

## Know Your Customer (KYC) and FATCA/CRS Form (Resident Individuals)

For an existing depositor, the information and documents furnished herein will supersede the information and documents submitted earlier

**Customer ID**  **CKYCR/ KIN No. (if available)**

**PAN**   **Form 60, if PAN not allotted (Please attach Form 60)**

**Applicant Details**  Mr.  Ms.  Mrs.



**First Name**

**Middle Name**

**Last Name**

**Maiden Name(if any)**

**Father/Spouse Name**

*(Father's name is mandatory in case the PAN is not provided)*

**Mother Name**

**Date of Birth**                 **Gender**  Male  Female  Third Gender

**Please enter your Current Address**   
  
 **Pin**

**City**  **State**

**Landline (STD Code)**       **Mobile**                                **Email ID**

**Annual income**  Up to Rs. 15 Lakhs  Rs. 15 Lakhs – Rs.50 Lakhs  above Rs.50 Lakhs **Marital Status**  Married  Unmarried  Others

**Occupation**  Self-employed/Business  Private sector Job  Public Sector Job  Govt. Job  Retired  Professional

**Politically Exposed Person(PEP)**  **Relative of PEP**  **Citizenship**  India  USA  Others **Nationality**  India  USA  Others

### Officially Valid Document

| Proof of Identity (PoI)   | Proof of Address (PoA)  | PoI/ PoA No.   | Expiry Date  |
|---|---|--|--|
| <input type="checkbox"/> Aadhaar*<br><input type="checkbox"/> Valid Passport<br><input type="checkbox"/> Valid Driving Licence<br><input type="checkbox"/> Voter ID Card<br><input type="checkbox"/> NREGA Job Card<br><small>* Aadhaar No. must be blackened/redacted before submission to BFL</small> | <input type="checkbox"/> Aadhaar*<br><input type="checkbox"/> Valid Passport<br><input type="checkbox"/> Valid Driving Licence<br><input type="checkbox"/> Voter ID Card<br><input type="checkbox"/> NREGA Job Card<br><input type="checkbox"/> Letter issued by National Population Register | *****<br><input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | *****<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br>*****<br>*****<br>***** |

Deemed to be Officially Valid Document (DOVD) (any one DOVD is mandatory, if current address is different on above listed OVDs)  
\*Utility bills not more than 2 months old

1. Utility Bills- Electricity/Telephone/Post Paid Mobile/Piped Gas/Water Bill  
 2. Property or Municipal Tax Receipt  
 3. Pension Payment Orders Issued by Govt. Dept./PSUs to their employees containing address  
 4. Letter of accommodation from employer viz Central/State Govt./Statutory or Regulatory Body/PSUs/Scheduled commercial Banks, Financial Institutions & Listed Companies, including leave and license agreement with the employer  
 In case of submission of Deemed to be OVD, I/we undertake to submit the OVD updated with current address within **three months** from date of this application.

### FATCA/CRS Details: Are you a Tax Resident in any country outside India Yes No, if yes, please fill up following details

Country of Tax Residence  Place/City of Birth  Country of Birth

Tax Identification No. or Equivalent (Issued by Jurisdiction)

**Address type** Residence  Registered  Business  **Type of Tax Identification** TIN  SSN  Passport  Others

### Customer Consent/ Confirmation

- I hereby confirm that the details furnished above are true and correct to the best of my knowledge and belief and will 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 will be held liable for it.
- I hereby confirm that this application is not in contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any Govt. or Statutory authority from time to time.
- My KYC details may be shared with CKYCR / CICs. I hereby consent to receive information from CKYCR through SMS/Email on the above registered number/email address.

Customer's Signature/Thumb Impression

