Know Your Client (KY Application Form (For (Please fill the form in English an Fields marked with '*' are manda	r Individuals only) d in BLOCK Letters)  Application Type* Update KYC Number* KYC Services					
1. Identity Details (Please refer instruction A at the end)						
	·					
PAN	Please enclose a duly attested copy of your PAN Card					
	Prefix First Name Middle Name Last Name					
Name* (same as ID proof)						
Maiden Name (If any*)						
Father / Spouse Name*						
Mother Name*						
Date of Birth*	DD - MM - YYYY					
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender					
Marital Status*	☐ Married ☐ Others					
Citizenship*	☐ IN- Indian ☐ Others – Country Country Code ☐					
Residential Status*	☐ Resident Individual ☐ Non Resident Indian					
	☐ Foreign National ☐ Person of Indian Origin					
Occupation Type*	□ S-Service □ Private Sector □ Public Sector □ Government Sector					
	O-Others Professional Self Employed Retired Housewife Student Thumb Impression					
2 Proof of Identity (Pol)* /f	B-Business					
, , ,	the following Proof of Identity [Pol] needs to be submitted)					
☐ A- Passport Number	Passport Expiry Date  DD - MM - Y Y Y Y					
☐ B- Voter ID Card						
☐ D- Driving Licence	Driving Licence Expiry Date D D - M M - Y Y Y Y					
☐ E- Aadhaar Card						
☐ F- NREGA Job Card						
Z- Others (any docume	nt notified by the central government) Identification Number					
3. Proof of Address (PoA)*						
3.1 Current / Permanent	/ Overseas Address Details (Please see instruction D at the end)					
Address						
Line 1*						
Line 2						
Line 3	City / Town / Village*					
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988					
State/UT*	Country* Country Code as per ISO 3166					
/ ·	esidential / Business					
Proof of Address*	of the following Proof of Address [PoA] needs to be submitted)					
☐ Passport Number	Passport Expiry Date					
☐ Voter ID Card						
☐ Driving Licence	Driving Licence Expiry Date DD - MM - Y Y Y Y					
☐ Aadhaar Card						
☐ NREGA Job Card						
Others (any document	notified by the central government)					
3.2 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', Submit relevant documentary proof)						
Line 1*						
Line 2						
Line 3	City / Town / Village*					
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988					
State/UT*	Country* Country Code as per ISO 3166					

Version 1.6 Page

	ommunications will be sent on provided Mobile no. / Email-ID) (Please refer instruction <b>F</b> at the end)								
Email ID									
Mobile	Tel. (Off) — Tel. (Res) — Tel. (Res)								
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)									
Additional Details Required* (Mandatory only if above option (5) is ticked)									
Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166									
Tax Identification Number or equivalent (If issued by jurisdiction)*									
Place / City of Birth*	Country of Birth* Country Code as per ISO 3166								
Address	Address								
Line 1*									
Line 2									
Line 3	City / Town / Village*								
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988								
State/UT*	Country* Country Code as per ISO 3166								
6. Details of Related Pers	rson (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')								
Related Person	☐ Deletion of Related Person KYC Number of Related Person (if available*)								
Related Person Type*	☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative								
Nama*	Prefix First Name Middle Name Last Name								
Name*	(If KYC number and name are provided, below details of section 6 are optional)								
	of Related Person* (Please see instruction (H) at the end)								
	of the following Proof of Identity[Pol] needs to be submitted)								
☐ A- Passport Number	Passport Expiry Date DD - MM - Y Y Y Y								
B- Voter ID Card									
C- PAN Card									
☐ D- Driving Licence	Driving Licence Expiry Date DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD								
E- Aadhaar Card									
F- NREGA Job Card									
. ,	nent notified by the central government)								
7. Remarks (If any)									
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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of									
liable for it. I hereby declare the	s furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes ny of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of								
liable for it. I hereby declare the legislation or any notifications/di	sumished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes ny of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held the property of the purpose of contravention of any det Bules. Regulations or any statute of								
liable for it. I hereby declare the legislation or any notifications/di	s furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes ny of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of lirections issued by any governmental or statutory authority from time to time.								
liable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving inf  Date:  Date:  Market Attention / For Office	suminated above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes my of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of lirections issued by any governmental or statutory authority from time to time.  Thumb Impression of Applicant  Signature / Thumb Impression of Applicant  Signature / Thumb Impression of Applicant								
liable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving infinity of the legislation of the legislat	suppose the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes by of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of lifections issued by any governmental or statutory authority from time to time.  Thumb Impression of Applicant  Signature / Thumb Impression of Applicant  Ce Use Only  Certified Copies								
liable for it. I hereby declare the legislation or any notifications/di I hereby consent to receiving inf Date:  9. Attestation / For Office  Documents Received  KYC Verification / For Office	suppose furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes my of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of directions issued by any governmental or statutory authority from time to time.  Thumb Impression of Applicant  Signature / Thumb Impression of Applicant  Cet Use Only  Cettified Copies  Institution Details								
iliable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving inf Date:  9. Attestation / For Office  Documents Received  KYC Verification  Date	Institution Details  The days of the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes by of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of directions issued by any governmental or statutory authority from time to time.  The place:  Thumb Impression of Applicant in the above registered number/email address.  Thumb Impression of Applicant in the above registered number of the purpose of the purpose of the purpose of contravention of any Act, Rules, Regulations or any statute of lifections issued by any governmental or statutory authority from time to time.  Thumb Impression of Applicant in the above registered number/email address.  Thumb Impression of Applicant in the above registered number of the purpose								
liable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving infinity of the legislation of the legislat	Institution Details  Institution Details  Institution Details  Institution Details								
liable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving information of the legislation of the legis	Institution Details  The days of the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes by of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of directions issued by any governmental or statutory authority from time to time.  The place:  Thumb Impression of Applicant in the above registered number/email address.  Thumb Impression of Applicant in the above registered number of the purpose of the purpose of the purpose of contravention of any Act, Rules, Regulations or any statute of lifections issued by any governmental or statutory authority from time to time.  Thumb Impression of Applicant in the above registered number/email address.  Thumb Impression of Applicant in the above registered number of the purpose								
liable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving infinity of the legislation of the legislat	Institution Details  Institution Details  Institution Details  Institution Details								
liable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving information of the legislation of the legis	Institution Stamp]  Institution Stamp]  Institution Stamp]								
liable for it. I hereby declare the legislation or any notifications/di  I hereby consent to receiving information of the legislation of the legis	Institution Details								
liable for it. I hereby declare the legislation or any notifications/displayed in the legislation of any notifications/displayed in the legislation of any notifications/displayed in the legislation of th	Institution Stamp]  Institution Stamp]  Institution Stamp]								
liable for it. I hereby declare the legislation or any notifications/displayed in the legislation of any notifications/displayed in the legislation of any notifications/displayed in the legislation of th	Institution Details    Code   Employee Signature   Institution Stamp   Institution Sta								
liable for it. I hereby declare the legislation or any notifications/displayed in the legislation of any notifications/displayed in the legislation of any notifications/displayed in the legislation of th	Institution Details  Institution Details  Institution Details  Institution Details  Institution Details								
liable for it. I hereby declare the legislation or any notifications/disconsent to receiving infinity.  9. Attestation / For Office  Documents Received  KYC Verification.  Date  Emp. Name  Emp. Code  Emp. Designation  In-Person Verification.	Institution Details    Code								
liable for it. I hereby declare the legislation or any notifications/disconsent to receiving inf Date:  9. Attestation / For Office  Documents Received KYC Verifit  Date  Emp. Name  Emp. Code  Emp. Designation  In-Person Verifit  Date  Emp. Name  Emp. Code  Emp. Date	Interinshed above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes my of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of literations issued by any governmental or statutory authority from time to time.  Interior is supported in the purpose of contravention of any Act, Rules, Regulations or any statute of literations issued by any governmental or statutory authority from time to time.  Interior is supported in the purpose of contravention of any Act, Rules, Regulations or any statute of literations is supported in the purpose of contravention of any Act, Rules, Regulations or any statute of literations is supported in the purpose of contravention of any Act, Rules, Regulations or any statute of literations is supported by a power mental or statutory authority from time to time.  Institution Details  Institution Details  Name  Code  Institution Details  Name  Code								
liable for it. I hereby declare the legislation or any notifications/displayed in the legislation of any notifications/displayed in the legislation of any notifications/displayed in the legislation of th	sturnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes that I may be held the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held into making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of information from Central KYC Registry through SMS/Email on the above registered number/email address.  Signature / Thumb Impression of Applicant  See Use Only  d Certified Copies ication Carried Out by (Refer Instruction I)  Institution Details  Name  Code  Emp. Branch  Institution Details  Name  Code  Emp. Branch  Institution Details  Name  Code  Emp. Branch								
liable for it. I hereby declare the legislation or any notifications/displayed in the legislation of any notifications/displayed in the legislation of any notifications/displayed in the legislation of th	Interinshed above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes my of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held hat I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of literations issued by any governmental or statutory authority from time to time.  Formation from Central KYC Registry through SMS/Email on the above registered number/email address.  Signature / Thumb Impression of Applicant  See Use Only  Institution Details  Name  Code  Emp. Branch  Institution Details  Name  Code								

Version 1.6 Page

#### Instructions/Guidelines for filling Individual KYC Application Form

#### General Instructions:

- Self-Certification of documents is mandatory.
- 2. KYC number of applicant is mandatory for update/change of KYC details.
- 3. For particular section update, please tick (🗸) in the box available before the section number and strike off the sections not required to be updated
- 4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 8. Sole proprietor must make the application in his individual name & capacity.
- 9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA quidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- 10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

#### A. Clarification / Guidelines on filling 'Identity 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

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 [Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

- 1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2. Mention identification / reference number if 'Z Others (any document notified by the central government)' is ticked.
- Others Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
- 4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

#### D. Clarification / Guidelines on filling 'Proof of Address [PoA] 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. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

#### 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'
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

#### 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

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.

### I. List of people authorized to attest the documents after verification with the originals:

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/
  Consulate General in the country where the client resides are permitted to attest the documents.
- 6. Government authorised officials who are empowered to issue Apostille Certificates

#### J. List of people authorized to perform In Person Verification (IPV):

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
- 5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

#### K. PAN Exempt Investor Category

- $1. \ \ Investments \ (including \ SIPs), \ in \ Mutual \ Fund \ schemes \ up \ to \ INR \ 50,000/- \ per \ investor \ per \ year \ per \ Mutual \ Fund.$
- 2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
- 3. Investors residing in the state of Sikkim.
- 4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

# List of Two-Digit 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
Harvana	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
WestBengal	WB
Other	XX

## List of ISO 3166 Two-Digit Country Code

	Country		Country		Country		Country
Country	Code	Country	Code	Country	Code	Country	Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland 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	Senegal	SN
Anguilla	Al	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	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
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	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
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic 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
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Cook Islands Costa Rica	CR	Kiribati	KI	Qatar Qatar	QA	Virgin Islands, British	VIN
Costa Rica Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP		RE	Virgin Islands, British Virgin Islands, U.S.	VI
Cote d'Ivoire !Cote d'Ivoire Croatia	HR		KP	Reunion !Réunion	RO	Wallis and Futuna	WF
		Korea, Republic of		Romania			
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curaçao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

#### **CAMSKRA** Annexure A1 - Addition/Modification/Change of Address - Correspondence/Local Address Fields marked with '\*' are mandatory fields. Please fill the form in English and in BLOCK letters. Application Type\* New ☐ Update/Change For office use only (To be filled by financial institution) (Mandatory for KYC update request) **KYC Number** 1. Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof ☐ Same as Current / Permanent / Overseas Address details Line 1\* Line 2 Line 3 City / Town / Village\* District\* Zip / Post Code\* State/UT Code as per Indian Motor Vehicle Act, 1988 Country Code State/UT Country\* as per ISO 3166 2. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end) Email ID Mobile Tel. (Off) Tel. (Res) Fax 3. 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression] I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Signature / Thumb Impression of Applicant Place:

## CAMSKE Annexure B1 - Addition/Deletion of Related Persons Fields marked with '\*' are mandatory fields. Please fill the form in English and in BLOCK letters. Application Type\* ■ New ☐ Update/Change For office use only (To be filled by financial institution) (Mandatory for KYC update request) **KYC Number** 1. 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\*) Guardian of Minor Authorized Representative Assignee Related Person Type\* Prefix First Name Middle Name \_ast Name Name\* (If KYC number and name are provided, below details of section 6 are optional) Proof of Identity [Pol] of Related Person\* (Please see instruction (H) at the end) A- Passport Number Passport Expiry Date $\square$ B- Voter ID Card C- PAN Card ☐ D- Driving Licence Driving Licence Expiry Date DD - MM ☐ E- Aadhaar Card ☐ F- NREGA Job Card $\square$ 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 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 declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression] I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Date: | D | D | - | M | M | - | Y | Y | Y | Y | Place: Signature / Thumb Impression of Applicant 3. Attestation / For Office Use Only **Documents Received** Certified Copies KYC Verification Carried Out by Institution Details Name Date Code Emp. Name Emp. Emp. Designation Emp. Branch [Institution Stamp] [Employee Signature]