

## 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: 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"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 1	<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"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 2	<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"/>	<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: 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"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
joint Holder 1	<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"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 2	<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"/>	<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: 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"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
joint Holder 1	<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"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Joint Holder 2	<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"/>	<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 \_\_\_\_\_