

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

Please fill the information in CAPITAL Letters and in appropriate places



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 SCUF.

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 _____