Know Your Client (KYC)							Application ☐ New													<b>CAMSKRA</b>																
Application Form (For Individuals only) (Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields					y)		Type* Update KYC Number*										T		<del>- 7</del>	1			KY	C S	ervi	ces										
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Maiden Name (If any*)																																				
Father / Spouse Name*																																				
Mother Name*																																$\perp$				
Date of Birth*	D	D -	- [	M		Y	Y	Υ																								Pł	oto			
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Citizenship*		IN-	Ind	ian								0	ther	s –	Cou	ntry								Co	unt	ry (	Cod	e [		]		7				
Residential Status*		Res	side	nt In	divid	lual						N	on R	esic	dent	Indi	an															4				
☐ Foreign National									Person of Indian Origin																											
Occupation Type*								ate Sector				-	Public Sector					_				t Se					_									
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2. Proof of Identity (Pol)* (f												-			ed) (	Plea	ase	rete	rın	stru	ictic	n C	& I	K at	the	e en	id)									
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☐ F- NREGA Job Card☐ Z- Others (any docume	nt n	otifie	h h	v th	e ce	ntra	al o	ove	rnn	nen	+) [	_		_	_		$\overline{}$	_	7 ,	lder	ntifi	cati	ion	Nu	mh	er [	$\overline{}$	_			_	$\top$		$\overline{}$	_	
3. Proof of Address (PoA)*				, ,		,,,,,	g				-/ _															٠. [										
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State/UT*												Cou	ıntry	*												С	-	ry C				1		SO 3		
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(Certified copy of <u>any one</u> Proof of Address*	_of tl	ne fo	llov	ving	Pro	of o	f Ac	ddre	ess	[Po	A] r	need	ds to	be be	suk	mitt	ted,	)																		
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☐ NREGA Job Card																																				
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3.2 Correspondence / Lo																																				
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4. Contact Details (All o	communica	ations v	vill be se	ent on p	orovide	d Mo	bile ı	no. / E	Emai	il-ID)	(Ple	ase	e refe	r ins	struc	tion	<b>F</b> a	t the	e en	ıd)									
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5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)															d)														
	Additional Details Required* (Mandatory only if above option (5) is ticked)															ω)													
	Country of Jurisdiction of Residence*  Country Code of Jurisdiction of Residence  as per ISO 3166																												
Tax Identification Nur			nt (If is	sued b	by juris	dicti	on)*	$\vdash$			ΤÍ			П		$\top$								чо р	00				
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6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')  Related Person Deletion of Related Person KYC Number of Related Person (if available*)																													
Related Person	=		of Rela		rson				nber	of R	elate	_		•			,	ntot	ive						Ш				
Related Person Type* Guardian of Minor Assignee Prefix First Name													<b>] Auth</b> Middle			kepr	ese	ntati	ive				L	.ast	Nam	е			
Name*						Ĭ																$\perp$	Ĭ	I		Ĭ			
	(If KY	C numb	er and n	ame are	provide	ed, bel	ow de	tails o	f sec	tion 6	are	optio	onal)																
☐ Proof of Identity [Po	•		•				, ,			d)																			
(Certified copy of any one		owing P	roof of I	dentity[i	Pol] ne ı	eds to	o be s	ubmit	ted)				_				_					_		_	_	_		_	7
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☐ C- PAN Card	□ C- PAN Card															_													
□ D- Driving Licence Expiry Date □ □ □ − M M − Y Y Y Y														7															
E- Aadhaar Card	$\Box$				$\sqcup \sqcup$	Ц.,		7																					
F- NREGA Job Card																													
Z- Others (any document notified by the central government)																													
7. Remarks (If any)																													
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8. Applicant Declaration	on																												
<ul> <li>I hereby declare that the deta therein, immediately. In case liable for it. I hereby declare legislation or any notifications</li> </ul>	any of the abethat I am no	ove inform t making	nation is fo this appli	ound to be cation for	e false or	r untrue pose o	e or mi	sleadir raventio	ng or r	nisrep any A	resen	ting,	I am a	ware	that I may be held s or any statute of [Signature / Thumb Impression]														
I hereby consent to receiving	information from	om Centra	al KYC Reg			S/Email	on the	e above	regis	stered	numb	er/er	mail ad	Idres	S.			L											
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