

Form Type



KRA001

**APPLICATION FORM - FOR INDIVIDUAL  
KNOW YOUR CLIENT (KYC)**

(Please fill the form in ENGLISH and in BLOCK LETTERS)

**A) IDENTITY DETAILS**

1. Name of the Applicant
2. Father's / Husband's Name
3. a. Gender  Male  Female  Transgender      3 b. Marital status  Single  Married
3. c. Date of Birth
4. a. Nationality  Indian  Other (Please specify) \_\_\_\_\_
4. b. Status  Resident Individual  Non-Resident  Foreign National
5. a. PAN                5 b. Aadhaar Number, if any
6. Specify the proof of the Identity submitted  Pan Card  Any Others (Please specify) \_\_\_\_\_

✍️ 1st Holder Signature

**B) OCCUPATION & INCOME (PLEASE TICK)**

- Private Sector  
  Public Sector  
  Govt. Service  
  Business  
  Professional  
  Agriculturist  
 Retired  
  House-Wife  
  Student  
  Other
- Income per annum: Rs.  <1 Lac  
  1 to 5 Lac  
  5 to 10 Lac  
  10 to 25 Lac  
  More than 25 Lac As on \_\_\_\_\_ OR
- Net worth is Rs. \_\_\_\_\_ As on \_\_\_\_\_. (Should not be older than 1 year)

**C) ADDRESS DETAILS**

1. Residence / Correspondence Address  Correspondence Address  Residence Address
- 
- City / Town / Village  PIN Code
- State  Country
2. Specify the Proof of address submitted for Residence / Correspondence Address: \_\_\_\_\_
3. Contact Details: Tel (Off.)  Tel. (Res.)
- Mobile No.  Fax No.
- Email ID

4. Permanent Address (If different from above, Mandatory for Non-Resident Applicant to specify overseas address)
- 
- City / Town / Village  PIN Code
- State  Country

**D) DECLARATION**

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.

 Date:      

Place: \_\_\_\_\_

✍️ Signature of the Applicant

**OFFICE USE ONLY**

- Originals verified and Self-Attested Document copies received
- In-Person-Verification (IPV) Done:

- a. Name of the Person
- b. Designation
- c. Name of Organisation

 Date:      

✍️ Signature of the authorised signatory

Seal / Stamp of the Branch

Type your text