Common Annexure For Individual Customer-CKYCR & FATCA / CRS



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 (\checkmark) in the box section number and strike off the sections not required to be uploaded.
- F) Please read section wise detailed guidelines/instructions at the end.
- G) KYC number of applicant is mandatory for update application.
- H) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

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| For office use only | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Customer ID Application Type* New Update KYC Number | | | | | | | | |
| Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode) (Mandatory for KYC update request) | | | | | | | | |
| 1. Personal Details* (Please refer instruction A at the end) | | | | | | | | |
| Prefix First Name Middle Name Last Name | | | | | | | | |
| Name* (Same as ID Proof) | | | | | | | | |
| Prefix First Name Middle Name Last Name Maiden Name | | | | | | | | |
| Father/Spouse Name | | | | | | | | |
| Mother Name | | | | | | | | |
| Date of Birth* D D - M M - Y Y Y Y Gender* M-Male F-Female T-Transgender | | | | | | | | |
| PAN* Form 60 furnished | | | | | | | | |
| 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 License | | | | | | | | |
| 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 | | | | | | | | |
| Line 3 | | | | | | | | |
| City/Town/Village* District* Pin/Post Code* | | | | | | | | |
| 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 License | | | | | | | | |
| 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) | | | | | | | | |
| <u>Address</u> | | | | | | | | |
| Line 1* | | | | | | | | |
| Line 2 | | | | | | | | |
| Line 3 | | | | | | | | |
| City/Town/Village* District* Pin/Post Code* | | | | | | | | |
| State/U.T Code* Country ISO 3166 Country Code* | | | | | | | | |





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| 4. Contact Details (All communications will be s | ent to Mobile Number/ Email-ID pr | ovided) (Please refer instruction | on C at the end) |
| Tel. (Off.) | Tel. (Res.) | | |
| Mobile - | | | |
| Email ID | | | |
| 5. Tick if Applicable (\checkmark) Residence for tax pu | urpose in Jurisdiction(s) outsi | de 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 jurisc | diction)* | | |
| Place / City of Birth* | Country of Birth | ISO 3166 | Country Code of Birth* |
| Country / Countries of tax residency for Tax Residence | ion Tax Identification No.(TIN)/ Functional equivalent No. | TIN/ Functional equivalent Number issuing Country | Validity of documentary evidence provided |
| | | | |
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| 5.1. ADDRESS IN THE JURISDICTION DETAILS V (Applicable if section 5 is yes) | WHERE APPLICANT IS RESIDENT | OUTSIDE INDIA FOR TAX PUR | POSES* |
| Same as Proof of Identity and Add | dress 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 | O 3166 Country Code* |
| 6. Remarks (If any) | , , | | , |
| | | | |
| | | | |
| 7. Applicant undertaking and FATCA / CRS d | leclaration : | | |
| The account holder/(s) certify that: | | | |

- $\textbf{a)} \quad \text{The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.}$
- 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.
- $\textbf{i)} \quad \text{I/We shall indemnify IDBI Bank for any loss that may arise to IDBI Bank on account of providing incorrect or incomplete information.}$
 - 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.
 - $\bullet \ Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.$

| Date D D - M M - Y Y Y Place | |
|------------------------------|--|
| | |



| 8. Attestation / For office use only | | | | | | |
|---|--|--|--|--|--|--|
| o. Attestation / For office use offiy | | | | | | |
| Documents Received Certified copies Equivalent e-document | E-KYC data received from UIDAI Data received from offline verification Digital KYC Proces Video Based KYC | | | | | |
| KYC VERIFICATION CARRIED OUT BY (To be completed mandatorily) | | | | | | |
| Employee Name | | | | | | |
| Employee Code | Employee EIN | | | | | |
| Designation | | | | | | |
| Branch | | | | | | |
| SolID | | | | | | |
| Date D D - M M - Y Y Y | Y | | | | | |
| la situation Dose the | Employee Signature | | | | | |
| <u>Institution Details</u> | | | | | | |
| Name D B I B A N K L I N | 1 T E D | | | | | |
| Code 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.
- B. Clarification / Guidelines on filling 'Current Address Details' section
- 1. In case of deemed **Proof of Address** such as utility bill, the document need not be uploaded on CKYCR.
- 2. 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.
- **3.** State / U .T Code and Pin / Post Code will not be mandatory **for overseas addresses**.
- 4. 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.
- **5.** In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6. 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. | | | | |

- 7. 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.
- 8. "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.
- 9. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- **C.** Clarification / Guidelines on filling 'Contact Details' section
 - $\textbf{1.} Please \, mention \, two-digit \, country \, code \, and \, 10 \, digit \, mobile \, number \, (e.g. \, for \, Indian \, mobile \, number \, mention \, 91-9999999999).$
- 2. Do not add '0' in the beginning of Mobile number.
- **D.** Clarification / Guidelines on filling 'Related Person Details' section
 - **1.** Provide KYC number of related person, if available.
- E. Clarification on Minor
 - 1. Guardian details are optional for minors above 10 years of age. However, in case guardian detail s are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.