IDBI BANK

ANNEXURE - B1

CENTRAL KYC REGISTARY (KYCR) Application for Individual | Related Person

FOR OFFICE USE ONLY *(To be filled by Financial institution)*

Customer ID

Application Type* ☐ New ☐ Update

CKYC Number *Mandatory for KYC update request*

1. DETAILS OF RELATED PERSON

☐ Addition of Related Person ☐ Deletion of Related Person

CKYC Number of Related Person *(if available*)*

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

Existing Customer ID*

Name* (Prefix | First name | Middle Name | Last Name)

(If KYC no. and name are provided, Below details of section 6 are optional)

2. PROOF OF IDENTITY [PoI] OF RELATED PERSON*

(self attested copy 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 License — Driving License Expiry Date D D M M Y Y Y Y

☐ E - UID Aadhaar

☐ F - Narega Card

☐ Z- Others *(any document notified by Government)* — Identification No.

☐ S - Simplified Measure Account - Document Type Code — Identification No.

3. 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. 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.

Signature / Thumb Impression of Applicant

Date D D M M Y Y Y Y **Place**

4. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified copy

CKYC VERIFICATION CARRIED OUT BY (To be completed mandatorily)

Name of the Branch Head/Acting Branch Head

Employee Code

Employee Designation

Branch Name

Employee Signature

Date D D M M Y Y Y Y