CKYC REGISTRATION FORM

CLIENT ID - _____

Water VigNet International Inductions: International Inductions: Internationa Inductions:	A) Fields n Demat Cell Fourth Floor No 1, Padmavathiar Road Off Peters Road),Gopalapuram, nnai-600 086 Ph-28359243-46/48 For office use only (To be filled by financial institution 1. PERSONAL DETAILS	harked with '*' are mandatory fields. fill the form in English and in BLOCK letter fill the date in DD-MM-YYYY format. read section wise detailed guidelines / inside ind. Application Type*	ers. F) List of two chara G) KYC number of structions H) For particular se section number a	acter ISO 3166 country codes is available applicant is mandatory for update applicat action update, please tick () in the box av	at the end. tion. ⁄ailable before the	end.	A
(*b te filter by financial institution) KYC Number (Mandatory for KYC update request) Account Type* Normal Simplified (for low risk customers) Simplified (for low risk customers) Simplified (for low risk customers) I. PERSONAL DETAILS (Please refer instruction A at the end) Perfie Fint Name Midde Name Last Name Name* (Same as ID pool) Fint Name Midde Name Last Name Maiden Name (if any*) Image: Simplified (for low risk customers) Image: Simplified Name Last Name Bate of Birth* Image: Simplified (for low risk customers) Image: Simplified Name Image: Simplified Name Image: Simplified Name Gender* M- Male F- Fernale T-Transgender Image: Simplified Others Image: Simplified	(To be filled by financial institution) KYC Number	ew Update				
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Father / Spouse Name*	Name* (Same as ID proof)						
Mother Name* Image: Control of Contof Control of Cont	Maiden Name (If any*)						
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Z- Others (any document notified by the central government)							
	E- UID (Aadhaar)						
S- Simplified Measures Account - Document Type code							
	F- NREGA Job Card	tified by the central government)		Identification Nun	nber		

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Name*			(If KY	′C num	ber and	name a	re pro	vided	l, belo	ow det	ails c	of sec	ction	6 are	e optio	onal))																
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• I hereby cons	D M	ing inform	nation from	m Central	KYC Regi	stry throu Pla	-	S/Emai	il on the	e above	regis	tered r	numb	er/ema	iil addr	ess.							S	Signa	ature	/ Th	umb	Impre	essio	n of A	pplic	ant	

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received	Certified Copies & Original Verified	
IN-PERSO	N AND KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date Emp. Name Emp. Code Emp. Designation Emp. Branch		Name
E1 SIGNATURE OF EMPLOYE	[Employee Signature]	[Institution Stamp / Branch Seal]

SEPARATE MOBILE NUMBER & EMAIL ID DECLARATION

I hereby declare that the aforesaid • mobile number or • E-mail ID belongs to ME or My family (spouse, dependent children and dependent parents).

CLIENTID		DATE:	
DP ID : IN303382 Name	of the Customer	Mobile Number	Email Id of the Customer
1st Account holder			
2nd Account holder			
3rd Account holder			
C3 Signature 1st holder	Signature	e 2nd holder	Signature 3rd holder
Signature ist norder	Signature		Signature stu holder

CHECK POINTS AT BRANCHES BEFORE SENDING FORM

1) CUSTOMER SELF ATTESTATION REQUIRED IN ALL SUPPORTING DOCUMENTS

2) All the supporting documents to be Verified by KVB Employee and KVB Employee attestation, Branch seal required

all the documents

3) For Any Modification request in Client details, Mother name filling is mandatory in 1st page of the kyc form

4) FOR ANY MODIFICATION REQUEST, SIGNATURE IN MOBILE DECLARATION AND FATCA FORM IS MANDATORY

5) If bank statement provided as address proof, Latest bank transaction page also required with customer self attestation, Employee attestation and Branch Seal

- 6) Copy of Aadhar card Mandatory
- 7) Any corrections in the KYC form to be counter signed by the customer
- * * * Employee attestation Employee code, Name, Signature and Designation



FATCA/CRS Declaration Form (For Individuals)

(Foreign Account Tax Compliance Act / Common Reporting Standard)

Client Name:	PAN No. :							
PART A								
Country of Residence								
Residence for Tax Purposes								
Country of Birth	Place Date							
US Person* (YES /No)								

		PA	ART B	
If in an	y of the fields under	[•] "PART A", the 'Country' me	ntioned is other than 'IN	IDIA' or if U.S person=Yes, then
	•	t-B (i) below OR sign the sel		•
			t B (i)	
S.No	Country of Tax	Tax Payer Identification	Issuing Country of	Specify whether column (3) is
5.10	Residency #	Number (TIN) /	TIN / Functional	TIN / Functional Equivalent
	Residency #		Equivalent	-
(1)	(2)	Functional Equivalent	-	(5)
(1)	(2)	(3)	(4)	
		-	r is Citizen / Resident / G	Green Card Holder / Tax Resident
	e respective countrie			
				provide information below)
				Intry other than India, though one
				fore, I am providing the following
		tizenship and residency in Inc		
Pas	sportVoter ID	Aadhaar PAN Driving		
			(C4)	
		cument#		Signature
*-Defii	nition for the term '	U.S Person' is available on th	e rear of this form	
	ion by customer: (certify that I have declared my stat	us as per the rules applicable under section 285BA	of the Income Tay Act. 1961 as notified by	Central Board of Direct Taxes(CBDT) vide notification
No.S.O	.2155(E)dated 7th August 2015 and	RBI Circular No. RBI/2015-16/165.DBR.AML.BC.M	lo.36/14.01.001/2015-16 dated 28th Augus	t 2015 in this regard.
		information for the purpose of determining the stat ency and its implication under FATCA / CRS.	us of the applicant named above in compli-	ance with FATCA/CRS. I shall seek advice from a professional
3. I unders	stand and acknowledge that as per t	he provisions of Income Tax Act, Rules made there		the matter, depending upon the residential status and / or
		ay have to report the details in respect of my accouper the Inter-Governmental Agreements(IGA) and o		entral Board of Direct Taxes (CBDT) or other Government r any other similar arrangements.
4. I certify	that the information provided by me	above as applicable to me and signed by me as w	ell as in the documentary evidence provide	d by me is, to the best of my knowledge and belief, true,
		ation is found to be false or untrue or misleading or		as a U.S Reportable Account or other Reportable Account or reld liable for it.
5. I undert	ake the responsibility to declare and	I disclose within 30 days from the date of change, a ion becomes incorrect and to provide fresh and vali	any changes that may take place in the info	rmation provided above, as well as in the documentary
		caused to KarurVysya Bank on account of providin		
			\bigcirc	
Place :		Data :	C5 Cuctom	Providence -
Place :		Date :	Custome	er Signature :
		on one or more of the following indicia:		
	vidual, being a citizen or resident of iguous indication of a US place of b			
	•	luding a US post office box)/Current US telephone	Number	

Standing instructions to transfer funds to an account maintained in USA 4.

Current effective power of attorney or signing authority granted to a person with a US address (or) An 'in-care-of' or 'Hold mail' address that is the sole address the Indian Financial Institution has on the file for the account holder. 5.