



**Know Your Customer (KYC) Application Form (Resident Individuals / HUF / Sole Proprietorship)**

Please fill the information in CAPITAL Letters and  in appropriate places

A WINNING RELATIONSHIP

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and RBI guidelines on Know Your Customer For existing Depositor, the information furnished herein will supersede the information available in the records of STFC.

**Customer's Details** (as per KYC documents)

Customer ID: \_\_\_\_\_

CKYC No \_\_\_\_\_ (if any) \*Gender : M  F  Others

\*Date of Birth

D	D	M	M	Y	Y
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\*Name \_\_\_\_\_

\*Father Name \_\_\_\_\_

\*Mother Name \_\_\_\_\_

Spouse Name (If Married) \_\_\_\_\_

\*Communication Address: \_\_\_\_\_

Paste latest passport size photograph with signature (DO NOT STAPLE)

IGNORE if already submitted earlier

City \_\_\_\_\_ State \_\_\_\_\_ \*Pin \_\_\_\_\_

Country \_\_\_\_\_ Birth Place \_\_\_\_\_

Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_

\*Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ \*Pin \_\_\_\_\_

Country \_\_\_\_\_

\* Marital Status:

Married  Unmarried

\*Mobile No \_\_\_\_\_ # Email ID \_\_\_\_\_

\* Fields are Mandatory

# Mandatory for E-Receipt

\*Occupation :  Service  Private Sector  Self Employed  Retired  
 Public Sector  Government Sector  Housewife  Student  
 Professional  Business  Other (specify below) \_\_\_\_\_

\*Please tick (✓) If the following is applicable to you  Politically Exposed Person (PEP)  Relative of PEP  Not Applicable

*Proof of Identity (Self Attested)	
<input type="checkbox"/> Aadhaar issued by UIDAI	Expiry Date _____
<input type="checkbox"/> Passport	_____/_____/_____
<input type="checkbox"/> Driving Licence	_____/_____/_____
<input type="checkbox"/> Voter ID Card	
<input type="checkbox"/> Others : _____	

*Proof of Address (Self Attested)	
<input type="checkbox"/> Aadhaar issued by UIDAI	Expiry Date _____
<input type="checkbox"/> Passport	_____/_____/_____
<input type="checkbox"/> Driving Licence	_____/_____/_____
<input type="checkbox"/> Voter ID Card	
<input type="checkbox"/> Others : _____	

**DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my/our 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/We am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

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

\*Date : \_\_\_\_/\_\_\_\_/\_\_\_\_\_

\*Signature : \_\_\_\_\_

**For Office Use Only**

Documents Received  Certified Copies

Checked by \_\_\_\_\_

KYC VERIFICATION CARRIED OUT BY	
Emp. Name :	_____
Emp. Code :	_____
Designation :	_____
Date :	_____

INSTITUTION DETAILS	
Name :	_____
Code :	_____

Employee signature \_\_\_\_\_