

KNOW YOUR CLIENT (CKYC\KRA\KYC)

Please fill in ENGLISH and in BLOCK LETTERS

For Office use only

CVL KRA POS CODE - 1200003248 CKYC FI CODE :- IN0189



Application Type : New Update/Modification Account Type : Normal Simplified (for low risk Customer) Small
 KRA KYC No : _____ Central KYC No : _____

A. Identity Details (please see guidelines overleaf) 1st Holder

1). Name of Applicant (As appearing in supporting identification document).
 Name _____
 Maiden Name (if any) _____
 Father/Spouse Name _____
 Mother Name _____

2). Gender : Male Female (B) Marital Status : Single Married (C) Date of Birth _____

3). Nationality : Indian Other _____ (ISO 3166 Country Code _____)

4). Status : Please tick (✓) Resident Individual Non Resident Indian
 Person of Indian Origin Foreign National (Passport Copy Mandatory- For NRIs & Foreign Nationals)

PAN _____ Please enclose a duly attested copy of your PAN Card

5). UID Aadhaar Number, if any: _____
 Proof of Identity submitted for Pan exempt cases Please tick (✓)

6). UID (Aadhaar) Passport Voter ID Driving License Others _____
 Occupation Type : S-Service Private Sector Public Sector Government Sector B-Business
 O-Other Professional Self Employed Retired Housewife Student X-Not Categorized

PHOTOGRAPH

Please affix the recent passport size photograph and sign across

B. Details of Related Person

Addition of related Person Deletion of related Person CKYC Number of Related Person (if available*) _____
 Related Person Type Guardian of Minor Assignee Authorized Representative
 Related Person Name _____

C. Address Details (please see guidelines overleaf)

1). Proof of address Correspondence/Permanent to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Driving License Voter Identity Card UID (Aadhaar) Others (Please Specify) _____

2). Address for Residence/Correspondence

City/Town/Village	State	Country	Pin Code
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3). Permanent Address of Resident Applicant if different from above C1 or Overseas Address (Mandatory) for Non-Resident Applicant Same as Correspondence Address

City/Town/Village	State	Country	Pin Code
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4). Contact Details

Tel. (Off.)	9	1	-	Tel. (Res.)	Fax
E-Mail ID					

5). Any Other Information / Remark : _____

D. APPLICANT DECLARATION SIGNATURE OF APPLICANT

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, I
 Place : _____ Date : _____

FOR OFFICE USE ONLY IPV Done on

AMC/Intermediary name OR code _____

(Originals verified) Self Certified Document copies received
 (Attested) True Copies of documents received Main Intermediary

Inperson Verification Stamp Carried Out By