

CENTRAL KYC REGISTRY | know Your Customer (KYC) Application Form | Individual

IN-DP-20-2015 NSDL IN301485, IN 302700, SEBI Regn. No.; INZ000004234 NSE & BSE



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Tick '✓' wherever applicable
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please (✓) in the box section number and strick off the sections not required to be update
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.
- J) The "OTP" based "E-KYC" check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

Application Type* New Update

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

Account Type* Normal Minor Aadhar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> 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 / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized			
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		



2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

i (Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number Passport Expiry Date
- B- Voter ID Card
- C- Driving Licence Driving Licence Expiry Date
- D- NREGA job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhar
- ii E-KYC Authentication
- iii Offline verification of Aadhar

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

i (Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A- Passport Number

Passport Expiry Date --

B- Voter ID Card

C- Driving Licence

Driving Licence Expiry Date --

D- NREGA job Card

E- National Population Register Letter

F- Proof of Possession of Aadhar

ii E-KYC Authentication

iii Offline verification of Aadhar

iv Deemed Proof Of Address Document Type Code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile

Email ID

5. REMARKS (If any)

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. APPLICANT DECLARATION

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

Signature / Thumb Impression of Applicant

Date : --

Place :

7. ATTESTATION AND IN PERSON VERIFICATION (IPV) DETAIL / FOR OFFICE USE ONLY

Documents Received Certified Copies (Self Attested) E-KYC date received from UIDAI Date received from Offline verification
 Digital KYC Process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date --
Emp. Person Name
Emp. Code
Emp. Designation
Emp. Branch

[Sign of person who has done]

INSTITUTION DETAILS

Name **KIFS TRADE CAPITAL PRIVATE LIMITED**
Code **I N O 1 4 4 / NDML MIID - P1192**



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