## Know Your Customer (KYC) Application Form Annexure

## **PERSONAL DETAILS:**

Details	Prefix	First Name	Middle Name	Last Name						
Full Name										
Maiden Name										
Mother Name										
Occupation Type S-Service Private Sector Public Sector Government Sector O- Others Professional Self Employed Retired House wife Student B-Business X –Not Categorised										
* Residence for Tax purpose in Jurisdiction (s) Outside India)										
ADDITIONAL DETAILS REQUIRED (Mandatory only if above is ticked)										
ISO 3166 country co	ode of Ju	risdiction of Residence*	. Country Code of Bir	th*						
Tax Identification N	umber or	equivalent (If issued by Ju	risdiction)*							
Place /City of Birth										

## **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 registered number/email ID.

Client /First Holder			-	Second Holder		Third Holder			
[Signature / Thumb Impression]									
For Office Use O	nly								
Application Type	:	New	Update						
CKYC Number	:				and atomy for K				
Account Type	:	Normal S	Simplified (for I			YC update Request) mall			