

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) KYC number of the applicant is mandatory for update application.

E) For particular section updates, please tick ( ✓ ) in the box available before the section number and strike off the sections not required to be updated.

Application Type\* ☐ New ☐ Update

KYC Number												(Mandatory for KYC update request)
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Account Type\* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

	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"/>			
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"/> Un Married			
Citizenship*	<input type="checkbox"/> IN-Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )			
Residential Status*	<input type="checkbox"/> Residential 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  
 Please sign across

ADDITIONAL DETAILS REQUIRED \* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\* 

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Tax Identification Number or Equivalent (if issued by jurisdiction)*												
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Place / City of Birth\* 

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 ISO 3166 Country Code of Birth\* 

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*(Certified copy of any one of the following Proof of Identity [POI] need to be submitted)*

[illegible]

#### ☐ 4.1 CURRENT/PERMANENT/OVERSEAS ADDRESS DETAILS

*(Certified copy of any one of the following Proof of Address [POA] need to be submitted)*

Address Type \* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address\* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐

☐ Voter Identity Card      ☐ NREGA Job Card

☐ Simplified Measures Account - Document Type Code ☐ Others .....

Address Line 1*																																																		

[illegible][illegible][illegible]

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