

**INSTRUCTIONS:**

- **FIELDS MARKED WITH "\*" ARE MANDATORY**
- **PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS**

APPLICATION TYPE\*:  NEW  UPDATE

KYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION):

(KYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST)

PROOF OF ADDRESS (POA)

**CORRESPONDENCE / LOCAL ADDRESS DETAILS\***

SAME AS CURRENT /PERMANENT/OVERSEAS ADDRESS DETAILS

ADDRESS TYPE\*:

RESIDENTIAL OR BUSINESS  RESIDENTIAL  BUSINESS  REGISTERED OFFICE  UNSPECIFIED

LINE 1\*:

LINE 2:

LINE 3:  CITY / TOWN NAME\*:

DISTRICT\*:  COUNTRY NAME:

STATE / UT NAME\*:  PIN / POST CODE\*:

**CONTACT DETAILS** (If communication has to be done on Mobile/email the following Mobile No/Email ID will be used)

TEL. (OFF):   TEL. (RES):

MOBILE NO.:   FAX:

EMAIL ID:

**APPLICANT DECLARATION**

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address

DATE:

PLACE: \_\_\_\_\_

SIGNATURE (S)

NAME OF THE AUTHORIZED PERSON OF ENTITY

**ATTESTATION / FOR OFFICE USE ONLY**

DOCUMENTS RECEIVED:  SELF-CERTIFIED  TRUE COPIES  NOTARY

RISK CATEGORY:  HIGH  MEDIUM  LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION:  DONE

DATE:

EMP./OFFICIAL SIGNATURE \_\_\_\_\_ EMP./OFF. NAME: \_\_\_\_\_

Signature Code / P.F No.: \_\_\_\_\_ EMP./OFF. DESIGNATION: \_\_\_\_\_ EMP./OFF. BRANCH: \_\_\_\_\_