



Important Instructions:

- A) Fields marked with "\*" are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application.
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) Please read section wise detailed guidelines / instructions at the end.
I) 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 Application Type\* [ ] New [ ] Update [ ] Delete
(To be filled by financial institution) KYC Number [ ] (Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON\* (Please refer instruction E at the end)

[ ] Addition of Related Person [ ] Deletion of Related Person [ ] Update Related Person Details
KYC Number of Related Person (if available\*) [ ] If KYC number is available only 'Related Person Type' & 'Name' is mandatory
Related Person Type\* [ ] Director [ ] Promoter [ ] Karta [ ] Trustee [ ] Partner [ ] Court Appointment Official [ ] Proprietor
[ ] Beneficiary [ ] Authorised Signatory [ ] Beneficiary Owner [ ] Other (Please Specify [ ] Other (Please Specify
DIN (Director Identification Number) [ ] (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

[ ] Name\* (Same as ID proof) Prefix First Name Middle Name Last Name
Maiden Name
Father / Spouse Name
Mother Name
Date of Birth\* DD-MM-YYYY
Gender\* [ ] M- Male [ ] F- Female [ ] T-Transgender
Nationality\* [ ] IN- Indian [ ] Others (IS) 3166 Country Code ( )
PAN\* [ ] Form 60 furnished

1.2 PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction E at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)
[ ] A- Passport Number [ ] PHOTO\*
[ ] B- Voter ID Card
[ ] C- Driving Licence
[ ] D- NREGA Job Card
[ ] E- National Population Register Letter
[ ] F- Proof of Possession of Aadhar
II. [ ] E-KYC Authentication
III. [ ] Offline verification of Aadhar
Address
Line 1\*
Line 2
Line 3 City / Town / Village\*
District\* Pin/Post Code\* State/U.T. Code\* ISO 3166 Country Code\*

1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

[ ] Same as above mentioned address (in such cases address details as below need not be provided)
I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)
[ ] A- Passport Number
[ ] B- Voter ID Card
[ ] C- Driving Licence
[ ] D- NREGA Job Card
[ ] E- National Population Register Letter
[ ] F- Proof of Possession of Aadhar
II [ ] E-KYC Authentication
III [ ] Offline verification of Aadhar
IV [ ] Deemed PoA
V [ ] Self Declaration

Address

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Pin/Post Code\*  State/U.T. Code\*  ISO 3166 Country Code\*

1.4 Contact Details (All communications will be sent to Mobile number / Email-ID (Please refer instruction D at the end))

Tel (Off) - Tel (Res) - Mobile -

Email ID

2. 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.
- I am aware of other modes of KYC which are available and I have chosen Aadhar based method voluntarily. My Aadhaar record can be used by KRA only for the specific purpose of validating/ maintaining/sharing my KYC record and as an audit evidence. I will have an option to request for deletion of my Aadhaar record.
- I am/We are also aware that for Aadhaar OVD based KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have business relationship for KYC purposes only.
- I hereby consent to receiving information from Central KYC/KRA Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Date : -- Place :

 Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification

Digital KYC process  Equivalent e-document

KYC DOCUMENT VERIFIED CARRIED OUT BY

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name  Ashika Stock Services LTD.

Code  IN0711

[Institution Stamp]