

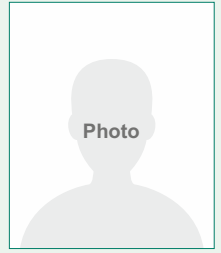
Common Annexure For Individual Customer- CKYCR & FATCA / CRS



Bank Aisa Dost Jaisa

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines/instructions at the end.
KYC number of applicant is mandatory for update application.
- G) The 'OTP based E-KYC' check box is to be checked for accounts opened
- H) using OTP based E-KYC in non-face to face mode.



For office use only

Customer ID

Application Type* New Update

KYC No. (Mandatory for KYC update request)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

1. Personal Details* (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID Proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father Name#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender *	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non-Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		
Type of Disability	<input type="text"/>	(For Code, please refer instruction A(3) at the end)	Percentage of Disability	<input type="text"/> %
UDID Number	<input type="text"/>			# Father, Spouse or Mother Name any one is mandatory

2. Proof of Identity and Address* (Please refer instruction B 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 (anyone 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 Aadhaar

II) E-KYC Authentication

III) Offline verification of Aadhaar

Address

Line 1*

Line 2

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

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

3. Current Address Details (Please refer instruction B 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 (anyone 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 Aadhaar

II) E-KYC Authentication

III) Offline verification of Aadhaar

IV) Deemed Proof of Address - Document Type code (Please refer instruction B(6) at the end)

V) Self Declaration (Please refer instruction B(10) at the end)

VI) Foreign National ID

Address

Line 1*

Line 2

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

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

4. Contact Details (All communications will be sent to Mobile Number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off.) - Tel. (Res.) -
 Mobile -
 Email ID

5. Tick if Applicable (✓) Residence for tax purpose in Jurisdiction(s) outside India. Yes No

ADDITIONAL DETAILS REQUIRED* (Mandatory only if above is Yes)

ISO 3166 Country Code of Jurisdiction of Residence* Country
 Tax Identification Number or Equivalent (If issued by jurisdiction)*
 Place / City of Birth* Country of Birth ISO 3166 Country Code of Birth*

Country / Countries of tax residency	Address in the jurisdiction for Tax Residence	Tax Identification No.(TIN)/ Functional equivalent No.	TIN/ Functional equivalent Number issuing Country	Validity of documentary evidence provided

5.1. ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 5 is yes)

Same as Proof of Identity and Address details as in Section 2 Same as Current Address details as in Section 3

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

6. Remarks (If any)

7. Applicant undertaking and FATCA / CRS declaration :

The account holder/(s) certify that:

- a) The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- b) The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I/We permit/authorize IDBI Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by IDBI Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, it's supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- e) I/We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and IDBI Bank would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India for the purpose or take any other action as may be deemed appropriate by IDBI Bank if the deficiency is not remedied by us within the stipulated period.
- f) I/We hereby accept and acknowledge that IDBI Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/ us to IDBI Bank.
- g) It shall be my/ our responsibilities to educate myself/ ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as IDBI Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify IDBI Bank for any loss that may arise to IDBI Bank on account of providing incorrect or incomplete information.
 - 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.
 - I hereby gave my consent to Download my CKYC identifier from CKYCR.

Date - -

Place

Signature / Thumb Impression of Applicant

8. 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 Video Based KYC

KYC VERIFICATION CARRIED OUT BY (To be completed mandatorily)

Employee Name

Employee Code Employee EIN

Designation

Branch

Sol ID

Date DD - MM - YYYY

Employee Signature

Institution Details

Name I D B I B A N K L I M I T E D

Code I N 2 0 3 2

Institution Stamp

Instructions / Check list / Guidelines for filling Individual KYC Application Form

A. Clarification / Guidelines on filling 'Personal Details' section

- 1. Name:** The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2. One the following is mandatory:** Mother's name, Spouse's name, Father's name.
- 3. Type of Disability:** Following are the types of disabilities and respective codes:

1-Blindness	2-Low Vision	3-Hearing Impairment	4-Locomotor Disability	5-Leprosy Cured
6-Cerebral Palsy	7-Intellectual Disability	8-Mental Illness	9-Muscular Dystrophy	10-Parkinson's Disease
11-Acid Attack Victim	12-Sickle Cell Disease	13-Hemophilia	14-Thalassemia	15-Speech and Language Disability
16-Multiple Sclerosis	17-Specific Learning Disabilities	18-Chronic Neurological Conditions	19-Autism Spectrum Disorder	20-Dwarfism

B. Clarification / Guidelines on filling 'Current Address Details' section

- In case of deemed **Proof of Address** such as utility bill etc or self declaration, the document need not be uploaded on CKYCR.
- Proof of Address** to be submitted only if the submitted **Proof of Identity** does not have current address or address as per **Proof of Identity** is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory **for overseas addresses**.
- In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- In Section 3, one of I, II, III, IV, V and VI is to be selected. In case of online E-KYC authentication, II is to be selected.
- List of documents for 'Deemed Proof of Address':

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

- The Bank shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- Bank may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- If Residential Status is selected as Foreign National, documents issued by the Government departments of foreign jurisdictions and letter issued by the Foreign Embassy or Mission in India are accepted as proof for current address (captured under Foreign National ID) only when proof of identity and address must be any one of Passport/Voter ID/Driving License.
If Proof of Current Address is selected as Foreign National ID, Image will be mandatory while the ID number will be optional.

C. Clarification / Guidelines on filling 'Contact Details' section

- Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

D. Clarification / Guidelines on filling 'Related Person Details' section

- Provide KYC number of related person, if available.

E. Clarification on Minor

- Guardian details are optional for minors above 10 years of age. However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

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     