

**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 may be obtained from our office.
 F) List of two character ISO 3166 country codes may be obtained from our office.
 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 off the sections not required to be updated.



For office use only (To be filled by financial institution)	Application Type*	☐ New	☐ Update
	KYC Number		
	Account Type*	☐ Normal	☐ Simplified (for low risk customers)
		☐ Small	☐ OTP based E-KYC

☐ **1. PERSONAL DETAILS** (Please refer Instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name				
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	☐ 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
	☐ B-Business	☐ Student		
	☐ X- Not Categorised			

PHOTO

Signature / Thumb Impression

☐ **2. TICK IF APPLICABLE** ☐ **RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA** (Please refer instruction B at the end)**ADDITIONAL DETAILS REQUIRED*** (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*	
Tax Identification Number or equivalent (If issued by jurisdiction)*	
Place / City of Birth*	
ISO 3166 Country Code of Birth*	

☐ **3. PROOF OF IDENTITY (PoI)*** (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number		Passport Expiry Date	
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ D- Driving Licence		Driving Licence Expiry Date	
☐ E- UID (Aadhaar)			
☐ F- NREGA Job Card			
☐ Z- Others (any document notified by the central government)		Identification Number	
☐ S- Simplified Measures Account - Document Type code		Identification Number	

4. PROOF OF ADDRESS (PoA)*☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	☐ Residential / Business	☐ Residential	☐ Business	☐ Registered Office	☐ Unspecified
Proof of Address*	☐ Passport	☐ Driving Licence	☐ UID (Aadhaar)		
	☐ Voter Identity Card	☐ NREGA Job Card	☐ Others		
	☐ Simplified Measures Account - Document Type code				

Line 1*	
Line 2	
Line 3	
District*	
Pin / Post Code*	
State / U.T Code*	
City / Town / Village*	
ISO 3166 Country Code*	

☐ 4.2 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')

Line 1*																											
Line 2																											
Line 3																											
District*								Pin / Post Code*						State / U.T Code*			ISO 3166 Country Code*										

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

Line 1*																											
Line 2																											
Line 3																											
State*								ZIP / Post Code*						ISO 3166 Country Code*													

☐ 5. CONTACT DETAILS (All communications will be sent on provided)

Tel. (Off)								Tel. (Res)								Mobile									
FAX								Email ID																	

☐ 6. 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*)

Related Person Type*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*																												
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(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number											Passport Expiry Date				
☐ B- Voter ID Card															
☐ C- PAN Card															
☐ D- Driving Licence											Driving Licence Expiry Date				
☐ E- UID (Aadhaar)															
☐ F- NREGA Job Card															
☐ Z- Others (any document notified by the central government)											Identification Number				
☐ S- Simplified Measures Account - Document Type code											Identification Number				

☐ 7. REMARKS (If any)

Mobile no. / Email-ID) (Please refer instruction F at the end)

8. 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.

[Signature / Thumb Impression]

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY

Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date										
Emp. Name										
Emp. Code										
Emp. Designation										
Emp. Branch										

[Employee Signature]

Name **CONSORTIUM CAPITAL PVT. LTD.**
Code **IN0811**

[Institution Stamp]