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.



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For office use only	Application Type*	New	□Update			
-	institution) KYC Number			(Mandatory f	or KYC update	request)
	Account Type*	Normal	☐ Simplified (fo	or low risk customers)	Small	
1. PERSONAL D	ETAILS (Please refer instruction A at	the end)				
	Prefix First N	lame		Middle Name		Last Name
☐ Name* (Same as ID	proof)					
Maiden Name (If any*)						
Father / Spouse Name					SHAH	
Mother Name*	MRS					
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		
Marital Status*	☐ Married		Unmarried	Others		
Citizenship*	☐ IN- Indian		Others (ISO 316	66 Country Code)		
Residential Status*						
	☐ Foreign National		Person of Indian	Origin		
Occupation Type*	☐ S-Service (☐ Private Se		Public Sector	Government Sector)		
	☐ O-Others (☐ Profession☐ B-Business	ıaı _	Self Employed	☐ Retired ☐ Housewife	_Student)	
	☐ X- Not Categorised					
_						
☐ 2. TICK IF APPLI	CABLE RESIDENCE FOR TA	K PURPO	SES IN JURISDIC	CTION(S) OUTSIDE INDIA	(Please refer inst	ruction B at the end)
ADDITIONAL DETAILS	S REQUIRED* (Mandatory only if see	tion 2 is tick	cked)			
ISO 3166 Country Coo	de of Jurisdiction of Residence*	L				
Tax Identification Num	ber or equivalent (If issued by jurisdi					
Place / City of Birth*		18	SO 3166 Country	Code of Birth*		
_	ENTITY (Pol)* (Please refer instruct					
_	e of the following Proof of Identity[Pol] n	eeds to be	·			
☐ A- Passport Numb	er			Passport Expiry Date	D D — M I	
☐ B- Voter ID Card		1				
C- PAN Card						
D- Driving Licence Expiry Date DD - MM - Y Y Y Y						/ Y Y Y Y
E- UID (Aadhaar)						
☐ F- NREGA Job Ca						
_	ument notified by the central government	,		Identification Number		
S- Simplified Meas	sures Account - Document Type of	ode		Identification Numbe	er	
4. PROOF OF A	DDRESS (PoA)*					
	RMANENT / OVERSEAS ADDRESS D			D at the end)		
(Certified copy of any one	of the following Proof of Address [PoA] needs to b	be submitted)			
Address Type*	Residential / Business	Resident	itial 🔲 I	Business	stered Office	☐ Unspecified
Proof of Address*		Driving L		UID (Aadhaar)		
	✓ Voter Identity Card✓ Simplified Measures Account -			Others	ease specify	
Address		_ 5531115111	, po codo			
Line 1*						
Line 2		$\perp \downarrow \downarrow$				
Line 3		10.1.		City / Town / V	-	ountry Code*
District*	Pin / Pos	≀ Code*		State / U.T Code*	130 3700 C	ountry Code*

4.2 CORRESPOND	ENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)
☐ Same as Current / P	ermanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')
Line 1*	
Line 2	
Line 3	City / Town / Village*
District*	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*
_	HE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
	ermanent / Overseas Address details Same as Correspondence / Local Address details
Line 1*	
Line 2	City / Town / Village*
Line 3 State*	ZIP / Post Code* ISO 3166 Country Code*
_	
	AILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Tel. (Off)	Tel. (Res)
FAX	Email ID
	ELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)
Addition of Related Pe	The name of relations of the state of the st
Related Person Type*	☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative Prefix First Name ☐ Middle Name ☐ Last Name
Name*	THE
	(If KYC number and name are provided, below details of section 6 are optional)
PROOF OF IDENTIT	Y [Pol] OF RELATED PERSON* (Please see instruction (H) at the end)
☐ A- Passport Numb	
□ B- Voter ID Card	
C- PAN Card	
☐ D- Driving Licence	Driving License Evning Date D. D. M. M. V. V. V.
☐ E- UID (Aadhaar)	Driving Licence Expiry Date DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
_	
☐ F- NREGA Job Ca	
	ument notified by the central government) Identification Number Identifica
·	sures Account - Document Type code Identification Number
7. REMARKS (If a	ny)
8. APPLICANT D	DECLARATION
	ails furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes
for it.	any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable [Signature / Thumb Impression]
I hereby consent to receiving	g information from Central KYC Registry through SMS/Email on the above registered number/email address.
Date : DD - MI	
9. ATTESTATION	/ FOR OFFICE USE ONLY
Documents Received	☐ Certified Copies
KYC	VERIFICATION CARRIED OUT BY INSTITUTION DETAILS
Date	Name TRIMBHAK INVESTMENT & FINANCE SERVICE
Emp. Name	ASHWIN K TRIVEDI Code IN1228 PVT. LTD.
Emp. Code	002 Code IN1228 FV1. IIID.
Emp. Designation	
	COMPLIANCE OFFICER
Emp. Branch	001
	[Institution Stamp]
	[Employee Signature]