

A. Fields marked with "* are ma B. Tick " wherever applicable. C. Please fill the form in English D. Please fill the date in DD-MN E. For particular section update section number and strike of required to be updated. For office use only	n and BLOCK letters. M-YY format. p. please tick () in the box	H. List of two character ISC I. KYC number of applicar J. The 'OTP based E-KYC OTP based E-KYC in no	s per Indian Motor Vehicle Act, 1988 is avait 0 3166 country codes is available at the end at is mandatory for update application. ' check box is to be checked for accounts of	.
(To be filled by financial institut	ion) KYC Number Account Type*	Normal 1	Minor Aadhaar OTP based E-KYC	atory for KYC update request) in non-face to face mode)
	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name			Landan de la companya del la companya de la company	Landa Landa da d
Date of Birth*	Landania Landania Land	process of the second	[] 	
Gender*	M- Male	F- Female	T- Transgender	
PAN*		Particular Control of	FORM 60 furnished	
Marital Status*	Married	Unmarried	Others	Control Control
Citizenship*	☐ IN- Indian	Others - Country		Intry Code
Residential Status*	Resident Individual	Non Resident India	n 🗌 Foreign National 🔲 Person of	Indian Origin
		OVD - Literary d Abroniah direk	tel KVC expense pende to be submitted (an	vone of the following OVDs)
Certified copy of OVD or equiva	alent e-document of OVD o		tal KYC process needs to be submitted (any	yone of the following CVDs,
A-Passport Number		Passport Expiry D	late [7] [7] [10] [10]	
B-Voter ID Card			granusconsequentes que en entre entre en entre en entre entr	
C-Driving Licence		Drivit	ng Licence Expiry Date DD - MM	- YYYYY
D-NREGA Job Card				
E-National Population F	Register Letter			
F-Proof of Possession	of Aadhaar No need to	effech. Aashpar card, If submitted, Aad	heer Number to be masked by the oustomer	
II E-KYC Authentication	No need to	attach, Audhuar cord, If submitted, Aud	hear Number to be maxied by the customer	
III Offline verification of Aa	No nead to	altach, Audhaur card, if eubmitted, Aud	east Number to be macked by the customer	Signature /Thumb Impression
Address [For other than reside		on Overseas AddressI		across photo without covering the face
	The state of the s			
Line 1*		handan and an annual and		
Line 3			City/Town	4 Annual Company of the Company of t
District*		Pin/Post Code*	State/U.T Code*	ISO 3166 Country Code*
	* 44		Winds of the Control	
Same as above mentione	ed address (In such cases a	address details as below nee	d not be provided	
process	ivalent e-document of OVE	or OVD obtained through o	ligital KYC process needs to be submitted (anyone of the following OVDs)
A-Passport Number		nannyanahanjanahanjanahanjanahanjanahan		
B-Voter ID Card				
C-Driving Licence			wasing and a state of the state	
D-NREGA Job Card				
E-National Population I	Register Letter			
F-Proof of Possession	of Aadhaar	No need to allach, Aechaer card, If a	ibmitted, Aedhear Number to be meaked by the customer	
II E-KYC Authentication		No need to attach. Aadhaar oarti if s	ubmitted, Aadhaer Number to be masked by the customer	
III Offline verification of A	adhaar	No need to attach, Andhaer card, if so	ibmitteti, Aadhaar Numbar to be masketi by the customer	
111 January	ess – Document Type code			
Address				
Line 1*				
Line 2				
Line 3			City/Tow	m/Village* Sourtey Code*
District		Pin/Post Code*	Ctoto code	ISO 3166 Country Code*

4. Contact D	etails (All communications will be sent to Mobile number/	Email-ID provided including for validation purpose) (Please refer instruction C at the end)
Tel. (Off)	- Tel. (Res) - [Mobile -
Email ID		
	validation, hence provide the valid information in legible manner	
5. Remarks	If any)	
6. Applicant Dec	antarakan kanakan kana	alamataran mentamakan atau atau atau atau atau atau atau at
I hereby declare that inform you of any cha or misrepresenting. I a I hereby declare that I of legislation or any nual I hereby consent to readdress. I also provide	the details furnished above are true and correct to the best of niges therein, immediately. In case any of the above information arm aware that I may be held liable for it. I am not making this application for the purpose contravention of otifications/directions issued by any governmental or statutory a seciving information from Central KYC Registry through SMS/Endeciving information from Central KYC Registry through SMS/Ending consent to MF/AMC/KRA to share this KYC data / app	is found to be false or untrue or misleading f any Act, Rules, Regulations or any statute suthority from time to time mail on the above registered number/email mail on the above registered number/email plicable Aadhaar XML data with CKYCR,
Act/Rules/SEBI guide	was successful and su	g intermediaries as mandated by PMLA Signature/Thumb Impression of Applicant
Date: [Emp. Name Emp. Code	Equivalent e-document Video Based KYC documents verification carried out by D D - M M - Y Y Y Y	Institution details Name Code
Emp. Branch	[Employee Signature]	[Institution Stamp]
In-Pi	erson Verification (IPV) carried out by	Institution details
Date: [1] Emp. Name Emp. Code	DD - MM - YYYY 	
Emp. Branch		[institution Stamp]
	(Employee Signature)	