CENTRAL KYC REGIST	RY Know Your Customer (KYC)	Application Form Individual	HAEYCHANGE:	
For Office use only	cation Type* New Update Number	Account Type Normal (Mandatory for KYC update request)	Service is our Currency	
Important Instructions: A) Fields marked with '*' are manda	plany fields El Liet of Chate	/ LLT code on no ledies Metry Vohisle A.d. 4000 is a		
B) Please fill the form in English an	THE RESERVE SHEET THE PROPERTY OF THE PROPERTY	/ U.T code as per Indian Motor Vehicle Act, 1988 is av naracter ISO 3166 country codes is available at the en		
C) Please fill the date in DD-MM-YD) Please read section wise detaile		of applicant is mandatory for update application. r section update, please tick (An the box available before)	CERSAI	
at the end.		er and strike off the sections not required to be update		
For office use only	Application Type* New	□Update		
(To be filled by financial instit	Account Type*		datory for KYC update request)	
■ 1. PERSONAL DETA	ILS (Please refer instruction A at the end)		
1	Prefix First Name	Middle Name	Last Name	
Name* (Same as ID proof	MR SUNIL	KUMAR	HEGDE	
Maiden Name (If any*)				
Father / Spouse Name*	MR SUNDAR	HEGDE		
Mother Name*	MRS SANJEEVI			
Date of Birth*	07-08-1974 PM-Male		(a)	
Gender* Marital Status*	Married	F- Female T-Transgende	A Maria Carlo III	
	✓ IN- Indian	Unmarried Others Others (ISO 3166 Country Code		
Residential Status*	Resident Individual Foreign National	☐ Non Resident Indian ☐ Person of Indian Origin		
Occupation Type*	S-Service (Private Sector O-Others (Professional	☐ Public Sector ☐ Government Sec ☐ Self Employed ☐ Retired ☐ House		
	☐ B-Business ☐ X- Not Categorised		- Line	
2. TICK IF APPLICA	BLE RESIDENCE FOR TAX PURP	POSES IN JURISDICTION(S) OUTSIDE	INDIA (Please refer instruction B at the end)	
ADDITIONAL DETAILS RE	EQUIRED* (Mandatory only if section 2 is	ticked)		
ISO 3166 Country Code of	Jurisdiction of Residence*			
Tax Identification Number or equivalent (If issued by jurisdiction)*				
Place / City of Birth*		ISO 3166 Country Code of Birth*		
		The state of the s		
☐ 3. PROOF OF IDENTITY (Pol)* (Please refer instruction C at the end)				
(Certified copy of any one of the	e following Proof of Identity[Pol] needs to	be submitted)		
A- Passport Number		Passport Expiry Date	te DD-MM-YYYY	
☐ B- Voter ID Card				
C- PAN Card	ABSPH8146D			
D- Driving Licence		Driving Licence Exp	iry Date DD - MM - YYYY	
E- UID (Aadhaar)				
F- NREGA Job Card	6 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1	No. 1	
	t notified by the central government) Account - Document Type code		2.00	
4. PROOF OF ADDR	ESS (PoA)* NENT / OVERSEAS ADDRESS DETAILS	(Please see instruction D at the end)		
	e following Proof of Address [PoA] needs			
	esidential / Business Resid		Registered Office Unspecified	
		g Licence UID (Aadhaar)	- Stopponist	
□Si	oter Identity Card NREC	GA Job Card Others ent Type code	please specify	
Address Line 1* HOUSE	NO 28/2543-P			
		HOUSE		
Line 3 ALUNK		VANNOR City/T	own / Village*	
District* ERNAK	ULA M Pin / Post Code*	682020 State / U.T Code*	KL ISO 3166 Country Code* IN	

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)					
Same as Current / Perma	anent / Overseas Address details (In case of mult	iple correspondence / local addresses, please fill 'Annexure A1')			
Line 1*					
Line 2					
Line 3		City / Town / Village*			
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*			
CONTRACTOR OF THE PROPERTY OF		RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)			
	nent / Overseas Address details	Same as Correspondence / Local Address details			
Line 1*					
Line 2					
Line 3		City / Town / Village*			
State*		ZIP / Post Code* ISO 3166 Country Code*			
	(All communications will be sent on provided Mobile	no, / Email-ID) (Please refer instruction F at the end)			
Tel. (Off)	Tel. (Res)	Mobile -9847738820			
FAX	Email ID H	GDESUNI LKUMAR QGMAIL. COM			
		s, please fill 'Annexure B1') (please refer instruction G at the end)			
Addition of Related Person	Deletion of Related Person	KYC Number of Related Person (if available*)			
Related Person Type*	☐ Guardian of Minor ☐ Assigne				
Name*	Prefix First Name	Middle Name Last Name			
valle	(If KYC number and name are provided, below deta	its of section 6 are entired)			
	(IT KT O Humber and hame are provided, below deta	is of section 6 are optionary			
PROOF OF IDENTITY [Pol]	OF RELATED PERSON* (Please see instruction (H	at the end)			
A- Passport Number		Passport Expiry Date			
B- Voter ID Card					
C- PAN Card					
D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY			
E- UID (Aadhaar)					
F- NREGA Job Card					
Z- Others (any document	t notified by the central government)	Identification Number			
S- Simplified Measures	s Account - Document Type code	Identification Number			
7. REMARKS (If any)					
8. APPLICANT DECL					
	ished above are true and correct to the best of my knowledge and the above information is found to be false or untrue or misleading o				
for it.		To grow of your Committee			
I hereby consent to receiving information	ation from Central KYC Registry through SMS/Email on the above	egistered number/email address.			
Date : 05-07-	2017 - Place: ERNAK	CILAM Signature / Thumb Impression of Applicant			
9. ATTESTATION / FO	OR OFFICE USE ONLY				
Documents Received	Certified Copies Original Veri	ied and Self-Attested Document Copies Received			
IPV AND KYC VE	ERIFICATION CARRIED OUT BY	INSTITUTION DETAILS			
Date 05	5-07-2017	Name WAE EXCHANGE AND FINANCE DD			
	NAPNA	Code 1N0570			
Emp. Code	2				
Emp Declaration					
01	FFICER				
Emp. Branch	40	THE COUNTY OF THE SEASON OF TH			
	1	[institution Stamp]			
	SID Signature	THE PERSON OF TH			
Large Land Service	119	THE STATE OF THE POST OF A DOTAL THE			