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CENTRAL KYC REGISTRY I Know	Your Customer (KYC) Application Form I Individual
Important Instructions:	AGAIN #1
A) Fields marked with "*" are mand	
B) Please fill the form in English anC) Please fill the date in DD-MM-Y[*]	
 D) Please read section wise detaile instructions at the end. 	VAL CERSAU /A
For office use only	Application Type* New Update
(To be filled by financial institution)	KYC Number (Mandatory for KYC update request)
	Account Type* Normal Simplified (for low risk customers) Small
1. PERSONAL DETAILS (Please	se refer instruction A at the end)
Name* (Same as ID proof)	Prefix First Name Middle Name Last Name
Maiden Name (If any*)	
Father / Spouse Name*	
Mother Name*	
Date of Birth*	
Gender*	M - Male F - Female T - Transgender
Marital Status*	Married Unmarried Others
Citizenship*	IN - Indian Others (ISO 3166 Country Code)
Residential Status*	Resident Individual Non Resident Indian
Residential Status	Foreign National Person of Indian Origin
Occupation Type*	S-Service (Private Sector Public Sector Government Sector)
	O-Others (Professional Self Employed Retired Housewife Student) B-Business Signature / Thumb
	X-Not Categorised
2. TICK IF APPLICABLE	RESIDENCE FOR TAX PURPOSES 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 Jurisdictic	on of Residence*
Tax Identification Number or equivale	ent (If issued by jurisdiction)*
Place / City of Birth*	ISO 3166 Country Code of Birth*
3. PROOF OF IDENTITY (POI)	* (Please refer instruction C at the end)
(Certified copy of any one of the follo A - Passport Number	wing Proof of Identity [Pol] needs to be submitted) Passport Expiry Date
B - Voter ID Card	
C - PAN Card	
D - Driving Licence	Driving Licence Expiry Date D D M M Y Y
E - UID (Aadhaar)	
F - NREGA Job Card	
Z - Others (any document notified	d by the central government)
S - Simplified Measures Account	- Document Type code
4. PROOF OF ADDRESS (POA	۵)*
	OVERSEAS ADDRESS DETAILS (Please refer instruction D at the end)
	wing Proof of Address [PoA] needs to be submitted)
Address Type* Resident	tial / Business Residential Business Registered Office Unspecified
Proof of Address* E Passpo	•
	entity Card NREGA Job Card Others
Address	
Line 1 *	
Line 1 *	
District *	Pin / Post Code * State / U. T. Code* ISO 3166 Country Code *

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Related Person Type*															1	Assi	gne	e				A	uth	orize	Re	epre	sen	tativ	е											
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A - Passport Number	l							_								1			Р	ass	роп	EX	рігу	/ Dat	e			D	D	-	M	M	-	- Y	Y	Y	Y			
B - Voter ID Card	l]																								
C - PAN Card	l																																							
D - Driving Licence	[]		D	Drivir	ng L	icer	nce	Exp	iry	Date	•	D	D] –	\mathbb{N}	\mathbb{N}	-	Y	Y	Ý	Y	1		
E - UID (Aadhaar)	[
F - NREGA Job Card	[
Z - Others (any docume	nt noti	fied	by t	he d	cent	ral o		ernn	nent) [Τ	T	T	Т			,				lo	deni	tific	atior	n Ni	umb	er						Τ		Τ	Т	Т		Т	٦
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7. REMARKS (If any)	(All co	mm	unic	atio	ns \	will I	oe s	ent	on p	orov	ided	Мс	bile	no.	/ E	mai	I-ID)) (Pl	eas	e re	fer i	nstr	ruct	ion F	= at	the	enc	d)												
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8. APPLICANT DECL	ARATI	ION																																						
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may be held liable for it.		,														0												Si	gna	ture	/ T	hun	nb I	mpr	essi	ion				
I hereby consent to receiving in	nformatio	on fro	m Ce	ntral	KYC	Regi	istry t	hrou	gh SN	1S/Er	nail o	n the	e abo	ve re	giste	red n	umbe	er/em	ail ac	ddres	s.		-			~	· · · ·	-1 -		F 1.		1			. 6	A		. 1		
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4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (PLEASE SEE INSTRUCTION E AT THE END)

Name	Name of Applicant			PAN of the	PAN of the Applicant : ((1
s. S.	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
						□ PEP □ RPEP □ NO	Please affix the recent passport size photograph and sign across it with stamp
						□ PEP □ RPEP □ NO	Please affix the recent passport size photograph and sign across it with stamp ∞
						□ PEP □ RPEP □ NO	Please affix the recent passport size photograph and sign across it with stamp c
						□ PEP □ RPEP □ NO	Please affix the recent passport size photograph and sign across it with stamp ∞
						□ PEP □ RPEP □ NO	Please affix the recent passport size photograph and sign across it with stamp ∞
Name	শ্রে Name & Signature of the Authorised Signatory(ies) with Stamp	Date : [- <u>-</u>		KBS INDIA LIMITED		

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

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