

**Depository Participant Branch, 2nd floor, Union Bank Of India Building,
 66/80, MS Marg, Fort, Mumbai-400001
 [NSDL DP ID : IN302603/IN303157]**

FORM 11

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Non-Individuals)

<p>Photograph</p> <p>Please affix the recent passport size photograph and sign across it</p>
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Please fill this form in ENGLISH and in BLOCK LETTERS

A. IDENTITY DETAILS																
1	Name of the Applicant															
2	Date of incorporation	D	D	M	M	Y	Y	Y	Y	Place of incorporation						
3	Date of commencement of business								D	D	M	M	Y	Y	Y	Y
4	a) PAN											b) Registration No. (e.g. CIN)				
5	Status (please tick any one):															
	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Bank	<input type="checkbox"/> Partnership													
	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Government Body	<input type="checkbox"/> FI													
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Non Government	<input type="checkbox"/> FII													
	<input type="checkbox"/> Trust	<input type="checkbox"/> Organization	<input type="checkbox"/> HUF													
	<input type="checkbox"/> Charities	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> AOP													
	<input type="checkbox"/> NGO's	<input type="checkbox"/> Society	<input type="checkbox"/> BOI													
	<input type="checkbox"/> Others (please specify)	LLP														
B. ADDRESS DETAILS																
1	Correspondence Address															
	City/town/village					PIN Code										
	State					Country										

2	Specify the proof of address submitted for correspondence address							
3	Contact Details	Tel. (Off.)					Tel. (Res.)	
		Fax No.					Mobile No.	
		Email ID						
4	Registered Address (if different from above):	_____						
		City/town/village				PIN Code		
		State				Country		

C. OTHER DETAILS

1	Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	If space is insufficient, enclose these details separately [<i>Illustrative format enclosed</i>]
2	DIN of whole time directors:	
3	Aadhaar number of Promoters/Partners/Karta	

D. DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Signatory(ies)

Date	D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

Originals verified and Self-Attested Documents copies received

Name and Signature of the Authorised Signatory	_____						Seal/Stamp of the intermediary	
Date	D	D	M	M	Y	Y		Y

**Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)
Application Form for Non-Individuals**

Sr. No.	Name	Relationship with Applicant (i.e. promoters, whole time directors etc.)	PAN	Residential / Registered Address	DIN of whole time directors /Aadhaar number of Promoters/Partners/Karta	Photograph
1						
2						
3						
4						
5						

Name & Signature of the Authorised Signatory(ies)

Date	D	D	M	M	Y	Y	Y	Y
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Depository Participant Branch, 2nd floor, Union Bank Of India Building,
66/80, MS Marg, Fort, Mumbai-400001
[NSDL DP ID : IN302603/IN303157]

FORM 11

PART II – ACCOUNT OPENING FORM
(FOR NON-INDIVIDUALS)

UNION BANK OF INDIA (DP ID IN302603/IN303157) Depository Participant Branch, second floor, 66/80 Union bank Building, M S Marg branch, Mumbai- 400001		Client –ID (To be filled by Participant)																	
We request you to open a depository account in our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)		Date	D	D	M	M	Y	Y	Y	Y									
A)	Details of Account holder(s):																		
	Name					PAN													
	Sole/ First Holder																		
	Second Holder																		
	Third Holder																		
B)	Type of account																		
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> FII																
	<input type="checkbox"/> Qualified Foreign Investor	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Trust																
	<input type="checkbox"/> Bank	<input type="checkbox"/> CM	<input type="checkbox"/> HUF																
				Other (Please specify)															
C)	For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:																		
	a) Name						b) PAN												
D)	Income Details (please specify)																		
	Income Range per annum					Networth													
	<input type="checkbox"/> Below 20 Lac	and					Amount (₹) _____												
	<input type="checkbox"/> 20 – 50 Lac						As on (date)					D	D	M	M	Y	Y	Y	Y
	<input type="checkbox"/> 50 Lac – 1 crore											(Networth should not be older than 1 year)							
	<input type="checkbox"/> Above 1 crore																		

E)	In case of FIIs/Others (as may be applicable)
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	RBI Approval Reference Number										
	RBI Approval date	D	D	M	M	Y	Y	Y	Y		
	SEBI Registration Number (for FIIs)										
F)	Bank details										
	1	Bank account type <input type="checkbox"/> Savings Account	Current Account <input type="checkbox"/>		Others (Please specify)						
	2	Bank Account Number									
	3	Bank Name									
	4	Branch Address									
		City/town/village			PIN Code						
		State			Country						
	5	MICR Code									
	6	IFSC									
G)	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)								
H)	Clearing Member Details (to be filled up by Clearing Members only)										
	1	Name of Stock Exchange									
	2	Name of Clearing Corporation/ Clearing House									
	3	Clearing Member ID									
	4	SEBI Registration Number									
	5	Trade Name									
	6	CM-BP-ID (to be filled up by Participant)									
I)	Standing Instructions										
	1	We authorise you to receive credits automatically into our account.	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	3	SMS Alert facility									
		Sr. No.	Holder	Yes	No						
		1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>						
		2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>						
		3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>						
	4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [<i>Read Note 3 and ensure that email ID is provided in KYC Application Form.</i>]								

J)	List of family members (Separate Annexure maybe used in case number of members is higher)					
	Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/Member (please specify)

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we 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, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	Name	Signature(s)
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
<u>Other Holders</u>		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
<input type="checkbox"/> Any one singly	
<input type="checkbox"/> Jointly by	
<input type="checkbox"/> As per resolution	
<input type="checkbox"/> Others (please specify)	

Notes:

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
 - I. Client must ensure the confidentiality of the password of the email account.
 - II. Client must promptly inform the Participant if the email address has changed.
 - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

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66/80, MS Marg, Fort, Mumbai-400001
[NSDL DP ID : IN302603/IN303157]**

Acknowledgement

Received the application from M/s _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature

Schedule of Charges

Sr No	Charges	Schedule	Revised Charges No Trading A/c	Revised Charges with trading A/c
1	Demat Account opening charges		Free	Free
2	Demat Closure Charges		Free	Free
3	Account Manintenance Charges	Individual	Free for the first year	Free for the first year
			300+ GST from 2nd year onwards	250 + GST from 2nd year onwards
		Non-Individual	Free for the first year	Free for the first year
			1000+GST from 2nd year onwards for HUF	1000+GST from 2nd year onwards for HUF
		1500+GST from 2nd year onwards for Corporates	1500+GST from 2nd year onwards for Corporates	
4	Custody Charges		Nil	Nil
5	Transaction Charges	Buy Charges	Nil	Nil
		Sell Charges	Individual and HUF: 0.04% of the transaction value Subject to Minimum of Rs. 30/- and Maximum of Rs.1200/- per ISIN debit instruction (Charges of Rs.10/- per ISIN for late submission). 0.02% in case of Speed-e/ easiest with minimum of Rs. 30 and maximum of Rs. 1200/-. Corporate: 0.04% of the transaction value Subject to Minimum of Rs. 30/- and Maximum of Rs.1500/- per ISIN debit instruction (Charges of Rs.10/- per ISIN for late submission). 0.02% in case of Speed-e/ easiest with minimum of Rs. 50/- and maximum of Rs. 1500/-.	Individual and HUF: 0.04% of the transaction value Subject to Minimum of Rs. 30/- and Maximum of Rs.1200/- per ISIN debit instruction (Charges of Rs.10/- per ISIN for late submission). 0.02% in case of Speed-e/ easiest with minimum of Rs. 30 and maximum of Rs. 1200/-. Corporate: 0.04% of the transaction value Subject to Minimum of Rs. 30/- and Maximum of Rs.1500/- per ISIN debit instruction (Charges of Rs.10/- per ISIN for late submission). 0.02% in case of Speed-e/ easiest with minimum of Rs. 50/- and maximum of Rs. 1500/-.
6	Commercial Paper /CD/MIBOR linked paper Purchase/Sale		Rs.500 per transaction	Rs.500 per transaction
7	Debt Instrument Sale		Rs.500 per transaction	Rs.500 per transaction

Signature of Client	First Holder	Second Holder	Third Holder

8	Dematerialization		Rs.5/- per certificate (Minimum Rs.100/- per DRF) including postage charges & other out of pocket expenses.	Rs.5/- per certificate (Minimum Rs.100/- per DRF) including postage charges & other out of pocket expenses.
9	Rematerialization		Rs.25.00 per 100 shares or part thereof. Min Rs.100.00 per request per ISIN including postage charges & other out of pocket expenses	Rs.25.00 per 100 shares or part thereof. Min Rs.100.00 per request per ISIN including postage charges & other out of pocket expenses
10	Pledging	Creation/Create Confirmation of pledge/Invocation of pledge	0.02% of transaction value or Min Rs 100/- and Max Rs.2000.	0.02% of transaction value or Min Rs 100/- and Max Rs.2000. Monthly Rs. 25000/ Month with unlimited pledging.
		Closure of Pledge	0.01% of value. Min of Rs.100/-per transaction per ISIN Max of Rs.1000 to pledgee	0.01% of transaction value or Min Rs 100/- and Max Rs.2000. Monthly Rs. 12500/ Month with unlimited pledging.
		Margin Pledge	0.01% of transaction value or Min Rs 100/- and Max Rs.2000.	0.01% of transaction value or Min Rs 100/- and Max Rs.2000. Monthly Rs. 12500/ Month with unlimited pledging.
11	Transaction Statement		Monthly free, if transaction is there	Monthly free, if transaction is there
12	Holding Statement		Half yearly Free	Half yearly Free
13	Additional Statement		By Post -Min. Rs.50/- per instance up to 2 pages and additional Rs.10 per pages including postal charges. By Email - Nil	By Post -Min. Rs.50/- per instance up to 2 pages and additional Rs.10 per pages including postal charges. By Email - Nil
14	Freezing/Unfreezing		Rs.25 per transaction	Rs.25 per transaction
15	Failed Debit Transaction		Rs.50 per transaction	Rs.50 per transaction
16	Deliver Instruction Slip		Rs.100 per DIS book including postal charges ; First DIS book will be provided free	Rs.100 per DIS book including postal charges ; First DIS book will be provided free
17	Other Chrges		Demat request rejection Rs.50/- per rejection + postal charges	Demat request rejection Rs.50/- per rejection + postal charges
18	NDU Charges		a. 0.01% of transaction value or Min Rs 25/- whichever is higher plus NSDL charges as applicable	a. 0.01% of transaction value or Min Rs 25/- whichever is higher plus NSDL charges as applicable

Signature of Client	First Holder	Second Holder	Third Holder

DECLARATION BY KARTA & ALL COPARCENERS

UNION BANK OF INDIA
DEPOSITORY PARTICIPANT BRANCH
2nd Floor, UNION BANK BUILDING,
FORT, MUMBAI – 400001.

Dear Sir,

We, all the coparceners (members) detailed below of the Hindu Undivided Family having PAN No.

_____ do hereby authorize Karta of the family Mr. _____

to open/operate in the name of this HUF a Demat Account and/or dealing/trading account on Capital market segment, Currency Derivatives segment, Futures & Options segment or any other segment that may be introduced by NSE/BSE/MCX-SX/USE/NCDEX/MCX in future and inter-alia to open and/or operate accounts with you for & on behalf of this HUF and we state that dealings/orders/trades/transactions that are executed by the Karta and all his orders/deals shall be binding on the HUF & all its members jointly as well as severally. The said Trading Member is hereby authorized to honor all instructions oral or written, given by him on behalf of the HUF. We are, however jointly & severally responsible for all liabilities of the said HUF firm, and its dues shall be recoverable from the assets of any one or all of us and also from the estate of the said joint family including the interest thereon of every coparcener of the said joint family, including the share of minor coparceners, if any. We shall, however, continue to be liable jointly & severally to the member for all dues obligations of the said HUF firm in the Member's book on the date of the receipt of such notice by the member and until all such dues and obligations shall have been liquidated and discharged. In the eventuality of change of Karta or, we shall inform you in writing.

The Specimen Signature of the Karta with HUF stamp is given below:

Thanking you,

Yours faithfully,

List of Family Members (Mandatory)

S. No.	Name of the Member	Relationship with Karta	Date of Birth	Signature

DECLARATION OF SIGNATURE MISMATCH BETWEEN AOF AND PAN CARD

To

Date: _____

The Branch Manager,
Union Bank of India
Depository Participant Branch
2nd Floor, Union bank Building,
Fort, Mumbai - 400001

Sub: Signature mismatch between AOF and PAN Card.

Dear Sir/ Madam,

I wish to open Demat account with Union Bank of India.

This is to confirm that the signature given below to be used for account opening and further transactions is correct and valid for which I accept full responsibility.

I am herewith submitting my ID proof (other than PAN) for your records.

My signature is as given,

Confirmed Signature:

Thanks & Regards,

.....

(Signature & Name)

Signature affixed in my presence & proof verified

.....

Branch Manager
Name & Signature (With Office Seal)

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "*no charges are payable for opening of demat accounts*".
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and/or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,
 1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

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

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 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- 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 Application Type* New Update
 (To be filled by financial institution) 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) 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 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 Student)
 B-Business 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 DD - MM - YYYY
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY
 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 please specify
 Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

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

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal 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

- 1 **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 [PoI]' section

- 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.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' 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 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

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'

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 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman	AN		HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH		R
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
& Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA		MZ		XX
Gujarat	GJ	Nagaland	NL		
	HR		OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Uganda	UG
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI
Albania	AL	Egypt	EG	Lithuania	LT
Algeria	DZ	El Salvador	SV	Luxembourg	LU
				Macao	
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK
Angola	AO	Estonia	EE	Madagascar	MG
Anguilla	AI	Ethiopia	ET	Malawi	MW
Antarctica	AQ	Falkland Islands (Malvinas)	EK	Maldives	MD
Antigua and Barbuda	AG	Faroe Islands	FO	Malta	MT
Argentina	AR	Fiji	FJ	Martinique	MQ
Armenia	AM	Finland	FI	Mauritius	MU
				Mexico	MX
Australia	AU	French Guiana	GF	Micronesia, Federated States of	FM
				Moldova, Republic of	MD
Azerbaijan	AZ	French Southern Territories	TF	Morocco	MA
				Mongolia	MN
Bahrain	BH	Georgia	GE	Montenegro	ME
Bangladesh	BD	Germany	DE	Montserrat	MS
Barbados	BB	Ghana	GH	Morocco	MA
Belarus	BY	Gibraltar	GI	Mozambique	MZ
Belgium	BE	Greece	GR	Myanmar	MM
Belize	BZ	Greenland	GL	Nauru	NR
Benin	BJ	Grenada	GD	New Caledonia	NC
Bermuda	BM	Guadeloupe	GP	New Zealand	NZ
Bhutan	BT	Guam	GU	Nicaragua	NI
Bolivia, Plurinational State of	BQ	Guatemala	GT	Netherlands	NL
Bonaire, Sint Eustatius and Saba	BA	Guernsey	GG	Nepal	NP
Bosnia and Herzegovina	BA	Guinea	GN	Netherlands	NL
Botswana	BS	Guinea-Bissau	GW	Netherlands	NL
Bouvet Island	BV	Guyana	GY	New Caledonia	NC
Brazil	BR	Haiti	HT	New Zealand	NZ
British Indian Ocean Territory	IO	Heard Island and McDonald Islands	HM	Nicaragua	NI
Brunei Darussalam	BN			Niger	NE
Bulgaria	BG			Nigeria	NG
Burkina Faso	BF			Norfolk Island	NI
Burundi	BI			Norway	NO
Cabo Verde	CV			Pakistan	PK
Cameroon	CM			Palestine, State of	PS
				Papua New Guinea	PG
Cayman Islands	KY			Peru	PE
				Pitcairn	PN
Chad	TD			Poland	PL
China	CN			Portugal	PT
				Puerto Rico	PR
Cocos (Keeling) Islands	CC			Qatar	QA
				Romania	RO
Comoros	KM			Russian Federation	RU
				Rwanda	RW
Congo, the Democratic Republic of the	CD			Saint Barthélemy (Saint-Barthélemy)	BL
				Saint Helena, Ascension and Tristan de Cunha	SH
Costa Rica	CR			Saint Lucia	LC
				Saint Vincent and the Grenadines	VC
Croatia	HR			Saudi Arabia	SA
Cuba	CU			Senegal	SN
Curaçao (Curacao)	CA			Serbia	RS
				Seychelles	SC
Czech Republic	CZ			Sierra Leone	SL
				Singapore	SG
Denmark	DK			Sint Maarten (Dutch part)	SX
Djibouti	DJ			Slovakia	SK
				Slovenia	SI
				Solomon Islands	SB
				Somalia	SO
				South Africa	ZA
				South Georgia and the South Sandwich Islands	GS
				South Sudan	SS
				Spain	ES
				Sri Lanka	LK
				Sudan	SD
				Suriname	SR
				Swaziland	SZ
				Sweden	SE
				Switzerland	CH
				Syrian Arab Republic	SY
				Taiwan, Province of China	TW
				Tajikistan	TJ
				Tanzania	TZ
				Thailand	TH
				Togo	TG
				Tonga	TO
				Tunisia	TN
				Turkmenistan	TM
				Tuvalu	TU
				Ukraine	UA
				United Kingdom	GB
				United States Minor Outlying Islands	UM
				Uzbekistan	UZ
				Venezuela, Bolivarian Republic of	VE
				Viet Nam	VN
				Virgin Islands, British	VG
				Wallis and Futuna	WF
				Western Sahara	EH
				Yemen	YE
				Zimbabwe	ZW

Appendix D : Self-Certification for Individual

FATCA/CRS Declaration Form

FATCA/CRS Declaration Form		
Part I - Please fill in the country for each of the following:		
1	Country of:	
a)	Birth	
b)	Citizenship	
c)	Residence for Tax Purposes	
2	US Person (Yes / No)	
Part II - Please Note:		
<p>a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for Signature.</p> <p>b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:</p>		
i)	TIN	
	Country of Issue	
ii)	TIN	
	Country of Issue	
iii)	TIN	
	Country of Issue	
<p>a. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the self-Certification section given in Part IV.</p> <p>b. In case you are declaring US person status as 'No' but your country birth is US, please provide the document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate</p>		
Part III - Customer Declaration (Applicable for all customers)		
(i). Under penalty of perjury, I/we certify that:		
<ol style="list-style-type: none"> 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America('U.S') or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the 'U.S'., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person) 2. The applicant is an applicant taxable as a tax resident under the laws of country outside of India. (This clause is applicable only if the account holder is a tax resident outside of India) 		

(ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions.

- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities the bank may also required to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Signature :	
Name :	
Date (DD/MM/YYYY) :	

Part IV - Self-Certification:

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India	Signature
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Document Proof submitted :