

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



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
Name* (Same as ID proof)	_____	_____	_____	_____
Maiden Name (If any*)	_____	_____	_____	_____
Father / Spouse Name*	_____	_____	_____	_____
Mother Name*	_____	_____	_____	_____
Date of Birth*	DD - MM - YYYY	_____	_____	_____
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code _____)		
Residential Status*	<input 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 type="checkbox"/> S-Service (<input 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			

PHOTO

Signature / Thumb Impression

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

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies & Original Verified

IN-PERSON AND KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

E1 [Employee Signature]

SIGNATURE OF EMPLOYEE

[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).

CLIENT ID

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 2nd holder

Signature 3rd 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

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



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.



DEMAT CELL, 4TH FLOOR, NO 1 PADMAVATHI ROAD
GOPALAPURAM, CHENNAI-600086
PH-044-28359243-246/ 48

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
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)			
Residential Status*	<input 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 type="checkbox"/> S-Service (<input 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			

PHOTO

Signature / Thumb Impression

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 type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<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"/>

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies & Original Verified

IN-PERSON AND KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

E1 [Employee Signature]

SIGNATURE OF EMPLOYEE

[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).

CLIENT ID

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 2nd holder

Signature 3rd 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)				

PART B				
If in any of the fields under "PART A", the 'Country' mentioned is other than 'INDIA' or if U.S person=Yes , then either fill the details in Part-B (i) below OR sign the self-declaration in Part-B(ii)				
Part B (i)				
S.No (1)	Country of Tax Residency # (2)	Tax Payer Identification Number (TIN) / Functional Equivalent (3)	Issuing Country of TIN / Functional Equivalent (4)	Specify whether column (3) is TIN / Functional Equivalent (5)
# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA				

Part B (ii) (If Part B is applicable but Part B(i) has not been filled in, kindly provide information below)

I confirm that I am neither a U.S Person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Passport
 Voter ID
 Aadhaar
 PAN
 Driving License
 Govt ID
 NREGA Job Card

Document# _____

Signature

*-Definition for the term 'U.S Person' is available on the rear of this form

Declaration by customer:		
1. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax 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.No.36/14.01.001/2015-16 dated 28th August 2015 in this regard. 2. I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. I shall seek advice from a professional tax advisor for clarification on my tax residency and its implication under FATCA / CRS. 3. I understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGA) and common Reporting Standards (CRS) and or any other similar arrangements. 4. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment / categorization of my account as a U.S Reportable Account or other Reportable Account or otherwise. In case any of the above information is found to be false or untrue or misleading or misinterpreting, I am aware that I may be held liable for it. 5. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self-declaration along with documentary evidence. 6. I agree to make good any loss that may be caused to KarurVysya Bank on account of providing incorrect or incomplete information by me.		
Place :	Date :	<input type="checkbox"/> Customer Signature :

<p>The term 'United States person' will be based on one or more of the following indicia:</p> <ol style="list-style-type: none"> An individual, being a citizen or resident of the United States of America. Unambiguous indication of a US place of birth Current US mailing/residence address (including a US post office box)/Current US telephone Number Standing instructions to transfer funds to an account maintained in USA 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.



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)				

PART B				
If in any of the fields under "PART A", the 'Country' mentioned is other than 'INDIA' or if U.S person=Yes , then either fill the details in Part-B (i) below OR sign the self-declaration in Part-B(ii)				
Part B (i)				
S.No (1)	Country of Tax Residency # (2)	Tax Payer Identification Number (TIN) / Functional Equivalent (3)	Issuing Country of TIN / Functional Equivalent (4)	Specify whether column (3) is TIN / Functional Equivalent (5)
# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA				

Part B (ii) (If Part B is applicable but Part B(i) has not been filled in, kindly provide information below)

I confirm that I am neither a U.S Person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Passport
 Voter ID
 Aadhaar
 PAN
 Driving License
 Govt ID
 C4

NREGA Job Card
 Document# _____

Signature

*-Definition for the term 'U.S Person' is available on the rear of this form

Declaration by customer:		
<ol style="list-style-type: none"> I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax 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.No.36/14.01.001/2015-16 dated 28th August 2015 in this regard. I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. I shall seek advice from a professional tax advisor for clarification on my tax residency and its implication under FATCA / CRS. I understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGA) and common Reporting Standards (CRS) and or any other similar arrangements. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment / categorization of my account as a U.S Reportable Account or other Reportable Account or otherwise. In case any of the above information is found to be false or untrue or misleading or misinterpreting, I am aware that I may be held liable for it. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self-declaration along with documentary evidence. I agree to make good any loss that may be caused to KarurVysya Bank on account of providing incorrect or incomplete information by me. 		
Place :	Date :	<input checked="" type="checkbox"/> C5 Customer Signature :

<p>The term 'United States person' will be based on one or more of the following indicia:</p> <ol style="list-style-type: none"> An individual, being a citizen or resident of the United States of America. Unambiguous indication of a US place of birth Current US mailing/residence address (including a US post office box)/Current US telephone Number Standing instructions to transfer funds to an account maintained in USA 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.
