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

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '\(\sigma'\) wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date In DD-MM-YYYY format.
- 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 may be obtained from our office.
- H) List of two character ISO 3166 country codes may be obtained from our office.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.



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For office use only	Application Type*	New	Update				
(To be filled by financial institution)	KYC Number				(Mand	atory for KYC upd	late request)
,	Account Type*	Normal	Minor	Aadhaar OTP	based E-KYC (in r		
1. PERSONAL DETAILS* (Plea				7.00.100.101.1	20000 2 1110 (1011 1000 10 1000 11	
	Prefix	First Name			liddle Name		Last Name
Name* (Same as ID proof)	FIEIX	First Name		IVI	niddle Name		Last Name
Maiden Name							
Father / Spouse Name							
Mother Name		VIVIVI					
Date of Birth*		7 7 7					
Gender*	M- Male	☐ F- Female		T-Transgende	er		
PAN*			Form 60 f	urnished			
2. PROOF OF IDENTITY AND A	DDRESS* (Please refe	er instruction B at th	ne end)				
Certified copy of OVD or equivalent				nrocess needs	s to be submitted (a	anyone of the follo	wing OVDs)
A- Passport Number		C / D ODIAINOU UIIC	agii aigilai NTO	p. 00000 110000	o to bo oublimed (e	, 0110 07 1110 10110	
B-Voter ID Card							□ РНОТО*
C-Driving Licence							
☐ D-NREGA Job Card							
E-National Population Regis	ter Letter						
F-Proof of Possession of Aa	dhaar						
II E-KYC Authentication							
III Offline verification of Aadhaa	ır	XXXXX					
Address	K.						
Line 1*							
Line 2							
Line 3					City	/ Town / Village*	
District*		Pin/Post Code*			State/U.T Code*		ISO 3166 Country Code*
3. CURRENT ADDRESS D	ETAILS (Plages rafe	er instruction P at	the and)				
_	3						
Same as above mentioned address							
I. Certified copy of OVD or equivalent	e-document of OVD or	OVD obtained thro	ough digital KYC	process needs	s to be submitted (a	inyone of the follo	wing OVDs)
☐ A- Passport Number							
B-Voter ID Card							
C- Driving Licence							
D-NREGA Job Card							
☐ E- National Population Regis	ter Letter						
F - Proof of Possession of Aa							
II E-KYC Authentication	[]						
_	<u></u>						
	L						
IV Deemed Proof of Address - [Document Type code						
V Self Declaration							
Address							
Line 1*							
Line 2							
Line 3						/ Town / Village*	
District*		Pin / Post Code*			State/U.T Code*		ISO 3166 Country Code*

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S. REMARKS (If any) 6. APPLICANT DECLARATION 1 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, Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am avare that I may be held liable for it. 1 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. ate: Place: Signature / Thumb Impression of Applicant registered number/email address. 7. ATTESTATION / FOR OFFICE USE ONLY Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process Emp. Name Code IPV and KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS Date Emp. Designation Emp. Designation Emp. Designation Emp. Designation Emp. Designation Emp. Designation A Clarification / Guidelines on filling 'Personal Datalis' section 1 Name: The name should match the name as mentioned in the Proof of Identity submitted falling which the application is liable to be rejected.	el. (Off)										Tel	. (Re	s)	Ш									\perp		Mo	bile			-							
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2 One the following is mandatory: Mother's name, Spouse's name, Father's name.	IPV and Date Emp. Name Emp. Code Emp. Designation Emp. Branch	KYC VE	Equipment Equipm	TIO	alent (RRIB	ED C	ist /	BY	Vi	dec	Bas	ed I	(YC		11	Namo	9	ML	.B	82	SE		INS	RIT	TIE	ES	ETA L	IIIS				Pro	cess		
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1 In case of deemed PoA such as utility bill, etc. or self declaration, the document need not be uploaded on CKYCR	Date Emp. Name Emp. Code Emp. Designation Emp. Branch CENTRAL KYC RE A Clarification 1 Name 2 One ti	GISTRY / Guide: The name following / Guide	RIFICA RIFICA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	mplo	N CAI	gnatu Che Perse i the : Md	ure]	ist /	Gu tails mame	ideli	ines	s for	filli	CYC	of I	ridua dent	Name	C A	MI	B 12	82	orm nich	CI	IN:	RIT	OTIC STITUTE OF THE S	ES ion S	L	.II	MII -	TE	D	Pro	cess		

- 4 In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address':

Document Code Description

- Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill). 01
- 02 Property or Municipal tax receipt.
- 03 Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
- 04 Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 10 REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository

Clarification / Guidelines on filling 'Contact details' section

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

Clarification / Guidelines on filling 'Related Person details' section 1 Provide KYC number of related person, if available.

Clarification on Minor

- Guardian details are optional for minors above 10 years of age for opening of bank account only
 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

Important Instructions: A) Fields marked with "*" are m							
B) Tick '√' wherever applicable C) Please fill the date In DD-MI D) Please fill the form in Englis E) KYC number of applicant is For office use only	e. M-YYYY format. h and in BLOCK letters. mandatory for update applicat Application Type*	obtained from G) List of two cha H) Please read	/ U.T code as per Indian n our office. aracter ISO 3166 country cod sectionwise detailed guidelir section update, please tic umber and strike off the section	des may be obtained ines / instructions a ck (/) in the box a ctions not required	from our office. t the end. vailable before to be updated.	ALL MAN AND AND AND AND AND AND AND AND AND A	ERSAL AND THE PROPERTY OF THE
(To be filled by financial institution	n) KYC Number			(Mandatory for KYC u	pdate request)		
☐ 1. ENTITY DETAILS* (Ple	ease refer instruction A at	the end)					
□ Name*							
Entity Constitution Type*	Others (Specify)		(Please refer instruction	n B at the end)			
Date of Incorporation / Form	nation*	— Y Y Y Y	Date of Co	ommencement o	Business	D - M M -	YYYY
Place of Incorporation / For	mation*		Country of Incorporation	/ Formation*	TIN or Equ	ivalent Issuing Co	untry
PAN *		60 furnished					_
TIN / GST Registration Numb	per						
2. PROOF OF IDENTITY (on B at the and					
_) in respect of person autho						
Certificate of Incorporation Memorandum and Articles Resolution of Board / Mana Activity Proof - 1 (For Sole 3. ADDRESS* (Please se	of Association aging Committee Proprietorship Only)	-				Certificate No.	
3.1 Registered Office Addr	ess / Place of Business*						
3.1 Registered Office Addr Proof of Address*	ess / Place of Business* Certificate of Incorporate	ion / Formation	Registration Certif	ficate \Box	Other Docum	nent	
Proof of Address* Line 1*		ion / Formation	Registration Certif	ficate	Other Docum	nent	
Proof of Address* Line 1* Line 2		ion / Formation	Registration Certif			nent	
Proof of Address* Line 1* Line 2 Line 3				City / Tow	n / Village*		
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Proof of Address* Line 1* Line 2 Line 3	Certificate of Incorporat			City / Tow	n / Village*		Code*
Proof of Address* Line 1* Line 2 Line 3 District*	Certificate of Incorporat			City / Tow	n / Village*		Code*
Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address in India	Certificate of Incorporat			City / Tow	n / Village*		Code*
Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address in India Line 1*	Certificate of Incorporat			City / Tow	n / Village*		Code ⁴
Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address in India Line 1* Line 2	Certificate of Incorporat		Stat	City / Tow	n / Village*		
Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address in India Line 1* Line 2 Line 3	Certificate of Incorporate Control Con	PIN / Post Code* PIN / Post Code*	Stat	City / Tow te / U.T Code* City / Tow City / Tow	n / Village*	60 3166 Country 0	
Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address in India Line 1* Line 2 Line 3 District*	Certificate of Incorporate Control Con	PIN / Post Code* PIN / Post Code*	Stat	City / Tow te / U.T Code* City / Tow City / Tow	n / Village*	60 3166 Country 0	
Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address in India Line 1* Line 2 Line 3 District*	Certificate of Incorporate Control Con	PIN / Post Code* PIN / Post Code* PIN / Post Code*	Stat	City / Tow te / U.T Code* City / Tow City / Tow	n / Village*	60 3166 Country 0	
Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address in India Line 1* Line 2 Line 3 District* 4. CONTACT DETAILS (AITEL (Off)	Certificate of Incorporate Control Con	PIN / Post Code* PIN / Post Code* PIN / Post Code* Int to Mobile number/ E	Stat	City / Tow te / U.T Code* City / Tow City / Tow	n / Village*	60 3166 Country 0	

☐ 6. REMARKS (If a	any)																									
																										<u> </u>
7. APPLICANT D	ECLARATIO	N																								
I hereby declare that undertake to inform you or misleading or misrep	of any change	s therein, imr	mediatel	y. In cas	se any c																					
 I/we hereby consent registered number/ema 		; informatio	n from	Centr	al KY	C Reg	istry t	hroug	h SN	/IS/En	nail	on t	ie a	abov	е											
Date: DD-M	M - Y Y	YY	Pla	ace:													Signatu	ure/T	humb	Impro	esion	of/\u	thorisc	d Pers	on(s)	
8. ATTESTATION	/ FOR OFFI	CE USE O	NLY																							
Documents Received	☐ Certified	d Copies		Equiva	alent e	-docu	ment																			
IPV and KYC	VERIFICATI	ON CARRI	ED OU	TBY									١	NST	ITU	TIO	N D	ETA	ILS							
Identity Verification	☐ Done	Date	p p -	MM	- Y	YY	Y	Nar	ne [ML	В	SI	C	UI	R IT	TIE	ES	L	IN	(11	Ε	D				
Emp. Name								Cod	de [IN1	28	2						T								
Emp. Code																										
Emp. Designation							П																			
Emp. Branch															Tin											
																		our rips,								
	[Emplo	oyee Signature]																								
CENTRAL KYC REG	ISTRY Inetr	ructions / (Chack	liet / C	mideli	nos fo	or filli	na I o	nal E	Entit	110	hor	tha	n In	divi	dua	le K	VC	Anr	lic	atio	n F	orm			
OLIVINAL KIO KEO	o itti i iiisti	dollons /	OHICON I	13610	ulucii	1100 10	or mill	E	gui L			1101	HIG		MIAIR	uud	311		LA		4410	100	JIIII			
									See Line																	

1 Entity Constitution Type

A - Sole Proprietorship B - Partnership Firm

C - HUF

D - Private Limited Company
E - Public Limited Company

F - Society

H - Trust I - Liquidator

J - Limited Liability Partnership

K - Artificial Liability Partnership L - Public Sector Banks

G - Association of Persons (AOP) / Body of Individuals (BOI) N - Section 8 Companies (Companies Act, 2013)

O - Artificial Jurisdical Person

P - International Organisation or Agency /Foreign

Embassy or Consular Office etc.

Q - Not Categorized

R - Others

M - Central/State Government Department or Agency S - Foreign Portfolio Investors

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entitites, FORM 60 may be obtained if PAN is not available.

- B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section
 - 1 Activity Proof 1 and Activity Proof 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
 - 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
 - 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
 - 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
 - 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
 - 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
- C Clarification / Guidelines for filling 'Proof of Address [PoA]' section
 - 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - 2 Certified copy of document or equivalent e-document to be submitted.
- D Clarification / Guidelines for filling 'Contact Details' section
 - 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
 - 2 Do not add '0' in the beginning of Mobile number.
- E Clarification / Guidelines for filling 'Related Person Details' section
 - 1 Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
 - 2 Proof of Address [PoA]
 - · 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.
 - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current
 address, different from the address as per the identity information available in the Central Identities Data Repository.
 - 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
 - 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- F Provision for capturing signature of multiple authorised persons is to be made by the RE.

Annexure A2 | Legal Entity / Other than Individuals

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

Important Instructions:

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



E) KTC Humber of applicant is fi	iandatory for update app	moditori.					
For office use only	Application		lew Dp	date De			
(To be filled by financial inst	titution) KYC Number	er			(N	landatory for KYC	update and delete request)
1. DETAILS OF RELATED		_	_				
Addition of Related Pers			Deletion of			•	date Related Person Details
KYC Number of Related Pe	rson (if available*)			If P	(YC number is availabl	e, only 'Related Perso	n Type' & 'Name' is mandatory
Related Person Type*					☐ Court Appoint		Proprieto r
	Beneficiary \(\Bar\) Auth	orised Signatory	Beneficia	Owner	Power of Attor	ney Holder	Other (Please specify)
DIN (Director Identification	Number)		(/	Aandatory if	Related Person T	ype is Director)	
1.1 PERSONAL DETAILS	•						
Name * (Oama aa 17 maa f)	Prefix	First Name			Middle Name		Last Name
Name* (Same as ID proof)							
Maiden Name							
Father / Spouse Name							
Mother Name							
Date of Birth*		Y Y Y Y	T Tropped	0.5			
Gender* Nationality*	☐ M- Male ☐ IN- Indian ☐	F- Female					
PAN*					orm 60 furnished		
1.2 PROOF OF IDENTITY	AND ADDRESS* (PI	ease refer instruc	tion E at the				
I Certified copy of OVD or equiva					ds to be submitted (an	yone of the following (DVDs)
☐ A- Passport Number							—— *
□ B-Voter ID Card							□ РНОТО*
□ C- Driving Licence							
□ D-NREGA Job Card							
□ E- National Population I	Register Letter						
_							
-	UI Addnaar						
II □ E-KYC Authentication							
III □ Offline verification of Aa	dnaar		XXI I I				
Address							
Line 1*							
Line 2							
Line 3						y / Town / Village*	
District*		Pin / Post Code*			State / U.T Code	*	ISO 3166 Country Code*
☐ 1.3. CURRENT ADDRE	SS DETAILS (Pleas	e refer instruction	E and the er	nd)			
☐ Same as above mentioned a	ddress (In such cases ac	Idress details as belov	w need not be p	rovided)			
I Certified copy of OVD or equ					eeds to be submitted (anyone of the following	g OVDs)
☐ A- Passport Number							
☐ B-Voter ID Card							
☐ C- Driving Licence							
□ D-NREGA Job Card							
☐ E- National Population F	Register Letter						
☐ F - Proof of Possession							
II							
II Offline verification of Aad	thear 🖂						
_	and	/	W V I I				
IV ☐ Deemed PoA							
V ☐ Self Declaration							

Address							
Line 1*							
Line 2							
Line 3				City / To	own / Village*		
District*		Pin / Post Code*		State / U.T Code*	IS	SO 3166 Country Co	de*
1. 4 CONTACT DETAIL	.S (All communication will be	e sent on provided mobile no	o. / Email-ID) (PI	lease refer instruction	on D at the end)	
Tel. (Off)		Tel. (Res)		M	lobile		
Email ID							
2. APPLICANT DECLA	RATION						
undertake to inform you o misleading or misreprese	of any changes therein, immediate enting, I am aware that I may be be eceiving information from Centra	re true and correct to the be ely. In case any of the above infor eld liable for it. al KYC Registry through SMS/En	mation is found to b	-			
Date: DD — MM	—	Place:			Signature /TI	numb Impression of A	pplicant
3. ATTESTATION / FOR	R OFFICE USE ONLY						
Documents Received	☐ Certified Copies☐ Digital KYC process		a received from e-document	UIDAI 🗆	Data received	from Offline verifica	tion
IPV and KY	C VERIFICATION CARRIE	D OUT BY		INSTIT	UTION DETAIL	.S	
Date			Name ML	B SECURI	TIES LI	MITED	
Emp. Name			Code IN1	282			
Emp. Code							
Emp. Designation							
Emp. Branch							
ŗ.	Employee Signature]				[Institution Stamp]		

Annexure A2 | Legal Entity / Other than Individuals

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

Important Instructions:

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



E) KTC Humber of applicant is fi	iandatory for update app	moditori.					
For office use only	Application		lew Dp	date De			
(To be filled by financial inst	titution) KYC Number	er			(N	landatory for KYC	update and delete request)
1. DETAILS OF RELATED		_	_				
Addition of Related Pers			Deletion of			•	date Related Person Details
KYC Number of Related Pe	rson (if available*)			lf F	(YC number is availabl	e, only 'Related Perso	n Type' & 'Name' is mandatory
Related Person Type*					☐ Court Appoint		Proprieto r
	Beneficiary \(\Bar\) Auth	orised Signatory	Beneficia	Owner	Power of Attor	ney Holder	Other (Please specify)
DIN (Director Identification	Number)		(/	Aandatory if	Related Person T	ype is Director)	
1.1 PERSONAL DETAILS	•						
Name * (Oama aa 17 maa f)	Prefix	First Name			Middle Name		Last Name
Name* (Same as ID proof)							
Maiden Name							
Father / Spouse Name							
Mother Name							
Date of Birth*		Y Y Y Y	T Tropped	0.5			
Gender* Nationality*	☐ M- Male ☐ IN- Indian ☐	F- Female					
PAN*					orm 60 furnished		
1.2 PROOF OF IDENTITY	AND ADDRESS* (PI	ease refer instruc	tion E at the				
I Certified copy of OVD or equiva					ds to be submitted (an	yone of the following (DVDs)
☐ A- Passport Number							—— *
□ B-Voter ID Card							□ РНОТО*
□ C- Driving Licence							
□ D-NREGA Job Card							
□ E- National Population I	Register Letter						
_							
-	UI Addnaar						
II □ E-KYC Authentication	- L						
III □ Offline verification of Aa	dnaar		XXI I I				
Address							
Line 1*							
Line 2							
Line 3						y / Town / Village*	
District*		Pin / Post Code*			State / U.T Code	*	ISO 3166 Country Code*
☐ 1.3. CURRENT ADDRE	SS DETAILS (Pleas	e refer instruction	E and the er	nd)			
☐ Same as above mentioned a	ddress (In such cases ac	Idress details as belov	w need not be p	rovided)			
I Certified copy of OVD or equ					eeds to be submitted (anyone of the following	g OVDs)
☐ A- Passport Number							
☐ B-Voter ID Card							
☐ C- Driving Licence							
□ D-NREGA Job Card							
☐ E- National Population F	Register Letter						
☐ F - Proof of Possession							
II							
II Offline verification of Aad	thear 🖂						
_	and	/	W V I I				
IV ☐ Deemed PoA							
V ☐ Self Declaration							

Address						
Line 1*						
Line 2						
Line 3				City / To	own / Village*	
District*		Pin / Post Code*		State / U.T Code*	ISO	3166 Country Code*
1. 4 CONTACT DETAIL	S (All communication will b	e sent on provided mobile i	no. / Email-ID) (Pl	lease refer instruction	on D at the end)	
Tel. (Off)		Tel. (Res)		M	Nobile -	
Email ID						
2. APPLICANT DECLA	RATION					
undertake to inform you o misleading or misreprese	the details furnished above a of any changes therein, immediat enting, I am aware that I may be h eceiving information from Central address.	tely. In case any of the above info reld liable for it.	rmation is found to b	•		
Date: DD — MM	— <u> </u>	Place:			Signature /Thum	b Impression of Applicant
3. ATTESTATION / FOR	R OFFICE USE ONLY					
Documents Received	☐ Certified Copies☐ Digital KYC process		ta received from te-document	UIDAI 🗆	Data received fro	m Offline verification
IPV and KY	C VERIFICATION CARRIE	D OUT BY		INSTIT	TUTION DETAILS	
Date			Name ML	B SECURI	ITIES LIM	ITED
Emp. Name				282		
Emp. Code						
Emp. Designation						
Emp. Branch						
ŗ	Employee Signature				[Institution Stamp]	