

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

State / U. T Code*

Pin / Post Code*

City / Town / Village*

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. / Email-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 Nominee Assignee Authorized Representative Beneficial Owner Beneficiary

Name*

Prefix First Name Middle Name Last 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) A- Passport Number Passport Expiry Date - - B- Voter ID Card C- PAN Card Driving Licence Expiry Date - - D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) 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/our 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/We am/are aware that I/We may be held liable for it.
- My personal / KYC details may be shared with Central CYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Signature / Thumb Impression

Date : - - Place :

Signature / Thumb Impression of Applicant

8. ATTESTATION / FOR OFFICE USE ONLYDocuments Received Self-Certified True Copies Notary Risk Category High Medium Low**IN PERSON VERIFICATION CARRIED OUT BY**

Identity Verification	<input type="checkbox"/> Done	Date : <input type="text"/> - <input type="text"/> - <input type="text"/>
Emp. Name	<input type="text"/>	
Emp. Code	<input type="text"/>	
Emp. Designation	<input type="text"/>	
Emp. Branch	<input type="text"/>	

(Employee Signature)

INSTITUTION DETAILS

Name <input type="text"/>
Code <input type="text"/>

[Institution Stamp]

Important Instructions:

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



For office use only

(To be filled by financial institution)

Application Type* New Update

KYC Number

Account Type* Normal Small

(Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (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 Nominee Assignee Authorized Representative Beneficial Owner BeneficiaryName* Prefix First Name Middle Name Last 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) A- Passport Number Passport Expiry Date - - B- Voter ID Card C- PAN Card D- Driving Licence Driving Licence Expiry Date - - E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number **2. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my/our 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/We am/are aware that I/We may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Signature / Thumb Impression

Date : - - Place :

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLYDocuments Received Self-Certified True Copies Notary Risk Category High Medium Low**IN PERSON VERIFICATION CARRIED OUT BY**Identity Verification Done Date : - - **INSTITUTION DETAILS**Emp. Name Name Emp. Code Code Emp. Designation Emp. Branch

[Institution Stamp]

(Employee Signature)