

ADDITIONAL INFORMATION FOR CENTRAL KYC REGISTRY

(Information to be updated for all holders as per Central KYC Registry Operating Guidelines 2016)

ACCOUNT NUMBER

*** KYC number (if available)**

Main Applicant Update in CERSAI record Y / N

Joint Holder 1 Update in CERSAI record Y / N

Joint Holder 2 Update in CERSAI record Y / N

***Related person KYC number**

(Applicable for Guardian of minor)

***Account Type**

Normal Simplified (for low risk customers)

***Maiden Name** (mandatory for female customers with married status)

	Prefix	First Name	Middle Name	Last Name
Main Applicant	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>

***Mother's Name**

	Prefix	First Name	Middle Name	Last Name
Main Applicant	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
joint Holder 1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>

***Spouse Name** (applicable for customers with married status)

	Prefix	First Name	Middle Name	Last Name
Main Applicant	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
joint Holder 1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>

***Address Type** (Current Overseas)

Residential / Business Residential Business Registered Office Unspecified

***District**

Main Applicant

joint Holder 1

Joint Holder 2

***City of birth**

MAIN APPLICANT	<input type="text"/>
JOINT HOLDER 1	<input type="text"/>
JOINT HOLDER 2	<input type="text"/>

***Citizenship**

Main Applicant IN – Indian Others

Joint Holder 1 IN – Indian Others

Joint Holder 2 IN – Indian Others

***Residential Status**

Main Applicant NRI PIO FNO

Joint Holder 1 NRI PIO FNO Resident

Joint Holder 2 NRI PIO FNO Resident

KYC Verification details (Details of employee who has completed KYC Certification)

Employee Code- _____ Employee Name- _____

Employee Designation- _____ Date of KYC verification

D	D	M	M	Y	Y	Y	Y
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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 my registered mobile number /email address.

Signature - Main Applicant _____

Joint Holder 1 _____

Joint Holder 2 _____