

Ph: (02186) 224856, 295812



⁵ 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.

ISO 3166 Country Code*

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☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*										
Line 2										
Line 3										
District*			Pin / Post Code*		State / U.T Code*		City / Town / Village*		ISO 3166 Country Code*	

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details[illegible]

T			Tel. (Res)			Mobile		
FAX			Email ID					

[illegible]

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional) el. (Off)

☐ A- Passport Number		Passport Expiry Date	
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ D- Driving Licence		Driving Licence Expiry Date	
☐ E- UID (Aadhaar)			
☐ F- NREGA Job Card			
☐ Z- Others (any document notified by the central government)		Identification Number	
☐ S- Simplified Measures Account - Document Type code		Identification Number	

Mobile no. / Email-ID) (Please refer instruction F at the end)

[illegible]

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.

☐ I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date :

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[illegible]

Signature: Timothy J. McCarthy

Signature / Thumb Impression of Applicant

Documents Received ☐ **Certified Copies**

KYC VERIFICATION CARRIED OUT BY

[illegible]

[Employed Signature]

INSTITUTION DETAILS

[illegible]

(Institution Stamp)