Life Insurance Corporation of India
Staff Co-operative Urban Bank Ltd. No. 3314

Head Office : Pattom, Thiruvananthapuram -4
Branch Office : SM Street, Kozhikode

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

Important Instructions:

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) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only *(To be filled by financial institution)*

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

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

	Prefix	First Name	Middle Name	Last Name
☐ Name*(Same as Aadhaar)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

PHOTO

Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

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

ISO 3166 Country Code of Jurisdiction of Residence* ☐☐

Tax Identification Number or equivalent (If issued by jurisdiction)* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Place / City of Birth* ☐☐☐☐☐☐☐☐☐☐☐☐ ISO 3166 Country Code of Birth* ☐☐

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number ☐☐☐☐☐☐☐☐ Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐ C- PAN Card ☐☐☐☐☐☐☐☐☐☐
☐ D- Driving Licence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐ F- NREGA Job Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐ Z- Others (any document notified by the central government) ☐☐☐☐☐☐☐☐☐☐ Identification Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐ S- Simplified Measures Account - Document Type code ☐☐ Identification Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs 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 ☐ Others ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐ Simplified Measures Account - 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*

☐ **4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)**

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3
City / Town / Village*
District*
Pin / Post Code*
State / U.T Code*
ISO 3166 Country Code*

☐ **4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)**

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3
City / Town / Village*
District*
ZIP / Post Code*
ISO 3166 Country Code*

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile No. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) – Tel. (Res) – Mobile –
Fax – Email ID

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (If available*)

Related Person Type* ☐ Guardian of MinorName* ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account - Document Type code Identification Number

☐ **7. REMARKS (If any)**

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I under t a k e 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 through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y
Emp. Name
Emp. Code
Emp. Designation

[Employee Signature]

INSTITUTION DETAILS

Name
Code
Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by

Date D D – M M – Y Y Y Y
Emp. Name
Emp. Code
Emp. Designation

[Employee Signature]

Institution Deatails

Name
Code
Emp. Branch

[Institution Stamp]