PORTFOLIO MANAGEMENT SERVICES

Aditya Birla Sun Life AMC Ltd



CLIENT MANDATE REQU			ate: DDMMYYYY
	(Please fill all the details in B	LOCK LETTERS and in English)	
Client Code :		Client Name :	
1. CLIENT DETAILS			
NAME OF SOLE / FIRST APPLICANT	:		
NAME OF SECOND APPLICANT :			
NAME OF THIRD APPLICANT :			
Kindly tick (\checkmark) the option where cl	hange / updation is required and stril	ke off (*) the non-applicable option	n. Refer Instruction / checklist
2. CHANGE/ UPDATION OF ADDRESS	*(Please provide documents evidencing	proof. Refer the checklist)	
New Address			
State	Country Country		Pin Code
3. CHANGE IN CONTACT NUMBER			
New Mobile No.	Residence		Office
4. CHANGE IN EMAIL ID			
New Email ID			
5. CHANGE / UPDATION IN BANK DE	TAILS *(Please provide documents evid	dencing proof. Refer the checklist)	
Bank Account No.			
A/c Type Savings Current NRE	NRO MICR Code		
Bank Name & Address			
Oitl			1 1 1 1 1 1 1
City	State / Country	Pin Cod	e
City	,	Pin Cod	e
	,	Second Applicant	Third Applicant
	me/us are true and correct		
I / We confirm that details provided by	me/us are true and correct		
I / We confirm that details provided by Signature/ASL Stamp Applicant Name	me/us are true and correct		
I / We confirm that details provided by Signature/ASL Stamp Applicant Name DOCUMENTS EVIDENCING PROOF	me/us are true and correct		
I / We confirm that details provided by Signature/ASL Stamp Applicant Name DOCUMENTS EVIDENCING PROOF Please Note:	me/us are true and correct	Second Applicant	
I / We confirm that details provided by Signature/ASL Stamp Applicant Name DOCUMENTS EVIDENCING PROOF Please Note:	me/us are true and correct First Applicant	Second Applicant	
I / We confirm that details provided by Signature/ASL Stamp Applicant Name DOCUMENTS EVIDENCING PROOF Please Note: 1. Provide ANY ONE of the relevant	me/us are true and correct First Applicant	Second Applicant	
Signature/ASL Stamp Applicant Name DOCUMENTS EVIDENCING PROOF Please Note: 1. Provide ANY ONE of the relevant Instruction / checklist Proof of Identity (POI) Photo Pan card	me/us are true and correct First Applicant documents as mentioned below. (2 set of Proof of Address (POA) • Passport	each document) Bank Account Proof Bank Statement with IFSC	Third Applicant
Signature/ASL Stamp Applicant Name DOCUMENTS EVIDENCING PROOF Please Note: 1. Provide ANY ONE of the relevant Instruction / checklist Proof of Identity (POI)	me/us are true and correct First Applicant documents as mentioned below. (2 set of	each document) Bank Account Proof	Third Applicant

2. All proof should be self attested

NREGA Job card

Aadhaar Card

- 3. CKYC form is mandatory for all change request. Except Bank detail updation
- 4. Kindly fill the separate **Account Notification / Deletion request** form for updation in demat account.

Aadhaar Card

Bank Statement/ Passbook *

* Not more than 2 months old

Passbook Showing Bank account no.

* Not more than 2 months old

NREGA Job card



IL&FS House, Plot No.14, Raheja Vihar, Chandivali, Andheri (E), Mumbai - 400072 Phone :-022-42493000 Fax :- 28570948/49

Email Id :-issl-dp@issl.co.in DP ID - 14800

Account Modifications / Deletions Request Form

Appl	icatio	on N	0.	CD	SL			Α	ccour	nt Id.																
										(T	o be	filled	d by t	he Ad	cour	nt H	lold	er)								
	D	D	MM		YYY	/																				
Date			\	\																						
To, IL&F	S Se	curit	ties Se	rvice	es Li	mit	ed																			
																									_	
			er's De		i																					
			Holder																							
			nd Hol																							
Name	of T	hird	Holde	r																						
I/We	e requ	uest	you to	mal	ke th	ne f	ollow	/ing	modif	icatio	ons /	⁄ dele	etions	s to n	ny/o	ur a	ссо	unt	in y	our	rec	ords	s .			
Ado	ditior	1	М	odifi	catio	on	[Delet	tion	((Choo	se w	hiche	ver is	арр	lica	ble))								
Add	dress		Te	eleph	one	No	s.		Ban	k Det	tails	Р	OA D	etails	5										Ī	
			s (spec	cify)																						
	ds to		Addi			d			Exis	ting	Deta	ils						١	lew	Det	ails	;				
Мо	dified	d		catio																						
			D	eleti	on	-																				
You	may a	atta	ch an A	Inne	xure	(w	ith si	gnat	ture) i	f the	spac	e abo	ove is	four	d ins	suffi	cier	nt.								
Tho	mahi	ام ما	. /	aail i	d ba	lon	ac ta					(m	woolf	/enc		/ d	000	nda	nt o	hild	ron	/dor	onda	nt n	oro	nto
			o. / em ividual																							
(A) N	lames	s (B)	Signa	ture	s of	Но	lders	with	n DP																1	
		<u>, , , , , , , , , , , , , , , , , , , </u>	First/								Se	cond	Hold	ler					-	Thir	d H	olde	r		1	
(A)																										
/D\																_									_	
(B)																										
	L		1					• 1																		

Documents to be submitted along with the request:

Please fill all the details in Block Letters in English

- ${\bf 1.} \quad {\bf CKYC} \ form \ duly \ filled \ and \ signed \ for \ each \ of \ the \ hdders$
- Self attested copy of PAN card of all the holders
 Self attested copy of proof of address of all the holders

CENTRAL KYC REGISTR Y | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- 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-YYY Y format.
- D) Please read section wise detailed guidelines \slash instructions at the end.
- E) List of State / UT 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 (\checkmark) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type*	☐ Update
(To be filled by financial in		(Mandatory for KYC update request)
_	Account Type* Norma	
1. PERSONAL DE	ETAILS (Please refer instruction A at the end)	
□ Nomo* (Como os ID o	Prefix First Name	Middle Name Last Name
☐ Name* (Same as ID p	root)	
Maiden Name (If any*)		
Father / Spouse Name Mother Name*		
Date of Birth*		
Gender*	□ M- Male	F- Female T-Transgender
Marital Status*	☐ Married	Unmarried Others
Citizenship*	☐ IN- Indian	Others (ISO 3166 Country Code)
·	_	
Residential Status*	☐ Resident Individual☐ Foreign National	☐ Non Resident Indian ☐ Person of Indian Origin
Occupation Type*	☐ S-Service (☐ Private Sector	Public Sector Government Sector)
. 21	\square O-Others (\square Professional	☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
	B-Business	
2. TICK IFAPPLI	CABLE RESIDENCE FOR TAX PURPO	POSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
ADDITIONAL DETAILS	REQUIRED* (Mandatory only if section 2 is	s ticked)
ISO 3166 Country Code	e of Jurisdiction of Residence*	
Tax Identification Numb	per or equivalent (If issued by jurisdiction)*	
Place / City of Birth*		ISO 3166 Country Code of Birth*
3. PROOF OF IDE	ENTITY (Pol)* (Please refer instruction C at t	the end)
(Certified copy of <u>any one</u>	of the following Proof of Identity[PoI] needs to be	be submitted)
☐ A- Passport Numbe	er er	Passport Expiry Date
☐ B- Voter ID Card		
C- PAN Card		
☐ D- Driving Licence		Driving Licence Expiry Date DDDDWMDVYYY
E- UID (Aadhaar)		
☐ F- NREGA Job Card	d	
Z- Others (any docu	ment notified by the central government)	Identification Number
S- Simplified Meas	ures Account - Document Type code	Identification Number
4. PROOF OF AL	DDRESS (PoA)*	
_	MANENT / OVERSEAS ADDRESS DET AILS	
(Certified copy of <u>any one</u>	of the following Proof of Address [PoA] needs to	o be submitted)
7,	Residential / Business Reside	
Proof of Address*		ng Licence UID (Aadhaar) GA Job Card Others please specify
	Voter Identity Card☐ NREGA☐ Simplified Measures Account- Docume	
Address		
Line 1*		
Line 2		City / Town / Village*
District*	Pin / Post Code*	

4.2 CORRESPONDENCE / LO	OCAL ADDRESS DET AILS * (Please see instruc	tion E at the end)					
☐ Same as Current / Permane	ent / Overseas Address details (In case of multiple	correspondence / local addresses, please fill 'Annexure A1')					
Line 1*							
Line 2							
Line 3		City / Town / Village*					
District*	Pin / Post Code*	State / U.TCode* ISO 3166 Country Code*					
4.3 ADDRESS IN THE JURIS	ISDICTION DET AILS WHERE APPLICANT IS RES	IDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)					
☐ Same as Current / Permane	ent / Overseas Address details	Same as Correspondence / Local Address details					
Line 1*							
Line 2							
Line 3		City / Town / Village*					
State*		ZIP / Post Code* ISO 3166 Country Code*					
☐ 5. CONTACT DETAILS (A	All communications will be sent on provided						
T	Tel. (Res)	Mobile —					
FAX	Email ID						
□ c DETAIL C OF DELATE	D DEDCON //p con of additional related persons plants	SII (A					
Addition of Related Person		e ase fill 'Annexure B1') (please refer instruction G at the end) C Number of Related Person (if available*)					
Related Person Type*	Guardian of Minor Assignee	Authorized Representative					
	Prefix First Name	Middle Name Last Name					
Name*	(1510/2)						
	(If KYC number and name are provided, below details of	section 6 are optional) el. (Uπ)					
_	RELATED PERSON* (Please see instruction (H) at the element of the second						
A- Passport Number		Passport Expiry Date					
☐ B- Voter ID Card							
C- PAN Card							
☐ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY					
☐ E- UID (Aadhaar)							
F- NREGA Job Card							
Z- Others (any document n	notified by the central government)	Identification Number					
☐ S- Simplified Measures A	Account - Document Type code	Identification Number					
☐ 7. REMARKS (If any)	Mobile no. / E	mail-ID) (Please refer instruction F at the end)					
O APPLICANT PEOLA	PA TION						
8. APPLICANT DECLAI		iof and Lundartola, to inform you of any shanges					
therein, immediately. In case any of the	shed above are true and correct to the best of my knowledge and bel ne above information is found to be false or untrue or misleading or mis						
for it.							
	tion from Central KYC Registry through SMS/Email on the above registe	red number/email address. Signature /Thumb Impression of Applicant					
Date : DD — MM — Y	Place :	Signature / Thumb impression of Applicant					
9. ATTESTATION / FO	R OFFICE USE ONLY						
Documents Received	Certified Copies						
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS							
Date		Name					
Emp. Name							
Emp. Code		Code					
Emp. Designation							
Emp. Branch							
Emp. Dranon							
		[Institution Stamp]					
	[Employee Signature]						

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (🗸) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector
	Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1

code may be mention	led in point 4.1.
Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water
	bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if
	they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies,
	public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements
	with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of twodigit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	CH
Chattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State / U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
West Bengal	WB
Other	XX

Country	Country	Country	Country	Country	Country	Country	Count
	Code		Code		Code		Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
lland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG MW	Senegal Serbia	SN
Anguilla Antarctica	AI AQ	Ethiopia	ET FK	Malawi	MY		RS SC
Intarctica Intigua and Barbuda	AG	Falkland Islands (Malvinas) Faroe Islands	FO	Malaysia Maldives	MV	Seychelles Sierra Leone	SL
	AR		FJ	Mali	ML		SG
argentina		Fiji				Singapore	
rmenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
ustralia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
lustria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
zerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
ahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
ahrain	ВН	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
angladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
sermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
							SE
hutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	
Solivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	CH
onaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
osnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Souvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
razil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
runei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
lulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
aboVerde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
ambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
ameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
anada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
ayman Islands	KY	Iran, IslamicRepublic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
nad Hile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
china	CN	Israel	IIVI IL	Panama Papua New Guinea	PG	United Arab Emirates UnitedKingdom	GB
							US
hristmas Island	CX	Italy	IT	Paraguay	PY	United States	
ocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UN
olombia	CO	Japan	JP	Philippines	PH	Uruguay	U)
omoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
ongo ongo, the Democratic Republic of	CG CD	Jordan Kazakhstan	J0 KZ	Poland Portugal	PL PT	Vanuatu Venezuela, Bolivarian Republic of	VL VE
he	Olí	Warran .	1/=	D t. D'	DD	Mark Maria	
ook Islands osta Rica	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
osta Rica ote d'Ivoire !Côte d'Ivoire	CR CI	Kiribati Korea, Democratic People's Republic	KI KP	Qatar Reunion !Réunion	QA RE	Virgin IslandsBritish Virgin Islands, U.S.	VG
		of					
roatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
uba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Syprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
zech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZV
enmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
jibouti	DJ	Lesotho	LS	Saint Lucia	LC		
	DM	Liberia	LR	Saint Edica Saint Martin (French part)	MF		

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Important Instructions:

- A) Fields marked with '*
- 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 (\mathcal{J}) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type* ☐ New	√ □Update		
(To be filled by financial institution)	KYC Number		(Mandatory for K)	YC update request)
1. CORRESPONDENCE	LOCAL ADDRESS DETAIL	S (Please see instruction E at the en	nd)	
☐ Same as Current / Permanent / Line 1*	Overseas Address details			
Line 2				
Line 3			City / Town / Village	e*
District*	Pin / Post Co	ode* State / S	U.T Code*	SO 3166 Country Code*
2. CONTACT DETAILS (All co	ommunications will be sent on provid	ded Mobile no./ Email-ID) (Please refer ins	struction F at the end)	
Tel. (Off) — — FAX	Tel. (R		Mobile	
3. APPLICANT DECLARA	TION			
		owledge and belief and I undertake to inform you of or misleading or misrepresenting, I am aware that		
Date: DDD-MM-YY	Y Y Place :		Signa	ature / Thumb Impression of Applicant

Annexure B1

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

Important Instructions:

- 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 of the sections not required to be updated.



For office use only	Application Type* ☐ New ☐ Updat							
(To be filled by financial institu	ution) KYC Number	(Mandatory for KYC update request)						
1. DETAILS OF RELAT	1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)							
Addition of Related Person	☐ Deletion of Related Person KY	C Number of Related Person (if available*)						
Related Person Type*	☐ Guardian of Minor ☐ Assignee	Authorized Representative						
Name*	Prefix First Name (If KYC number and name are provided, below details of	Middle Name Last Name f section 1 are optional)						
PROOF OF IDENTITY (Pol) OF RELATED PERSON* (Please see instruction (H) at	the end)						
□ A- Passport Number□ B- Voter ID Card□ C- PAN Card		Passport Expiry Date						
☐ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY						
☐ E- UID (Aadhaar)		Name						
☐ F- NREGA Job Card		Code						
	t notified by the central government)	Identification Number						
3- 3implified Measures	s Account - Document Type code	Identification Number						
2. APPLICANT DECL	ARATION							
	ished above are true and correct to the best of my knowledge and belie the above information is found to be false or untrue or misleading or n							
Date : DD-MM-	Y Y Y Y Place :	Signature / Thumb Impression of Applicant						
3. ATTESTATION / FO	R OFFICE USE ONLY							
Documents Received	Certified Copies							
KYC VERI	FICATION CARRIED OUT BY	INSTITUTION DETAILS						
Date		Name						
Emp. Name		Code						
Emp. Code								
Emp. Designation								
Emp. Branch								
	[Employee Signature]	[Institution Stamp]						