

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



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.
- D) For particular section update, please tick ✓ in the box available before the section number and strike off the sections not required to be updated.

Photograph

Please affix your recent passport size photograph

Signature / Thumb impression of Applicant

For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number _____ (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

1.	Name* (Same as ID proof)																			
2.	Maiden Name (if any*)																			
3.	Father's / Spouse Name*																			
4.	Mother's Name*																			
5.	a) Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	b) Marital status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others												
6.	a) Citizenship*	<input type="checkbox"/> IN-Indian				b) Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian												
		<input type="checkbox"/> Other (ISO 3166 Country Code) _____				<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin													
7.	a) PAN											Date of Birth								
8.	Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized																		

2. ADDRESS DETAILS

1	Local / Correspondence Address											
		City/town/village*						PIN / Post Code*				
		State / U. T. Code*						ISO 3166* Country Code				
2	Contact Details (All communications will be sent on provided Mobile No. / Email-ID)	Tel. (Off.)						Tel. (Res.)				
		Fax No.						Mobile No.				
		Email ID										
3	Current / Permanent / Overseas Address (If different from above. Mandatory for Non - Resident Applicant to specify overseas address)											
		City/town/village*						PIN / Post Code*				
		State / U. T. Code*						ISO 3166* Country Code				

3. PROOF OF ADDRESS (PoA)* (Please refer instruction D at the end)

(Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)

Address Type* Residential Business Residential / Business Registered Office Unspecified

Proof of Address * Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card

Simplified Measures Account - Document Type code Others _____

4. PROOF OF IDENTITY (POI)* (Please refer instruction C at the end)

(Certified copy of any one the following Proof of Identity (POI) needs to be submitted)

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 _____

5. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE IN JURISDICTION (S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (if issued by jurisdiction)*

Place / City of Birth* _____

ISO 3166 Country Code of Birth*

6. ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSE* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details

Same as Correspondence / Local Address details

1 Address Details	_____									
	City/town/village					ZIP / Post Code				
	State					ISO 3166 Country Code				
2 Contact Details <i>(please refer instruction F at the end)</i>	Tel. (Off.)					Tel. (Res.)				
	Fax No.					Mobile No.				
	Email ID _____									

7. DETAILS OF RELATED PERSON (in case of additional related persons, please fill *Annexure B1*)

Addition of Related Person

KYC Number of Related Person _____

Deletion of Related Person

(if available*)

Related Person Type*

Guardian of Minor

Assignee

Authorized Representative

Name _____

(If KYC number and name are provided, below details of Section 7 are optional)

PROOF OF IDENTITY (POI)* OF RELATED PERSON* (Please refer instruction H at the end)

(Certified copy of any one the following Proof of Identity (PoI) needs to be submitted)

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 _____

8. REMARK (if any)


9. 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 / E-mail on the above registered number / email address.

Place :

Date :

Signature / Thumb impression of the Applicant 

10. ATTESTATION / FOR OFFICE USE ONLY

Document Received Certified Copies

KYC & In Person Verification Carried Out By

INSTITUTION DETAILS

Emp. Name / Code _____

Name : BHARAT BHUSHAN EQUITY TRADERS LIMITED

Emp. Designation _____

Code : IN 0077

Emp. Branch _____

Emp. Signature _____

Date