NATIONAL PEN											R REG							ivat	e Se	ctor	,	
		/ fami				nedia					nagazine			/ Rad	Г			ial ad	visor / a	apps		Employer
PRAN Card & Kit*		RAN C		olease	e tick(√))				ii. <i>i</i>	Account (Openi	ng Kit (pleas	e tick	(√))						
	RAN		Ĺ	_		PRAN	Card				gh Email						er / pos	st)		P	aste	
Print my PRAN in Hindi			L	Ye	s	No	lf	yes,	pleas	se sub	mit detail	s as p	oer Ann	exure	1					re	cent port s	izo
Please select your category*				Со	rporat	е				All	Citizen									phot	ograp	h
To, National Pension System Trust Dear Sir/Madam,																			Do	onot sonot s	sign a	
I hereby request that an NPS account be	<u> </u>				<u> </u>	<u> </u>																
* indicates mandatory fields. Please fill	the fo	orm in	Englis	sh an	d BLC	CK lett	ers (R	efer (gene	ral gui	delines a				.)						$\overline{}$	
CKYC Identifier 1. PERSONAL DETAILS: (Refer S	Cr. N.		the in	otruo	tional								RA Cod		2011	ro 11 i4		01/00	ada tha			dad balaw
Salutation*		o. 1 oi Shri	trie in		Smt.			Kun	nari				U	ise An	riexu	enn	riame	exce	eas me	space	provi	ded below
Applicant Name*	F	i r	S	t					M	id	d I	е					L	a s	t			
Father's Name	F	i r	S	t					M	i d	d I	е					L	a s	t			
Mother's Name	F	ir	S	t					M	id	d I	е					L	a s	t			
Either Father's or Mother's nar	ne is	s man	datoi	ry*		s	elect 1	the n	name	to ap	pear or	ı PR	AN Ca	rd		Fat	her's ı	name		Mot	her's	Name
Date of Birth*	d	d	m n	n y	У	уу	,															
Place of Birth*																						
Country of Birth*																						
Gender*		Male	е			Fema	ale			Trans	gender			Nati	onali	ty*						
Marital Status*		Unm	arrie	d		Marrie	ed		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Widov	v/Widow	ver			ivor	ee						
Spouse Name* (if married)	F	i r	S	t					M	i d	d I	е					L	a s	t			
PAN*									(or Fo	orm 60 f	urnis	hed		Sı	ıbmis	sion c	f PAI	or Fo	rm 60	is ma	indatory
Income Range (per annum)		Belo	w 1 la	ac		1 lac t	o 5 la	с [į	5 lac t	o 10 lac	: [10 la	ac to 2	25 la	С	2	5 lac	to 1 C	r	Abo	ve 1 Cr
Occupation Details*		Publi	c Sec	tor	Pr	ivate S	ector		Profe	ession	al S	elf Er	nploye	d	Hom	nemal	ker	Oth	ers			
Please Tick if Applicable		Polit	ically	ехро	osed	persoi	า		Rela	ated to	Politica	ally e	xpose	d per	son		(F	- Pleas	e refe	r instr	uctior	no. 1)
2. PROOF OF IDENTITY AND A	DDF	RESS [,]	* (Ref	er Sr	No 2	of the	instruc	tions	:)													
Passport			(, (0,						,	Pá	assport l	Expir	y Date			d	d n	n m	у	уу	У	
Driving License											iving Lic		-		te	d	d n	n m	у	уу	У	
Voter ID Card										Pr	oof of po	osses	ssion o	f Aad	haar				Prov	ide las	st four	digits
NREGA Job Card																					20P (Certificate
National Population Register																				(r	efer s	ection 12)
3. ADDRESS DETAILS* (As per	the p	roof su	ubmitt	ed)																		
3. ADDRESS DETAILS* (As per Line 1	the p	roof sı	ubmitt	ed)																		
	the p	roof si	ubmitt	ed)									V	i		a	g e	/ (t y		
Line 1	the p	roof si	ubmitt	ed)							State/L	J.T.		il		a (g e	/ (t y		
Line 1 Line 2	the p	proof su	ubmitt	red)							State/L	J.T. [V	i I		a (/ Co	de	t y		
Line 1 Line 2 District Country	the p	proof si	ubmitt	red)							State/L	J.T. [V	i I		a		/ Co	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS*			ubmitt	red)						Te			V V			a (/ Co	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile*	the p	proof su	ubmitt	ed)						Te	State/L		I STD	i		a		/ Co	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID*	9									Te			I STD	code		a		N Coe	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be suited)	9	1 1 eed - Re	efer S	r. No.	3 of t			•		Te			n STD	code		a (/ Con	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be suit Account Type	9	1 1 eed - Re		r. No.	3 of t	he instr		•		Te			n STD	code		a ((N Coo	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be sufficiently account Type Bank A/c Number	9	1 1 eed - Re	efer S	r. No.	3 of t			•		Te						a		/ Con	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be sull Account Type Bank A/c Number Bank Name	9	1 1 Savii	efer S	I No.r. No.cr. No.cr.		Curre		•		Te				code	e	a (/ Co	de	t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be suffered and Account Type Bank A/c Number Bank Name 6. NOMINATION DETAILS* (Refered	9 bbmitte	1 1 Saviii	efer S ng A/	in No.	ıstruc	Curre	nt A/c				elephone	e with	IFS	Cod			PI			t y		
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be suffactory) Account Type Bank A/c Number Bank Name 6. NOMINATION DETAILS* (Reference) A. The nomination shall be in favor	9 eer Srr of	1 1 Savi	efer S ng A/	in No.	erson	Curre	nt A/c	to hi			elephone	e with	IFS	Cod			PI			t y	ure I	
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be suffered by the suffered	9 bmittet	1 Savin	efer S A/4 of t tor moo subs	cr. No.	er on	tions)	nt A/c	to hi) .	er fam	elephone	e with	IFS	Cod			PI			t y l	ure I	
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be suffactory) Account Type Bank A/c Number Bank Name 6. NOMINATION DETAILS* (Reference) A. The nomination shall be in favor	9 bmittet	1 Savin	efer S A/4 of t tor moo subs	he in re pe	er on	tions)	nt A/c	to hi	e. prov	er fam	elephone	nominuctio	IFS	Cod			PI		ubmit A		cure I	
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be suffered by the suffered	9 bmittet	1 Savin	efer S ang A/	he in re pe	er on	tions)	nt A/c	to hi	e. prov	er fam	elephone	nomi	IFS nating	more	thai	n one	PI PI	on, s	ubmit A	Annex	cure I	
Line 1 Line 2 District Country 4. CONTACT DETAILS* Mobile* Email ID* 5. BANK DETAILS* (Proof to be sultable) Account Type Bank A/c Number Bank Name 6. NOMINATION DETAILS* (Referred) A. The nomination shall be in favored. B. A fresh nomination shall be mad C. Before filling-up the details, pless	9 bmittet	1 Savin	efer S ang A/	r. No.	er on	tions)	nt A/c	to hi	e. prov	er fam	ily. For r	nominuctio	IFS nating	more	thai	n one	PI		ubmit A		cure I	

Ver 2.0					CSRF-H	
7. SELECTION OF PENSION FUND	(PF) AND INVESTMENT	Γ CHOICE* (Refer Sr	no. 5 of the instruction	ns)		
The maximum permitted Equity Investme All Citizen : Selection of one PF is manda			oice is selected, funds	will be invested in Auto	Choice (LC 50).	
Corporate Model : The PF / Investment C						
Pension Fund	(Please Tick (√) one)		Investment Choice (Please Tick (√) one)			
Aditya Birla Sunlife Pension Mgmt Ltd	Axis Pension Fund	Management Limited	Active Ch	hare in applicable asset class below		
HDFC Pension Mgmt Co Ltd	ICICI Prudential Pens	ion Funds Mgmt Co Ltd	, , , , ,	Upto 100%) G (Upto 100 Corp Bonds % Govt. Se	· · · · ·	
Kotak Mahindra Pension Fund Ltd	LIC Pension Fund L		75 = 4100,	OR		
Max Life Pension Fund Mgmt Ltd	SBI Pension Funds		Auto Cho		<u></u>	
TATA Pension Mgmt Ltd	UTI Retirement Sol	utions Limited	Conservative (LC25) Moderate (LC50)	Aggressive (LC75)	
8. Activate my Tier-II account (pleas With the same bank, nominee & invest	` ,		,	etails as per Annexure IV	Providing PAN is mandatory	
9. FATCA* (Foreign Account Tax Co	mpliance Act) & CRS D	ECLARATION (Refe	er Sr no. 6 of the instru	uctions):		
I am a tax resident of India and not re US Person Yes No.	sident of any other country	I am a tax resident	of the country/ies me	entioned below		
Particulars Country/countries of Tax Residency		Country (1)	Country (2)	Country (3)	
	Address Line 1					
Address in the jurisdiction for Tax Residence	City/Town/Village State					
Tax Identification Number (TIN)/Functional equivale	ZIP/Post Code					
TIN/ Functional equivalent Number Issuing Country						
Validity of documentary evidence provided (Wherev	er applicable)	ddmmyyy	/	ddmmyyyy	ddmmyyyy	
I have understood the information requirement of hereby confirm that the information provided by r	,				/ Thumb Impression* of Applicant	
10. DECLARATION BY APPLICANT*	(Refer Sr no. 8 of the instru	actions)			(refer instructions)	
I have read and understood the terms and cc furnished by me are true and correct, to the be- informed to CRA / NPS Trust. I do not hold an submission of any false or incorrect information	st of my knowledge. Any chan	ges in the information fur	nished by me shall be			
Declaration under the Prevention of Money I	• .	and from locally declared	and accessed courses			
I here by declare that the contribution paid by m of income. I understand that NPS Trust has t government authorities. I further agree that N provisions of any law relating to prevention of m	he right to peruse my finance PS Trust has the right to clos	ial profile or share the i	nformation, with other	Signature / Thu	mb Impression* of Applicant	
Date: d d m m y y y y	Place:			(*LTI in case of male	es and RTI in case of females to be mpression in case no hands)	
11. DECLARATION BY EMPLOYER (All Details are Mandator	y)				
Date of Retirement d d	m m y y y y					
Employee Code/ID			Non-man	datory if not available		
CHO Registration Number			CBO Reg	istration Number		
It is certified that					the address and employment details	
provided above are as per the service record us and got confirmed by him/her.	or the employee maintained	with us. It is further cei	tified that ne/sne has	read entries/entries nav	e been read over to nim/nerby her by	
Name of the Authorised Person						
Designation of the Authorised Person						
Date	d d m m y y	уу				
Place			Signatu	re of Authorised person	Rubber stamp of the Employer	
12. TO BE FILLED BY POP						
Receipt No. (17 digits)						
POP Registration Number	POP-	SP Registration Number	er			
Documents Received:						
Existing Customer: I/ we hereby certify/confir an operative Bank/Demat/Folio/	account (specify na	ture of the account) ha	aving account numbe	r/client ID	maintained at	
branch/o compliance with PMLA Rules. I/We further co Account (applicable in case of Bank PoP)						
Name of the Authorised Person						
Designation of the Authorised Person						
Date	d d m m	у у у	у		D. blood on a fill a Day	
Place			Signatu	re of Authorised person	Rubber stamp of the Pop	
		ACKNOWLEDGE	MENT			
Name of the Subscriber						
Application Receipt Date:	d d m m	VVV	V			
Initial contribution amount	-	J J J J				
Mode of payment	Check/ DD	Debit Instruction	Cash	Stamp and Si	gnature of PoP	

Instructions for filling the subscriber registration form

General guidelines

- Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected. Copies of documents submitted by the applicant should be self-attested.
- Applicant is advised to retain the acknowledgement slip signed / stamped by the PoP/PoP-SP office.

SI	Item No	Item Details	Instructions						
			In case a subscriber opts not to have a physical PRAN Card or Welcome Kit, reduced account opening charges of CRA are applicable as under :						
1	1	Option for PRAN Card	Account opening with Physical PRAN card in (Rs.) Account opening with ePRAN card (in Rs.) Welcome kit in hardcopy eWelcome kit (Email) **25.00						
		and kit	In case, subscriber has not selected any option (for PRAN card & kit) and Email ID is provided, ePRAN & eWelcome kit will be sent. not provided, physical PRAN kit will be sent.						
		Fathers Name,	(a) If the name has more than 30 digits, fill Annexure II for the same.						
		Mother's Name	(b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.						
		Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.						
2	2	Proof of Idenity and Address	If the applicant is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.						
3	5	Bank Details	For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code.						
4	6	Nomination Details	(a) If a subscriber has family at the time of making a nomination, the nomination shall be in favor of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favour of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour on one or more persons belonging to his family. (b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100. (c) Please refer Nomination relationship matrix provided below.						
5	7	Selection of Pension Fund (PF) & Investment Choice	Corporate applicants may exercise these choices if the option is extended to them by the employer or else may be ignored.						
6	9	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. 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). In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form.						
7	8	Tier-II activation	Asset Class A is not available under Tier-II. In case Subscriber has selected to activate Tier-II Account with Same Bank, Nominee and Investment details that of Tier-I where as he/she has chosen allocation in Asset Class A for Tier-I account, the applicant would be required to submit the Annexure IV for Tier-II mentioning the asset allocations.						
8	9 & 10	Declaration / Signature by Applicant	In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the authorised official of PoP attesting the same under his/her official seal and stamp.						

Protean CRA
Please refer sr. no. 1 above
₹ 69
₹ 3.75

For more details on CRA charges, please refer NPS Trust website (www.npstrust.org.in)

Nomination Relationship Matrix (Please mention relationship as per details given below)						
Marital Status	Male	Female	Transgender			
Unmarried	Mother And ther Rease specify the relationship if any other person	Mother Reference Reference Please specify the relationship if any other person	Mother Father Please specify the relationship if any other person			
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter			
Widow/ Widower	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter			
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter			

General Information for Subscribers

- The Subscriber can obtain the status of his/her application from CRA and respective Point of Presence (PoP). Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242

Address: Central Recordkeeping Agency (CRA)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400013

Annexures - Subscriber I	Registration Form for Private Sector applicants (Tick and fill applicable annexures below)
Annexure I - Print PRAN Card in Hind	di (Fill the details in Devnagri script)
Applicant's First Name	
Middle Name	
Last Name	
Father / Mother's First Name	
Middle Name	
Last Name	
Annexure II - If characters of name e	xceeded the space provided on page 1 of the application form
Applicant's First Name	
Middle Name	
Last Name	
Father's First Name	
Middle Name	
Last Name	
Mother's First Name	
Middle Name	
Last Name	
Annexure III - Additional Nomination	For Tier - I For Tier - II For both Tier - I & Tier - II
Percentage Share Nominee I	Nominee II Nominee III Total should be equal to 100%
Nominee I - Name Relationship Name of Guardian Relationship	Middle Last
Relationship	Age Date of Birth (in case of Minor) DD/MM/YYYY
Name of Guardian (if nominee is a minor)	
Nominee II - Name	
Nominee II - Name Relationship Name of Guardian (If provides is a piece)	Age Date of Birth (in case of Minor) DD / MM / YYYY
Name of Guardian (if nominee is a minor)	
Nominee III - Name F i r s t	
Nominee III - Name Relationship Name of Guardian Name of Guardian	Age Date of Birth (in case of Minor)
	Middle Last
Z (if nominee is a minor)	
Annexure IV - Activate Tier-II (with Di	fferent Bank/Nomination/Investment Details - tick and fill as applicable)
PAN* c	opy of PAN to be attached
No change in Bank details	Bank details for Tier-II are as under:
Account Type Saving A/c	Current A/c
Bank A/c Number	
Bank Name	IFC Code
No change in Nominee details	Nominee details for Tier-II are as under:
Nominee - Name F i r s t	
Tremines Trains	
Relationship	Age Date of Birth (in case of Minor)
Name of Guardian F i r s t (if nominee is a minor)	
In case you desire to nominate more than one pers	on, fill Annexure III above
No change in Investments details	Investments details for Tier-II are as under:
Pension Fund* (Plea	ase Tick ($$) one) Investment Choice (Please Tick ($$) one)
Aditya Birla Sunlife Pension Mgmt Ltd	Axis Pension Fund Management Limited Active Choice mention the % share in applicable asset class below
HDFC Pension Mgmt Co Ltd	ICICI Prudential Pension Funds Mamt Co Ltd E (upto 100%) C (Upto 100%) G (Upto 100%) Total
Kotak Mahindra Pension Fund Ltd	LIC Pension Fund Limited ## Equity ## Corp Bonds ## Govt. Sec. 100% OR
Max Life Pension Fund Mgmt Ltd	SBI Pension Funds Private Limited Auto Choice Select one life cycle fund below
TATA Pension Mgmt Ltd	UTI Retirement Solutions Limited Conservative (LC25) Moderate (LC50) Aggressive (LC75)
N 60 A 0	
Name of the Applicant	
Place Date	Signature / Thumb Impression* of Applicant
Date D/D/	M/ M/ Y/ Y/ Y/ Y (refer instructions)

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.



				WATE BARS			
For office use only	Application Type* ☐ Ne	w Update					
(To be filled by financial institu	ution) KYC Number		(Mandatory for KYC	C update request)			
	Account Type*	rmal Simplified (for low risk customers)	II			
☐ 1. PERSONAL DETA	ILS (Please refer instruction A at the	end)					
_	Prefix First Nam	e	Middle Name	Last Name			
☐ Name* (Same as ID proof	()						
Maiden Name (If any*)							
Father / Spouse Name*							
Mother Name*							
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			РНОТО			
Gender*	☐ M- Male	☐ F- Female	☐ T-Transgender	111010			
Marital Status*	☐ Married	Unmarried	Others				
Citizenship*	☐ IN- Indian	Others (ISO 3	166 Country Code)				
Residential Status*	Resident Individual	□ Non Resident I					
residential status	☐ Foreign National	Person of India					
Occupation Type*	☐ S-Service (☐ Private Secto	or Public Sector	Government Sector)				
7,1	☐ O-Others (☐ Professional	☐ Self Employed		udent)			
	☐ B-Business						
	☐ X- Not Categorised						
2. TICK IF APPLICAE	BLE RESIDENCE FOR TAX P	URPOSES IN JURISD	ICTION(S) OUTSIDE INDIA (Please	e refer instruction B at the end)			
	EQUIRED* (Mandatory only if section		. ,				
ISO 3166 Country Code of Jurisdiction of Residence*							
Tax Identification Number of		n)*					
	or equivalent (If issued by jurisdictio		/ Code of Birth*				
Tax Identification Number of Place / City of Birth*		n)*	/ Code of Birth*				
Place / City of Birth*	or equivalent (If issued by jurisdictio	ISO 3166 Country	/ Code of Birth*				
Place / City of Birth*	or equivalent (If issued by jurisdictio	ISO 3166 Country C at the end)	y Code of Birth*				
Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the	or equivalent (If issued by jurisdictio	ISO 3166 Country C at the end)					
Place / City of Birth* 3. PROOF OF IDENT (Certified copy of any one of the A- Passport Number	or equivalent (If issued by jurisdictio	ISO 3166 Country C at the end)		D — M M — Y Y Y Y			
Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the A- Passport Number B- Voter ID Card	or equivalent (If issued by jurisdictio	ISO 3166 Country C at the end)		D — M M — Y Y Y Y			
Place / City of Birth* 3. PROOF OF IDENT (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card	or equivalent (If issued by jurisdictio	ISO 3166 Country C at the end)	Passport Expiry Date				
Place / City of Birth* 3. PROOF OF IDENT (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence	or equivalent (If issued by jurisdictio	ISO 3166 Country C at the end)					
Place / City of Birth* 3. PROOF OF IDENT (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar)	or equivalent (If issued by jurisdictio	ISO 3166 Country C at the end)	Passport Expiry Date				
Place / City of Birth* 3. PROOF OF IDENT (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card	ITY (Pol)* (Please refer instruction ne following Proof of Identity[Pol] need	ISO 3166 Country C at the end)	Passport Expiry Date Driving Licence Expiry Date				
Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document)	ITY (Pol)* (Please refer instruction ne following Proof of Identity[Pol] need to the interest of the interest	ISO 3166 Country C at the end) Is to be submitted)	Passport Expiry Date Driving Licence Expiry Date Identification Number				
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Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the A-Passport Number B-Voter ID Card C-PAN Card D-Driving Licence E-UID (Aadhaar) F-NREGA Job Card Z-Others (any documen S-Simplified Measures 4. PROOF OF ADDR 4.1 CURRENT / PERMAN (Certified copy of any one of the Address Type* ReProof of Address* Proof of Address*	ITY (Pol)* (Please refer instruction re following Proof of Identity[Pol] need to the interest of the interest	ISO 3166 Country C at the end) Is to be submitted) ALLS (Please see instruction and the submitted) esidential riving Licence REGA Job Card	Passport Expiry Date Driving Licence Expiry Date Identification Number Identification Number Business Registered UID (Aadhaar)				
Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the A-Passport Number B-Voter ID Card C-PAN Card D-Driving Licence E-UID (Aadhaar) F-NREGA Job Card Z-Others (any documen S-Simplified Measures 4. PROOF OF ADDR 4.1 CURRENT / PERMAN (Certified copy of any one of the Address Type* Reproof of Address* Proof of Address* Address	ITY (Pol)* (Please refer instruction re following Proof of Identity[Pol] need to the notified by the central government) is Account - Document Type code (Pess (PoA)* NENT / OVERSEAS ADDRESS DETAIL refollowing Proof of Address [PoA] need to the following Proof of Address [PoA] need to the f	ISO 3166 Country C at the end) Is to be submitted) ALLS (Please see instruction and the submitted) esidential riving Licence REGA Job Card	Passport Expiry Date Driving Licence Expiry Date Identification Number Identification Number Identification Number Registered UID (Aadhaar)				
Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- UID (Aadhaar) F- NREGA Job Card Z- Others (any documen S- Simplified Measures 4. PROOF OF ADDR 4.1 CURRENT / PERMAN (Certified copy of any one of the Address Type* Reproof of Address* Proof of Address* Line 1*	ITY (Pol)* (Please refer instruction re following Proof of Identity[Pol] need to the notified by the central government) is Account - Document Type code (Pess (PoA)* NENT / OVERSEAS ADDRESS DETAIL refollowing Proof of Address [PoA] need to the following Proof of Address [PoA] need to the f	ISO 3166 Country C at the end) Is to be submitted) ALLS (Please see instruction and the submitted) esidential riving Licence REGA Job Card	Passport Expiry Date Driving Licence Expiry Date Identification Number Identification Number Identification Number Registered UID (Aadhaar)				
Place / City of Birth* 3. PROOF OF IDENT! (Certified copy of any one of the A-Passport Number B-Voter ID Card C-PAN Card D-Driving Licence E-UID (Aadhaar) F-NREGA Job Card Z-Others (any documen S-Simplified Measures 4. PROOF OF ADDR 4.1 CURRENT / PERMAN (Certified copy of any one of the Address Type* Reproof of Address* Proof of Address* Address	ITY (Pol)* (Please refer instruction re following Proof of Identity[Pol] need to the notified by the central government) is Account - Document Type code (Pess (PoA)* NENT / OVERSEAS ADDRESS DETAIL refollowing Proof of Address [PoA] need to the following Proof of Address [PoA] need to the f	ISO 3166 Country C at the end) Is to be submitted) ALLS (Please see instruction and the submitted) esidential riving Licence REGA Job Card	Passport Expiry Date Driving Licence Expiry Date Identification Number Identification Number Identification Number Registered UID (Aadhaar)				

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)						
Same as Current / Permane	ent / Overseas Address de	etails (In case of multiple	correspondence / local addresses	s, please fill 'Annexure A1')		
Line 1*						
Line 2				(Town (Nills and		
Line 3 District*	Di	n / Post Code*	State / U.T Coo	/ Town / Village* Sountry Code* ISO 3166 Country Code*		
District		II7 Fost Code	State 7 5.1 Got	ico stoo country code		
4.3 ADDRESS IN THE JUR	ISDICTION DETAILS WH	IERE APPLICANT IS RE	SIDENT OUTSIDE INDIA FOR TA	X PURPOSES* (Applicable if section 2 is ticked)		
Same as Current / Permane	ent / Overseas Address de	etails	Same as Correspondence / Loc	al Address details		
Line 1*						
Line 2 Line 3			City	/ Town / Village*		
State*			ZIP / Post Code*	ISO 3166 Country Code*		
Ciato			/			
☐ 5. CONTACT DETAILS (A	All communications will be s	ent on provided Mobile no.	/ Email-ID) (Please refer instruction F	at the end)		
Tel. (Off)		Tel. (Res)		Mobile — — — — — — — — — — — — — — — — — — —		
FAX		Email ID				
□ 6 DETAILS OF BELATER	D DEDSON (In case of s	dditional rolated persons in	lease fill 'Anneyure R1') (please refe	rinstruction G at the end)		
	Deletion of Related Pers		lease fill 'Annexure B1') (please refe 'C Number of Related Person (if ava			
_	☐ Guardian of Minor	☐ Assignee	Authorized Rep			
ζ.	Prefix	First Name	Middle Name	Last Name		
Name*	(If KYC number and name a	ura providad, balaw dataila d	of acation 6 are optional)			
		•	•			
PROOF OF IDENTITY [Pol] C	OF RELATED PERSON* (P	ease see instruction (H) at				
A- Passport Number			Passport Expiry D	Date DD-MM-YYYY		
☐ B- Voter ID Card						
C- PAN Card						
☐ D- Driving Licence			Driving Licence E	xpiry Date DD-MM-YYYY		
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Card —						
Z- Others (any document r	_		Identification			
S- Simplified Measures A	Account - Document	ype code	Identification	on Number		
☐ 7. REMARKS (If any)						
8. APPLICANT DECLA	RATION					
I hereby declare that the details furnish	hed above are true and correct to t	ne best of my knowledge and be	elief and I undertake to inform you of any char	nges		
therein, immediately. In case any of the for it.	e above information is found to be	false or untrue or misleading or mis	srepresenting, I am aware that I may be held li	able [Signature / Thumb Impression]		
I hereby consent to receiving information	ion from Central KYC Registry thro	ugh SMS/Email on the above regis	stered number/email address.			
Date : DD - MM - Y		ice:		Signature / Thumb Impression of Applicant		
	OFFICE USE ONLY					
9. ATTESTATION / FOR						
_	Certified Copies					
Documents Received	Certified Copies CATION CARRIED OUT BY	,	11	NSTITUTION DETAILS		
Documents Received KYC VERIFIC	·	,		NSTITUTION DETAILS		
Documents Received KYC VERIFIC Date	·		Name	NSTITUTION DETAILS		
Documents Received KYC VERIFIE Date Emp. Name	·			NSTITUTION DETAILS		
Documents Received KYC VERIFIC Date Emp. Name Emp. Code	·		Name	NSTITUTION DETAILS		
Documents Received KYC VERIFIE Date Emp. Name	·		Name	NSTITUTION DETAILS		
Documents Received KYC VERIFIC Date Emp. Name Emp. Code Emp. Designation	·		Name			
Documents Received KYC VERIFIE Date Emp. Name Emp. Code Emp. Designation Emp. Branch	·		Name	NSTITUTION DETAILS [Institution Stamp]		