NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM - Private Sector  Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)							
	riend / family Social media News paper / magazines TV / Radio Financial advisor / apps Employer						
	i. PRAN Card (please tick( $$ )) ii. Account Opening Kit (please tick ( $$ ))						
PRAN Card & Kit* (refer sl no. 1 of instructions) eP	RAN Card Physical PRAN Card Through Email Physical Kit (Courier / post)						
Print my PRAN in Hindi	Yes No If yes, please submit details as per Annexure I Paste recent						
Please select your category*	Corporate All Citizen passport size photograph						
To,	(3.5 cm × 2.5 cm size)						
National Pension System Trust  Dear Sir/Madam,	Do not sign across Do not stapple / clip						
1 .	e opened in my name as per the particulars given below: the form in English and BLOCK letters (Refer general guidelines at instructions page.)						
CKYC Identifier	RA Code						
1. PERSONAL DETAILS: (Refer	Sr. No. 1 of the instructions)  Use Annexure II if name exceeds the space provided below						
Salutation*	Shri Smt. Kumari						
Applicant Name*	First Middle Last						
Father's Name	First Last Last						
Mother's Name							
Either Father's or Mother's na	me is mandatory*  Select the name to appear on PRAN Card  Father's name  Mother's Name						
Date of Birth*							
Place of Birth*							
Country of Birth*							
Gender*	Male Female Transgender Nationality*						
Marital Status*	Unmarried Married Widow/Widower Divorcee						
Spouse Name* (if married)	First Middle Last						
PAN*	or Form 60 furnished Submission of PAN or Form 60 is mandatory						
Income Range (per annum)	Below 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac 25 lac to 1 Cr Above 1 Cr						
Occupation Details*	Public Sector Private Sector Professional Self Employed Homemaker Others						
Please Tick if Applicable	Politically exposed person Related to Politically exposed person (Please refer instruction no. 1)						
2. PROOF OF IDENTITY AND A	DDRESS* (Refer Sr. No. 2 of the instructions)						
Passport	Passport Expiry Date d d m m y y y y						
Driving License	Driving License Expiry Date dd mm y y y y						
Voter ID Card	Proof of possession of Aadhaar Provide last four digits						
NREGA Job Card	PoP Certificate						
National Population Register	(refer section 12)						
3. ADDRESS DETAILS* (As per	the proof submitted)						
Line 1							
Line 2							
District	State/U.T.						
Country	PIN Code						
4. CONTACT DETAILS*							
Mobile*	9 1 Telephone with STD code						
	9 1 Telephone with STD code						
Email ID*  5. BANK DETAILS* (Proof to be su	bmitted - Refer Sr. No. 3 of the instructions)						
Account Type	Saving A/c Current A/c						
Bank A/c Number							
	150 Octo						
Bank Name	IFS Code IIII						
6. NOMINATION DETAILS* (Refer Sr. No. 4 of the instructions)							
A. The nomination shall be in favor of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III							
	ade by the subscriber on his/her marriage.  ease refer Nomination relationship matrix provided on instructions page.						
Nominee Name	First Middle						
Relationship	Age Date of Birth (In case of Minor) d d / m m / y y y y						
Name of Guardian							
(if nominee is a minor)							

Ver 2.0					CSRF-F			
7. SELECTION OF PENSION FUND	(PF) AND INVESTMEN	IT CHOICE* (Refer Sr	no. 5 of the instruction	ns )				
The maximum permitted Equity Investme	nt is 75% of the total asse	t allocation.		,				
2. All Citizen: Selection of one PF is manda     3. Corporate Model: The PF / Investment C				will be invested in Auto	Choice (LC 50).			
S. Corporate Model : The PF7 investment C		nvestment Choice (Plea	ase Tick ( $\sqrt{1}$ one)					
			Active Ch		hare in applicable asset class below			
Aditya Birla Sunlife Pension Mgmt Ltd HDFC Pension Mgmt Co Ltd		d Management Limited nsion Funds Mgmt Co Ltd	E (upto 75%) C (	Upto 100%) <b>G</b> (Upto 100				
Kotak Mahindra Pension Fund Ltd	LIC Pension Fund	•	% Equity %	Corp Bonds % Govt. Se	ec. % Alt. Assets 100%			
Max Life Pension Fund Mgmt Ltd	SBI Pension Fund		OR Auto Choice Select one life cycle fund below					
TATA Pension Mgmt Ltd	UTI Retirement So		Conservative (LC25					
				`				
8. Activate my Tier-II account (please tick ( $$ ) to activate) - (Refer Sr. no. 7 of instructions)  With the same bank, nominee & investment details  With different bank/nominee/investment details as per Annexure IV								
9. FATCA* (Foreign Account Tax Co	mpliance Act) & CRS	DECLARATION (Refe	r Sr no. 6 of the instru	uctions):				
I am a tax resident of India and not res 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)			
Country/Countries of Tax Residency	Address Line 1							
Address in the jurisdiction for Tax Residence	City/Town/Village State							
Toy Identification Number (TINIVE unational equivale	ZIP/Post Code							
Tax Identification Number (TIN)/Functional equivale TIN/ Functional equivalent Number Issuing Country								
Validity of documentary evidence provided (Wherev	er applicable)	ddmmyyy	/	ddmmyyyy	ddmmyyyy			
I have understood the information requirement of	the Form (read along with the	ne FATCA / CRS Instruction	ns and Terms & Conditi	ons) and				
hereby confirm that the information provided by n	ne/us on this Form is true, co	orrect, and complete and h	ereby accept the same.		/ Thumb Impression* of Applicant			
				Signature	(refer instructions)			
10. DECLARATION BY APPLICANT*	(Refer Sr no. 8 of the inst	ructions)						
I have read and understood the terms and co furnished by me are true and correct, to the best informed to CRA / NPS Trust. I do not hold an	st of my knowledge. Any cha	inges in the information fur	nished by me shall be					
submission of any false or incorrect information	or documents.		, , , , , , , , , , , , , , , , , , , ,					
Declaration under the Prevention of Money I I here by declare that the contribution paid by m	• .	rived from legally declared	and assessed sources					
of income. I understand that NPS Trust has t government authorities. I further agree that NI								
provisions of any law relating to prevention of m		,		_	mb Impression* of Applicant			
Date: d d m m y y y y	Place:				es and RTI in case of females to be impression in case no hands)			
11. DECLARATION BY EMPLOYER (	All Details are Mandato	ory)						
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.	of the employee maintaine	ed with us. It is further cer	tified that he/she has	read entries/entries hav	e been read over to him/herby her by			
Name of the Authorised Person								
Designation of the Authorised Person								
Date	d d m m y y	T v T v						
Place			Signatu	re of Authorised person	Rubber stamp of the Employer			
12. TO BE FILLED BY POP								
Receipt No. (17 digits)								
	l l por	2 0D D						
POP Registration Number	POF	P-SP Registration Number	er					
Documents Received:								
Existing Customer: I/ we hereby certify/confir an operative Bank/Demat/Folio/								
branch/o compliance with PMLA Rules. I/We further col Account (applicable in case of Bank PoP)	ffice. The KYC documents	s available with us for th	is customer/client ma	atches the requirement	for opening NPS account and are in			
Name of the Authorised Person								
Designation of the Authorised Person								
Date	d d m m	)						
	d d m m	у у у	Signatu	re of Authorised person	Rubber stamp of the Pop			
Place								
ACKNOWLEDGEMENT								
Name of the Subscriber								
Application Receipt Date:	d d m m	у у	У					
Initial contribution amount								
				_	ignature 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)  ₹ 40.00  ₹ 35.00  ₹ 18.00						
		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. If Email ID is 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	Infextife to for filer-if mentioning the asset allocations.  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 a flixed 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, ne 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 )

		ix (Please mention relationship as per det	
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	M i d d l e L a s t
Nominee III - Name    F   i   r   s   t	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)
Name of the A. P.	
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 BYES					
For office use only	Application Type* ☐ Ne	ew  Update							
-	nstitution) KYC Number		(Mandatory for KYC u	pdate request)					
	Account Type*	ormal Simplified (	for low risk customers)						
1. PERSONAL DETAILS (Please refer instruction A at the end)									
_	Prefix First Nan		Middle Name	Last Name					
☐ Name* (Same as ID p	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 otatus	☐ Foreign National	☐ Person of India							
Occupation Type*	☐ S-Service ( ☐ Private Sect	or Public Sector	☐Government Sector )						
71.	☐ O-Others (☐ Professional		☐ Retired ☐ Housewife ☐ Stude	ent)					
	B-Business								
	☐ X- Not Categorised								
2. TICK IF APPLIC	CABLE RESIDENCE FOR TAX F	PURPOSES IN JURISD	ICTION(S) OUTSIDE INDIA (Please re	fer instruction <b>B</b> at the end)					
	REQUIRED* (Mandatory only if section								
	e of Jurisdiction of Residence*	II 2 is ticked)							
·	per or equivalent (If issued by jurisdiction	\n\*							
Place / City of Birth*	ser of equivalent (in issued by jurisdiction	ISO 3166 Country	Code of Birth*						
ridge / Gity of Birth		100 0100 Country	, code of Emili						
☐ 3. PROOF OF IDE	ENTITY (Pol)* (Please refer instruction	<b>C</b> at the end)							
	of the following Proof of Identity[Pol] nee								
☐ A- Passport Number		as to be submitted)	Passport Expiry Date	- M M - Y Y Y Y					
☐ B- Voter ID Card			1 doopon Expiry Bate						
☐ C- PAN Card									
☐ D- Driving Licence			Definition Library on Francis Details						
☐ E- UID (Aadhaar)			Driving Licence Expiry Date						
☐ F- NREGA Job Car			Identification Number						
_	ment notified by the central government)		Identification Number						
_ 5- Simplified Meas	ures Account - Document Type cod	е	Identification Number						
4. PROOF OF AD	DRESS (PoA)*								
	MANENT / OVERSEAS ADDRESS DET		on <b>D</b> at the end)						
(Certified copy of any one	of the following Proof of Address [PoA] no	eeds to be submitted)							
Address Type*	Residential / Business	Residential	Business Registered Off	fice Unspecified					
		Oriving Licence	UID (Aadhaar)	ie					
L T	☐ Voter Identity Card ☐ N☐ Simplified Measures Account - Do	NREGA Job Card	Others	рпу					
Address	_ =piiliod Modediloo / looddilt = Dt	Journal of the state of the sta							
Line 1*									
Line 2									
Line 3			City / Town / Village*	100 County - C - 1 *					
District*	Pin / Post C	code*	State / U.T Code* ISO 3	166 Country Code*					

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction <b>E</b> at the end)								
Same as Current / Perma	nent / Overseas A	Address details (In case o	f multiple co	orrespondence / lo	cal addresses, plea	ase fill 'Annexure	A1')	
Line 1*								$\perp$
Line 2					Oit / T-	( ) (!!! *		$\pm$
Line 3 District*		Pin / Post Code	*	Sta	te / U.T Code*	wn / Village*	166 Country Code*	+
District		Fill / Fost Code		J. J. J.	107 0.1 00dc	1000	100 Country Code	
4.3 ADDRESS IN THE JU	JRISDICTION DE	TAILS WHERE APPLICAN	NT IS RESID	DENT OUTSIDE II	NDIA FOR TAX PU	RPOSES* (Applic	cable if section 2 is ticked)	)
Same as Current / Perma	nent / Overseas A	Address details		Same as Correspo	ondence / Local Ad	dress details		
Line 1*								$\mathbb{H}$
Line 2 Line 3					City / Toy	/n / Village*		+
State*			7	IP / Post Code*			66 Country Code*	$\forall$
							,	
☐ 5. CONTACT DETAILS	(All communication	ns will be sent on provided N	Nobile no. / E	mail-ID) (Please ref	er instruction <b>F</b> at the	e end)		
Tel. (Off)	_	Tel. (Res)			Mo	bile		
FAX	-	Email ID						
□ 6 DETAILS OF BELAT	ED DEDSON (	n case of additional related r	poreone plan	uso fill 'Annovuro P1	' ) (places refer instr	uction <b>G</b> at the end	<b>\</b>	
6. DETAILS OF RELAT  Addition of Related Person	Deletion of R				Person (if available		,	
Related Person Type*	☐ Guardian of		ssignee		thorized Represe			
•	Prefix	First Name			dle Name		Last Name	
Name*	(If KVC number of	and name are provided, belo	w dotaile of a	postion 6 are entire				
	·	·		·	ai <i>)</i>			
PROOF OF IDENTITY [Pol	] OF RELATED PE	RSON* (Please see instruct	ion ( <b>H</b> ) at the					
A- Passport Number				Passp	oort Expiry Date	D D -	M M — Y Y Y Y	
☐ B- Voter ID Card								
C- PAN Card								
☐ D- Driving Licence				Drivin	g Licence Expiry	Date DD —	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
☐ E- UID (Aadhaar)								
☐ F- NREGA Job Card								
Z- Others (any documen	-	-			Identification No			Щ
S- Simplified Measure	s Account - Do	cument Type code			Identification No	umber		Ш
7. REMARKS (If any)								
8. APPLICANT DECL	ARATION							
I hereby declare that the details furn		nd correct to the best of my knowle	edge and belief	and I undertake to info	m you of any changes			
therein, immediately. In case any of for it.	the above information is	s found to be false or untrue or misle	eading or misrep	presenting, I am aware th	at I may be held liable			
I hereby consent to receiving inform	nation from Central KYC	Registry through SMS/Fmail on the	ahove registere	ed number/email address				
Date: DD - MM -	YYYY	Place :	, above registers			Signature / TI	numb Impression of Applicant	
9. ATTESTATION / FC	R OFFICE USI	E ONLY						
Documents Received	Certified Copie	es						
KYC VER	IFICATION CARRIE	ED OUT BY			INSTIT	UTION DETAILS		
Date	D - M M - Y	I Y I Y I Y		Name				
Emp. Name				Code				
Emp. Code								
Emp. Designation								
Emp. Branch								