

Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- Fields marked with "*" are mandatory fields.
- Tick '✓' wherever applicable.
- Please fill the form in English and BLOCK letters.
- Please fill the date in DD-MM-YY format.
- For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- Please read section wise detailed guide
- List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- List of two character ISO 3166 country codes is available at the end.
- KYC number of applicant is mandatory for update application.
- 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

(To be filled by financial institution)

Application Type* ☐ New ☒ Update
 KYC Number (Mandatory for KYC update request)
 Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (same as ID proof)	Mr.	Abhimanyu Kumar Pandey		
Maiden Name				
Father / Spouse Name*	Mr.	Upendra Pandey		
Mother Name	Mrs.	Sunita Pandey		
Date of Birth*	04/05/1992			
Gender*	<input checked="" type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender			
PAN*	BPBPP9879M			
Marital Status*	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input checked="" type="checkbox"/> IN-Indian <input type="checkbox"/> Others - Country <input type="text"/> Country Code <input type="text"/>			
Residential Status*	<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

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 following OVDs)

- ☐ A-Passport Number Passport Expiry Date
- ☐ B-Voter ID Card
- ☐ C-Driving Licence Driving Licence Expiry Date
- ☐ D-NREGA job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- ☐ E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- ☐ Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

Photo

Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Pin / Post Code*	State / U.T Code*	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 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 following 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 No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
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IV. ☐ Deemed Proof of Address – Document Type code

Address

Line 1*	H NO D-305 STELLAR JEEVAN NOIDA EXTENSI		
Line 2	BALAK INTER COLLEGE IPOT NO 03 SECTOR 1 GREATE RNOIDA WEST HABIBPUR		
Line 3	<input type="text"/>		
District*	Pin / Post Code*	State / U.T Code*	ISO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile +918766234837

Email ID abhipandey03@yahoo.in

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 declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: - - Place:

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐
☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by

Date - -
Emp. Name Abhimanyu
Emp. Code 623
Emp. Designation Operation Manager
Emp.Branch Gurugram

[Employee Signature]

In-Person Verification (IPV) carried out by

Date - -
Emp. Name Abhimanyu
Emp. Code 623
Emp. Designation Operation Manager
Emp.Branch Gurugram

[Employee Signature]

Institution details

Name FINEDGE ADVISORY PVT LTD.
Code ARN-83676

[Institution Stamp]

Institution details

Name FINEDGE ADVISORY PVT LTD
Code ARN-83676

[Institution Stamp]