## 

KYC No.		, 3
1. DETAILS OF RELATED PERSON		
	u of Deleted Demon	Hadata Balatad Barrara Batalla
	on of Related Person	Update Related Person Details
KYC Number of Related Person (if available*)  If KYC	number is available, only 'Related Per	son Type' & 'Name' is mandatory
Related Person Type*	☐ Karta ☐ Trustee ☐ P	artner
☐ Proprietor ☐ Beneficiar	Authorised Signatory B	eneficial Owner
Power of Attorney Holder	Other (Please specify)	
DIN (Director Identification Number)	(Mandato	ry if Related Person Type is Director)
1.1 PERSONAL DETAILS		
Prefix First Name	Middle Name	Last Name
Name* (Same as ID proof)		
Maiden Name		
Father / Spouse Name		
Mother Name		
Date of Birth*	Gender* M-	Male F- Female T-Transgende
Nationality* ☐ IN- Indian ☐ Others (ISO	3166 Country Code ( )	
PAN*	Form 60 furnished	
1.2 PROOF OF IDENTITY AND ADDRESS		
I Certified copy of OVD or equivalent e-document be submitted (anyone of the following OVDs)		rough digital KYC process needs to
A- Passport Number		☐ PHOTO*
B-Voter ID Card		
C- Driving Licence		
☐ D-NREGA Job Card		
E- National Population Register Letter		
F - Proof of Possession of Aadhaar		
II E-KYC Authentication		
III Offline verification of Aadhaar		
Address		
Line 1*		
Line 2		
City / Town / Village*	5	
City / Town / Village*	District*	
Pin / Post Code* State	U.T Code* ISO 3	166 Country Code*

1.3. CURRENT ADDRESS DETAILS		
I Same as above mentioned address (In such cases address details as below need not be provided)  Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)		
A- Passport Number	B-Voter ID Card	
C- Driving Licence		
D-NREGA Job Card		
E- National Population Register Letter		
F - Proof of Possession of Aadhaar		
Ⅱ ☐ E-KYC Authentication		
III Offline verification of Aadhaar		
IV Deemed PoA		
IV Self Declaration		
Address		
Line 1*		
Line 2		
Line 3		
City / Town / Village* District* District* State / U.T Code* ISO 3166 Country Code*		
Pin / Post Code* State / U.T Code* ISO 3166 Country Code*		
1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID)		
Tel. (Off)	Tel. (Res)	
Mobile — — — — — — — — — — — — — — — — — — —		
Email ID		
2. APPLICANT DECLARATION		
<ul> <li>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.</li> <li>I / We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.</li> </ul>		
Date : D D — M M — Y Y Y Y Place:	Signature / Thumb Impression of Applicant	
3. ATTESTATION / FOR OFFICE USE ONLY		
	lata received from UIDAI Data received from Offline verification ent e-document	
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS	
Date DD-MM-YYYY	Name	
Emp. Name	Code	
Emp. Code		
For Decimation		
Emp. Designation		
Emp. Designation  Emp. Branch		