



## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

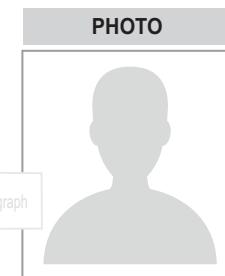
### Important Instructions:

- A) Fields marked with '\*' are mandatory fields.
- B) Tick (✓) wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked to accounts opened using OTP based E-KYC in non-face to face mode.

<b>For office use only</b> (To be filled by financial institution)	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
	KYC Number	(Mandatory for KYC update request)	
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor
		<input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)	

### 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name	
<input type="checkbox"/> Name* (Same as ID proof)	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Maiden Name (If any*)	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Father / Spouse Name*	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Mother Name*	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of Birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Form 60 furnished		
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
Occupation Type*	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector )		
	<input type="checkbox"/> O-Others ( <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"/> Agriculturist	<input type="checkbox"/> X- Not Categorised <input type="checkbox"/> Forex Dealer		
	<input type="checkbox"/> Others (Pl. Specify)			



Sign Across the photograph

### 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)

Is entity a tax resident of any country other then India  Yes  No

If yes, please provide country/ies in which the entity is a resident for tax purpose & the associated tax id no. below.

ISO 3166 Country Code 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 AND ADDRESS\* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of possession of Aadhaar

II.  E- KYC Authentication

III.  Offline verification of Aadhaar

#### Address

Line 1*	<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"/> <input type="text"/> <input type="text"/>
Line 2	<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"/> <input type="text"/> <input type="text"/>
Line 3	<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"/> <input type="text"/> <input type="text"/>
District*	<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"/> <input type="text"/> <input type="text"/>
	Pin / Post Code*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	State / U.T Code*	<input type="text"/> <input type="text"/>
	ISO 3166 Country Code*	<input type="text"/> <input type="text"/>

**4. CURRENT ADDRESS DETAILS** (Please refer instruction **B** at the end)

Same as above mentioned address (in such cases address details as below need not to be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number

B- Voter ID Card

C- Driving Licence

D- NREGA Job Card

E- National Population Register Letter

F- Proof of possession of Aadhaar

II.  E- KYC Authentication

III.  Offline verification of Aadhaar

IV.  Deemed Proof of Address - Document type Code

**Address**

Line 1\*

Line 2

Line 3

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

**5. CONTACT DETAILS** (All communications will be sent to Mobile number / Email-ID provided) (Please refer instruction **C** at the end)

Tel. (Off)  Tel. (Res)  Mobile

I hereby declare that the above mention Mobile number belong to  Me or  My family ( Spouse  Dependent Children  Dependent Parents)

Email ID

I hereby declare that the above mention email Id belong to  Me or  My family ( Spouse  Dependent Children  Dependent Parents)

**6. REMARKS (If any)**

**7. APPLICANT DECLARATION**

- I hereby declare that the KYC details furnished by me are true and correct to the best of my knowledge and belief and I under-take 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 KRA/CERSAI (CKYC) through SMS/Email on the above registered number/Email address.
- I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Date :

Place :



Signature / Thumb Impression of Applicant

**8. ATTESTATION / FOR OFFICE USE ONLY**

**Documents Received**  Certified Copies  E-KYC data received from UIDAI  Data received from Offline Verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC  Digilocker Verified

**KYC VERIFICATION CARRIED OUT BY**

**INSTITUTION DETAILS**

Date

Name **LARES ALGOTECH INDIA PRIVATE LIMITED**

Emp. Name

Code **IN8240**

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

[Institution Stamp]