

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)



(Please fill the form in English and in BLOCK Letters). Fields marked with "*" are mandatory

Application no.:		KYC No.*																		
CKYC ID NO																				
Application Type:	<input type="radio"/> New	<input type="radio"/> Update	<input type="radio"/> PAN	<input type="radio"/> PAN Exempt (Form 60)	PAN Exempt Reason:															
PAN*																				

01. Personal Details

Applicant Name*	FIRST	MIDDLE	LAST
Maiden Name (if any*)	FIRST	MIDDLE	LAST
Father / Spouse Name*	FIRST	MIDDLE	LAST
Mother Name	FIRST	MIDDLE	LAST
Date of Birth*	D D M M Y Y Y Y		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Citizenship*	<input type="checkbox"/> In-Indian <input type="checkbox"/> Other-Country..... Country Code <input type="text"/> <input type="text"/> Marital Status* <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
Occupation	<input type="checkbox"/> S-Service <input type="checkbox"/> Pvt. Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> O-Other <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		
	Photo		

02. Identity & Address Details* (Any one of the below documents to be submitted)

(Officially Valid Document Details)

<input type="checkbox"/> Passport	Passport Expiry Date	D D M M Y Y Y Y
<input type="checkbox"/> Driving Licence	Driving Licence Expiry Date	D D M M Y Y Y Y
<input type="checkbox"/> Voter ID	<input type="checkbox"/> Proof of Possession of Aadhaar	
<input type="checkbox"/> MNREGA Job Card	<input type="checkbox"/> Online E-KYC Authentication**	
<input type="checkbox"/> NPR Letter	<input type="checkbox"/> Offline Verification of Aadhaar**	
<input type="checkbox"/> Z - Other (any document notified by the central government)	Identification Number	

03. Permanent / Overseas Address*

Address Type*	<input type="checkbox"/> Residence / Business	<input type="checkbox"/> Residence	<input type="checkbox"/> Business	<input type="checkbox"/> Regd. Office	<input type="checkbox"/> Unspecified
Address* :					
	City / Town / Village*				
District*	Pincode / Zip*		State/ UT*		
State / UT Code*	as per Indian Motor Vehicle Act. 1988		Country*	Country Code*	as per ISO 3166

CURRENT ADDRESS (TO BE PROVIDED IF DIFFERENT FROM ABOVE ADDRESS)

Same Address As Available In Officially Valid Document Provided Above* Yes No

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

Proof of Address For Current Address*

<input type="checkbox"/> Passport	Passport Expiry Date	D D M M Y Y Y Y
<input type="checkbox"/> Driving Licence	Driving Licence Expiry Date	D D M M Y Y Y Y
<input type="checkbox"/> Voter ID	<input type="checkbox"/> Proof of Possession of Aadhaar	
<input type="checkbox"/> MNREGA Job Card	<input type="checkbox"/> Online E-KYC Authentication**	
<input type="checkbox"/> NPR Letter	<input type="checkbox"/> Offline Verification of Aadhaar**	
<input type="checkbox"/> Z - Other (any document notified by the central government)	Identification Number	
<input type="checkbox"/> Deemed Proof of Address	<input type="checkbox"/> Utility Bill*	<input type="checkbox"/> Property / Municipal Tax Receipt
	<input type="checkbox"/> Pension / Family Pension Payment Orders#	<input type="checkbox"/> Letter of Allotment of Accommodation\$

Address* :

City / Town / Village*

Pincode / Zip* District* State / UT*

State / UT Code* as per Indian Motor Vehicle Act. 1988 Country* Country Code* as per ISO 3166

04. Contact Information (All communications will be sent on provided Mobile no. / Email-ID)

Mobile No. :	Fax no.
Telephone (Off) (STD Code)	Telephone : (Res) (STD Code)

(EMAIL Id to be written in BLOCK letters) Email ID

05. Applicant Declaration And Consent *

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 SEBI Registered KYC Registration Agency / Central KYC Registry through SMS/Email on the above registered number/email address.

I hereby consent to

- use images of officially valid documents uploaded, digitally signed e-Aadhaar letter downloaded from UIDAI website and / or data received from UIDAI through Aadhaar authentication mechanism as proof of identity and / or address and consider signature uploaded as specimen signature and as part of my KYC information.
- process and register / update my KYC details provided through this application with SEBI KRA and / or Central KRA system(s),
- store documents / information uploaded as applicable under PML Act & Rules, SEBI KRA Regulations, 2011 and other any Act, Rules, Regulations, Guidelines, Circulars, etc. issued by Statutory / Regulatory authorities from time to time

I have no objection for the KRA in retaining my KYC details shared by me. I understand and am informed that the information / documents provided by me shall be stored by the KRA and / or the intermediary downloading my KYC information from SEBI KRA / Central KYC Registry and shall be used only for the purpose of completing my KYC formalities only and the information shall not be shared with any other third party.

I also understand that the KYC information registered with KRA / Central KRA system(s) would be utilized as mentioned in the SEBI KRA Regulations, 2011 / Central KYC Registry Operating Guidelines, 2016.

Date Place

GEO Coordinates



SIGN HERE
Signature / Thumb Impression of Applicant

06. Attestation / For Office Use Only

Documents Received: Certified Copies EKYC Data from UIDAI Offline PDF / XML Verification Digital KYC Data from Digi Locker

KYC Verification / IPV Carried Out by

Emp. Name:	IPV Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Emp. Designation:	Emp. Branch:	
Emp. Code	FI Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FI Name:	FI Seal:	
Employee Signature:		

* Mandatory and required information

** These documents are applicable only for online KYC

@ Mandatory if same address as available in officially valid document provided above flag is 'NO'

& Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)

Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain address

§ Letter of Allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and license agreements with such employers allotting official accommodation.