\_\_\_
- 7. Are you a Tax Resident of any country other than India?  Yes  No  
(if yes , please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below)

Country	Tax Identification Number %	Identification Type(TIN or Other , Please specify)

**C. DECLARATION**

Differently Abled status Flag  Y /  N Type of impairment \_\_\_\_\_ (to be checked from page 3 of KYC form)  
Percentage of impairment \_\_\_\_\_ UDID number \_\_\_\_\_ Alpha numeric (2 character and 16 digit)

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/We 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/We hereby consent to receiving information from KRA & CKYCR through SMS / Email on the above registered number / Email address. I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

I/We accord my/our voluntary consent for sharing/fetching/verifying my/our records maintained in Central KYC Registry and KYC Registration Agency



Applicant Signature



Seal & Signature of Authorized Signatory

Date:

Place: