



For Office use only Application Type\*  New  Update Account Type  Normal  
 KYC Number  (Mandatory for KYC update request)


**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick  in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type\*  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input checked="" type="checkbox"/> 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			
Gender*	<input checked="" type="checkbox"/> M- Male		<input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender	
Marital Status*	<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Unmarried <input type="checkbox"/> Others	
Citizenship*	<input checked="" type="checkbox"/> IN- Indian		<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )	
Residential Status*	<input checked="" type="checkbox"/> Resident Individual		<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National		<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input checked="" type="checkbox"/> S-Service ( <input checked="" type="checkbox"/> Private Sector		<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector )	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional		<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			



Signature

2. TICK IF APPLICABLE  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (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\*

3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input checked="" type="checkbox"/> C- PAN Card	ABS PH 8146D	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)\*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

Address

Line 1\* HOUSE NO 28/2543-B

Line 2 GATE NO 22 CHINAR HOUSE

Line 3 ALUNKAL ROAD CHILAVANNOR City / Town / Village\*

District\* ERNAKULAM Pin / Post Code\* 682020 State / U.T Code\* KL ISO 3166 Country Code\* IN



