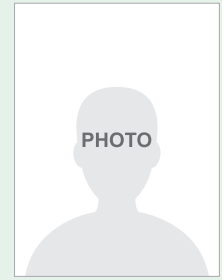


COMMON ANNEXURE FOR INDIVIDUAL CUSTOMER - CKYCR

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) You may contact IDBI Bank branch for correct ISO 3166 Country Code / State / UT Code



FOR OFFICE USE ONLY (To be filled by Financial Institution)

Customer ID **CKYC Number (if any)** *Mandatory for KYC update request*
Account Type* Normal Simplified (for low risk customers) Small OTP Based E-KYC

1. PERSONAL DETAILS

	Prefix	First name	Middle Name	Last Name
Name* (Same as ID Proof)	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Maiden Name (If any*)	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Father Name*	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Spouse Name	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Mother Name*	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Nationality	<input style="width: 60px;" type="text"/>	Country Code <input style="width: 20px;" type="text"/>		
Citizenship*	<input type="checkbox"/> IN - indian	<input type="checkbox"/> Other (ISO 3166 Country Code <input style="width: 20px;" type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Individual		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type* <small>(Occupation)</small>	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)			
	<input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized (Please specify) <input style="width: 100px;" type="text"/>			

2. PROOF OF IDENTITY (POI)*

(self attested copy any one of the following Proof of Identity (POI) needs to be submitted)

<input type="checkbox"/> A - Passport Number	<input style="width: 100px;" type="text"/>	Passport Expiry Date	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input style="width: 100px;" type="text"/>	Driving License Expiry Date	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<input type="checkbox"/> C - PAN Card	<input style="width: 100px;" type="text"/>	Identification No.	<input style="width: 100px;" type="text"/>						
<input type="checkbox"/> D - Driving License	<input style="width: 100px;" type="text"/>	Identification No.	<input style="width: 100px;" type="text"/>						
<input type="checkbox"/> E - UID Aadhaar	<input style="width: 100px;" type="text"/>								
<input type="checkbox"/> F - Narega Card	<input style="width: 100px;" type="text"/>								
<input type="checkbox"/> Z - Others (any document notified by Government)	<input style="width: 100px;" type="text"/>								
<input type="checkbox"/> S - Simplified Measure Account - Document Type Code	<input style="width: 20px;" type="text"/>								

3. PROOF OF ADDRESS (POA)*

3.1 Current / Permanent / Overseas Address Details
(self attested copy 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 License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Others *(Please Specify)*
 Simplified Measures Account - Document Type Code

Address

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

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

Same as current / Permanent / Overseas address details (in case of multiple correspondence / local address, Please fill Annexure A1)

Line 1

Line 2

City / Town / Village* District* Pin/Post Code*

State State / U.T Code* Country ISO 3166 Code*

4. 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 (POA / Mandate Holder)

Existing Customer ID* (if any)

Name*

Prefix	First name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

(self attested copy any one of the following Proof of address (POI) needs to be submitted)

<input type="checkbox"/> A - Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>						
<input type="checkbox"/> C - PAN Card	<input type="text"/>						
<input type="checkbox"/> D - Driving License	<input type="text"/>	Driving License Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> E - UID Aadhaar	<input type="text"/>						
<input type="checkbox"/> F - Narega Card	<input type="text"/>						
<input type="checkbox"/> Z- Others (any document notified by Government)	<input type="text"/>	Identification No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> S - Simplified Measure Account - Document Type Code	<input type="text"/>	Identification No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. REMARKS (If any)

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. APPLICANT UNDERTAKING

- 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.

Date

Place

Signature / Thumb Impression of Applicant

7. 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



IDBI Bank Limited, Regd. Office: IDBI Tower, WTC Complex, Cuffe Parade, Mumbai – 400 005.

Toll Free Numbers: 1800-209-4324 / 1800-22-1070, Non-Toll Free Number: 022-67719100. Visit us: www.idbibank.in

