

**Know Your Client (KYC)  
Application Form (For Individuals Only)**



Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: \_\_\_\_\_

Application Type\*:  New KYC  Modification KYC

**KYC Mode\*:** Please Tick (!)

Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

**1. Identity Details** (please refer guidelines overleaf)

PAN\* \_\_\_\_\_ Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) \_\_\_\_\_

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\*  Male  Female  Transgender

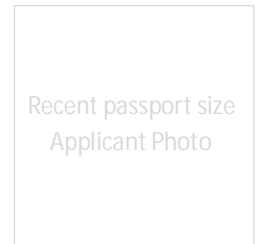
Marital Status\*  Single  Married

Nationality\*  Indian  Other \_\_\_\_\_

Residential Status\*  Resident Individual  Non Resident Indian

Please Tick (!)  Foreign National  Person of Indian Origin\*

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)



Cross Signature across photograph

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

A — Aadhaar Card XXXX XXXX \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

B — Passport Number \_\_\_\_\_

C — Voter ID Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

D — Driving License \_\_\_\_\_

E — NREGA Job Card \_\_\_\_\_

F — NPR

**2. Address Details\*** (please refer guidelines overleaf) \_\_\_\_\_ (any document notified by Central Government)

Identification Number

**A. Correspondence/ Local Address\***

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\*** (Mandatory for NRI Applicant)

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line3 \_\_\_\_\_  
 City/  
 Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_  
 State\* \_\_\_\_\_ Country\* \_\_\_\_\_  
 Address Type\*  Residential/Business  Residential  Business  Registered Office  Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

A — Aadhaar Card XXXX XXXX \_\_\_\_\_  
 B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 C — Voter ID Card \_\_\_\_\_  
 D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_  
 E — NREGA Job Card \_\_\_\_\_  
 F — NPR Letter \_\_\_\_\_  
 Z—Others \_\_\_\_\_ (any document notified by Central Government)  
 Identification Number \_\_\_\_\_

**3. Contact Details (in CAPITAL)**

Email ID\* \_\_\_\_\_  
 Mobile No. \* \_\_\_\_\_  
 Tel (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.  
 I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.  
 I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: \_\_\_\_\_ (DD-MM-YYYY)  
 PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only****In-Person Verification (IPV) carried out by\***

IPV Date \_\_\_\_\_  
 Emp. Name \_\_\_\_\_  
 Emp. Code \_\_\_\_\_  
 Emp. Designation \_\_\_\_\_

**Intermediary Details\***

Self certified document copies received (OVD)  
 True Copies of documents received (Attested)  
 AMC / Intermediary Name :

\_\_\_\_\_

Employee Signature and Stamp

Institution Name and Stamp