

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.


For office use only

(To be filled by financial institution)

Application Type*

☐ New

☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

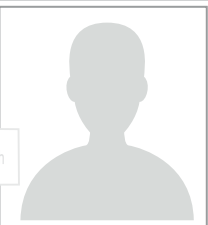
☐ Normal

☐ Minor

☐ 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"/>
Maiden Name (If any*)	<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"/>
Mother Name*	<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"/>
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="checkbox"/> Form 60 furnished		
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
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 Type*	<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"/> B-Business	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> X- Not Categorised	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Others (Pl. Specify)			

PHOTO

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



Signature / Thumb Impression of Applicant

Date : Place :

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

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name **LALES ALGOTECH INDIA PRIVATE LIMITED**
 Code **IN8240**

[Institution Stamp]