

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

- A) Fields marked with '*' are mandatory fields. E) List of State / U.T code per Indian Motor Vehicle Act, 1988 is available at the end.
 B) Please fill the form in English and in BLOCK letters. F) List of two character ISO 3166 country codes is available at the end.
 C) Please fill the date in DD-MM-YYYY format. G) KYC number of applicant is mandatory for update application.
 D) Please read section wise detailed guidelines / instructions at the end. 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

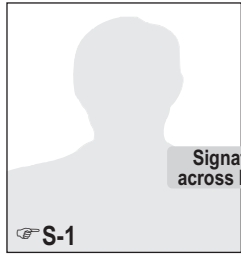
 KYC Number (Mandatory for KYC update request)

 Account Type* Normal Simplified (for low risk customers) Small

 1. PERSONAL DETAILS (please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PAN NO* <input type="text"/>	
Aadhar No. (UID)*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Other (ISO 3166 Country Code <input type="text"/> <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)	
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized		

PHOTO



Signature across Photo

S-1

 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)*

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

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

 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

Simplified Measures Account - Document Type code Others

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T. Code* ISO 3166 Country Code*

 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

Address

Line 1*

Line 2

Line 3 City / Town / Village*

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

Address

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

S-3

9. ATTESTATION / FOR OFFICE USE ONLY
 Originals verified and self - Attested Document copies received

IN-PERSON AND KYC VERIFICATION CARRIED OUT BY
INSTITUTION ON DETAILS

Date	
Employee Name	
Employee Code	
Employee Designation	
Employee Branch	
Signature of Employee	

Name	
Code	
INSTITUTION STAMP	

APPLICATION FOR CHANGES IN CLIENT MASTER

To Indbank Merchant Banking Services Limited (DP ID. IN300597 /IN303093)

From

My DP Account No.

Trading Code

Kindly make necessary changes in my/our DP Account as per details given below.

ADDRESS DETAILS (Proof to be enclosed) (<input type="checkbox"/> Local or Permanent / <input type="checkbox"/> Correspondence / <input type="checkbox"/> Both)	
Existing	New
Pin code	Pin code

* Update above address in Nominee Details. Yes No

BANK DETAILS (Proof to be enclosed)

Bank A/C Type			
Bank A/C No.			
Bank Name			
Bank Address.			
		Pin code	
MICR / IFS Code			
PAN Details	<i>1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
ADHAR Details	<i>1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
Date Of Birth	<i>1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
Others Details (if any)			

PHONE NO. , MOBILE NO. AND EMAIL ID

Phone No.		
Mobile No. (1st Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family
Mobile No. (2nd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family
Mobile No. (3rd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family

I/We would like to have the statement of Transaction / Holding / Bill e-mailed to me/us at the following e-mail id

Email Id. (1st Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family
Email Id. (2nd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family
Email Id. (3rd Holder)		Belongs to <input type="checkbox"/> Me/ <input type="checkbox"/> My * Family

I/We the under mentioned Beneficial Holders hereby agree, undertake and declare that , the aforementioned services are provided by Indbank Merchant Banking Services Ltd subject to the Terms and Conditions mentioned herein and as amended from time to time.

TERMS & CONDITIONS FOR PROVIDING TRANSACTION AND HOLDING STATEMENTS BY E-MAIL

- I/We am/are aware that I/we will not receive the transaction statements in paper form and I/We agree that the transaction statements are sent by e-mail.
 - I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the e-mail account and I/we shall immediately inform the DP about change in e-mail id ,if any
 - I/We am/are aware that the transaction statement may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised and I/We agree and aware that DP shall have the right to terminate such service provided a written notice is given in advance and vice versa.
 - I/We agree that the above terms and conditions are in addition to and not in contravention of the terms and conditions forming a part of the "Agreement / Between The Participant And The Person Seeking To Open An Account With The Participant & Rights & Obligation of Beneficial Owner and DP" signed by me/us at the time of opening the Demat account with the Bank.
- Please do the needful at the earliest at my/our sole responsibility and activate the services as mentioned above for my/our DEMAT Account.

Signature

<i>Sole/1st holder</i>	<i>2nd holder</i>	<i>3rd holder</i>
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Verified and Accepted by : (For Office Use)

(Branch stamp, Emp name, code and Signature)

***'Family'** as mentioned above has been defined as spouse, dependent children and dependent parent

Enclosures:

- For Address Details Change - Self Attested copy of Address Proof
- For Bank Details Change – Copy of Cheque leaf (Name Preprinted) or Passbook front page with details or Latest Bank A/c Statement