

Central KYC Registry

Know Your Customer (KYC) Application Form for Individual

Form Type



CK001

Primary Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving License Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

Declaration

- I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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/We am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date Place: _____

 Signature of
primary Applicant

1st Joint Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving License Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

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- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date Place: _____

 Signature of
1st Joint Applicant

2nd Joint Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving License Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

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Date Place: _____

 Signature of
2nd Joint Applicant

3rd Joint Applicant

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (if any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving license Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation Type*	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student			

Required if Passport provided as Identity/Address Proof

Required if Driving License provided as Identity/Address Proof

Declaration

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- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date Place: _____

For Office Use only

Documents Received Certified Copies

KYC Verification Carried Out By

Identity Verification Done Date

Emp. Name : _____

Emp. Code : _____

Emp. Designation : _____

Emp. Branch : _____