

(KYC) APPLICATION FORM - INDIVIDUAL - RESIDENT

No. : A



To,
ANS Private Limited

CORPORATE OFFICE : ARHAM FINANCIAL CENTRE
PANCHNATH MAIN ROAD, HARIHAR CHOWK, RAJKOT - 360 001. GUJ. (INDIA)
TEL. : 0281-6699300 FAX : 0281-2450758 email : ans@anspl.net
REGD. OFFICE : OFFICE No. 501, 502 & 502A, 5th FLOOR,
DSCCSL (53E) BLOCK 53, ROAD 5E, ZONE 5,
GIFT CITY GANDHINAGAR - 382 355. GUJ. (INDIA)



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

Important Instructions:

- A) Fields marked with '**' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please '✓' in the box section number and strike of the sections not required to be updates.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State/U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only Application Type* [] New [] Modification
(To be filled by financial institution) KYC Number [] (Mandatory for KYC update request)
Account Type* [] Normal [] Minor [] EKYC OTP [] EKYC Biometric [] Online KYC [] Offline KYC [] Digilocker

1. PERSONAL DETAILS (Please refer instruction A at the end)

Form fields for personal details including Name, Maiden Name, Father/Spouse Name, Mother Name, Date of Birth, Gender, Marital Status, PAN, Citizenship, Residential Status, Occupation Type, Educational Qualification, and a PHOTO box.

2. PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the 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

Address

Form fields for address including Line 1, Line 2, Line 3, District, Pin / Post Code, State / U.T Code, City / Town / Village, and ISO 3166 Country Code.

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not to be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the 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 Deemend Proof of Address-Document Type Code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code* I N

4. CONTACT DETAILS

Mobile Tel. (Res)

Email ID FAX

5. REMARKS (If Any)

6. APPLICANT 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.
- I hereby consent to receiving information from Central KYC Registry and CVL KRA through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar Card with readable QR Code or my Aadhar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purpose only.

Date :

Place :

Client Signature  (X) (2)

7. ATTESTATION / FOR OFFICE USE ONLY

- Documents Recived Certified Copies E-KYC data received from UDAI Data received from Offline Verification
- Equivalent e-document Video Based KYC Digital KYC Process

KYC VERIFICATION CARRIED OUT BY / IPV DONE BY

Date / IPV Date

Emp. Name :
Emp. Code :
Emp. Designation :
Emp. Branch :
Emp. Signature :

INSTITUTION DETAILS

Name **A N S P R I V A T E L I M I T E D**

Code **I N 0 2 5 2**

[Institution Stamp]