

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (PLEASE SEE INSTRUCTION E AT THE END)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1 *

Line 1 *

Line 1 * City / Town / Village*

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

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

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1 *

Line 1 *

Line 1 * City / Town / Village*

State * ZIP / Post Code * ISO 3166 Country Code *

5. CONTACT DETAILS

- Tel. (Res) - Mobile -

FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill Annexure B1') (please refer instruction G at the end)

Addition of Related Person	Deletion of Related Person	KYC Number of Related Person (if available*)	Guardian of Minor
Related Person Type*	Assignee	Authorize Representative	
Name*	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>
		Last Name <input type="text"/>	
(If KYC number and name are provided, below details of section 6 are optional) Tel. (Off)			

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

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

7. REMARKS (If any) (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

8. 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/Email on the above registered number/email address.

Date : - - Place :

Signature / Thumb Impression

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

I Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch






INSTITUTION DETAILS

Name

Code

DETAILS OF DIRECTORS / PROMOTERS / PARTNERS / KARTA / TRUSTEES AND WHOLE TIME DIRECTORS FORMING A PART OF KNOW YOUR CLIENT (KYC) APPLICATION FORM FOR NON-INDIVIDUALS

Name of Applicant _____ PAN of the Applicant : (_____)

Sr. No.	PAN	NAME	DIN (for Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	PHOTOGRAPH
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	Please affix the recent passport size photograph and sign across it with stamp 
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	Please affix the recent passport size photograph and sign across it with stamp 
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	Please affix the recent passport size photograph and sign across it with stamp 
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	Please affix the recent passport size photograph and sign across it with stamp 
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	Please affix the recent passport size photograph and sign across it with stamp 

Date : - -



Name & Signature of the Authorised Signatory(ies) with Stamp