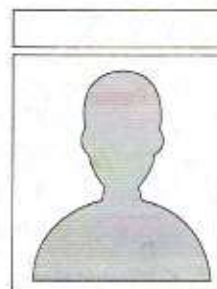


A) Fields marked with "*" are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.

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 (✓) in the box available before the section number and strike off the sections not required to be updated.

☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ X- Not Categorised



ISO 3166 Country Code of Birth*

Identification Number

City / Town / Village*

Pin / Post Code*

State / U.T. Code^a

ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																				
Line 2																				
Line 3																				
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 2																				
Line 3																				
State*						ZIP / Post Code*						ISO 3166 Country Code*								

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / E-mail-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)

☐ Addition of Related Person ☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix						First Name						Middle Name						Last Name					
Name*																							

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number											Passport Expiry Date	DD - MM - YYYY									
<input type="checkbox"/> B- Voter ID Card																					
<input type="checkbox"/> C-PAN Card																					
<input type="checkbox"/> D- Driving Licence											Driving Licence Expiry Date	DD - MM - YYYY									
<input type="checkbox"/> E- UID (Aadhaar)																					
<input type="checkbox"/> F- NREGA Job Card																					
<input type="checkbox"/> Z- Others (any document notified by the central government)											Identification Number										
<input type="checkbox"/> S- Simplified Measures Account - Document Type code											Identification Number										

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

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 Central KYC Registry through SMS/Email on the above registered number/email address.

Date: DD - MM - YYYY Place:

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documentas Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date										
Emp. Name										
Emp. Code										
Emp. Designation										
Emp. Branch										

[Employee Signature]

INSTITUTION DETAILS

Name										
Code										

[Institution Stamp]