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



For office use only	Application Type* ☐ New	□Update		
(To be filled by financial insti	itution) KYC Number	(Mandatory for KYC update request)		
	Account Type* Norma	al Simplified (for low risk customers) Small		
☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)				
	Prefix First Name	Middle Name Last Name		
☐ Name* (Same as ID proo	of)			
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	РНОТО		
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender		
Marital Status*	☐ Married	☐ Unmarried ☐ Others		
Citizenship*	☐ IN- Indian	☐ Others (ISO 3166 Country Code ☐)		
Residential Status*	☐ Resident Individual ☐ Foreign National	□ Non Resident Indian □ Person of Indian Origin		
Occupation Type*	☐ S-Service (☐ Private Sector	□ Public Sector □ Government Sector)		
. 21	☐ O-Others (☐ Professional	Self Employed Retired Housewife Student)		
	☐ B-Business☐ X- Not Categorised	Signature / Thumb Impression		
	☐ X- Not Categorised			
2. TICK IF APPLICABL	LE RESIDENCE FOR TAX PURPOS	ES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)		
ADDITIONAL DETAILS RE	QUIRED* (Mandatory only if section 2 i	is ticked)		
ISO 3166 Country Code o	of Jurisdiction of Residence*			
Tax Identification Number	or equivalent (If issued by jurisdiction)*			
Place / City of Birth*		ISO 3166 Country Code of Birth*		
3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end)				
	he following Proof of Identity[PoI] needs to	o be submitted)		
☐ A- Passport Number		Passport Expiry Date DDDDMMDVYVYVY		
☐ B- Voter ID Card		Visa Validity D D M M - Y Y Y Y		
☐ C- PAN Card		Form 60/61 Yes No		
□ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYYY		
☐ E- UID (Aadhaar)				
☐ F- NREGA Job Card				
Z- Others (any document	nt notified by the central government)	Identification Number		
□ S- Simplified Measures Account - Document Type code Identification Number				
☐ 4. PROOF OF ADDRESS (PoA)*				
4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)				
(Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)				
Address Type* Residential / Business Residential Business Registered Office Unspecified				
Proof of Address*				
Address	Dood			
Line 1*				
Line 2				
Line 3	B: (5 : 6 :	City / Town / Village*		
District*	Pin / Post Code	e*		

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)				
	erseas Address details (In case of multiple	correspondence / local addresses, please fill 'Annexure A1')		
Line 1* Line 2				
Line 3		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 3		City / Town / Village*		
State*		ZIP / Post Code* ISO 3166 Country Code*		
☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)				
Tel. (off)	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)				
	on of Related Person KYC Number dian of minor Assignee	of Related Person (if available*)		
Prefix	First Name	Middle Name Last Name		
Name*				
(If KYC r	number and name are provided, below detai	s of section 6 are optional)		
	TED PERSON* (Please see instruction (H) at			
A- Passport Number		Passport Expiry Date DDD-MM-YYYYY Visc Malitim		
B- Voter ID Card		Visa Validity DDD-MM-YYYYY		
C- PAN Card		Form 60/61 Yes No		
D- Driving Licence		Driving Licence Expiry Date DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD		
☐ E- UID (Aadhaar) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
	by the central government)	Identification Number		
Z- Others (any document notified by the central government)				
☐ 7. REMARKS (if any)				
☐ 8. APPLICANT DECLARATION				
	are true and correct to the best of my knowledge and be ormation is found to be false or untrue or misleading or mi-			
	entral KYC Registry through SMS/Email on the above regis	tered number/email address.		
My Personal / KYC details may be shared v	vith Central KYC Registry.	Signature / Thumb Impression of Applicant		
Date: DD-MM-YYYY	Place:			
9. ATTESTATION / FOR OFFICE				
Documents Received ☐ Certified Copies KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS				
Date —		Name CITTIZENCREDITCOOPBANKLTD		
Emp. Name		Name C T Z E N C R E D T C O O P B A N K L T D Code I N O O O O O O O O O		
Emp. Code				
Emp. Designation				
Emp. Branch				
[Institution Stamp]				
[Employee Signature]				