Claim Form - my: Optima Secure



CLAIM FORM – PART A TO BE FILLED IN BY THE INSURED

The issue of this Form is not to be taken as an admission of liability

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,	Claim for Domiciliary)		ES _	NO NO	(if ye	es, please p	provide details	s in annexure)									
	Please tick the ap	olicable	Option	nal Co	ver/	Add c	n cover clai	imed:												
	I) my:health Hosp	oital Cas	sh							Pleas	se mention the number of d	ays claimed for:								
	ii) my:health Critic	cal Illnes	ss Bene	fit						Pleas	se mention the Critical Illnes	ss claimed for:								
	iii) E Opinion for C	ritical III	ness																	
	iv) Daily Cash for	choosin	g Share	d Acc	omm	odatio	on													
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	Claim Document					ist: I	łospitaliza	tion C			and the term of a second	Check list of a								
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	☐ Pharmacy B	ill							Оре	ration theat	re notes	Indoor cas	se paper	s if ap	plicat	ole				
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	☐ ECG		•		•				Pres	scriptions		Photo ID a	and Age	proof						
	Copy of the	Networ	k Prov	ider's	Reg	gistra	tion Certific	cate	ML0	C/FIR copy of	of applicable	Death Sur	nmary w	ith De	ath C	ertific	cate (In de	ath cl	aims only)
	KYC Docum	ents								ant stickers ng surgeries	for all implants used	Original in	voice for	· Vacc	inatio	n and	d pay	ment	recei	pt
								SEC	TION – I	F DETAIL	S OF BILLS ENCL	OSED								
S.	No Bill No.		D	ate			ls	sued B	V		Towards					Am	ount	(Rs)		
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						S	ECTION	– G D	ETAILS	OF PRIM	IARY INSURED'S E	BANK ACCOU	NT							
a)	PAN										b) Account Numb	ner								
c)	Bank Name/ Bra	nch									d) Payable details									
e)	IFSC Code	-									e) *please attach									
f)	MICR No										*please attach a ca	ncelled cheque pe	rtaining	to the	same)				
											neral Insurance Co. Ltd. Insured Persons in the a							exper	ıses	
							,	SECT	ION H –	DECLAR	ATION BY THE IN	SURED								
of an	y material fact with ssary medical inform	respectation /	t to que	estior nents	ns as from	sked nany	in relation t hospital / M	o this c ledical f	laim, my r Practitione	ight to claim or who has at	ny knowledge and belief. In reimbursement shall be Itended on the person ag xcept the pre/post-hospi	e forfeited. I also o ainst whom this cla	onsent 8 aim is ma	autho	orize '	TPA/	insu	rance	com	pany, to seel
Date		YY	Y	Y					7		Signature of Insured									
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Claim Form - my: Optima Secure



CLAIM FORM – PART B TO BE FILLED IN BY THE HOSPITAL

The issue of this Form is not to be taken as an admission of liability Please include the original preauthorisation request form in lieu of PART A $\,$

	SEC [*]	TION A -	- DETA	ILS OF	HOSF	PITAL					
a)	Name of the Hospital where										
b)	treated Hospital ID					(c)	Type of Hospita				
,	Network Network				Non	Network (If non net					
d)	Name of the treating Doctor						e) Qualification	n			
f)	Registration No with state Code						g) Phone No	:			
	SECT	ION B	DETAI	I S OF	DATIE	NT ADMITTE	n				
		ION B -	DETA	LS OF	PATIE	INT ADMITTE					
a)	Name of the patient										
b)	IP Registration Number							c) Gender	Male	Female [Transgende
d)	Date of Birth		6	e) Age		YYM	M				
f)	Date of Admission		Ç	j) Time	of Admiss	sion H H M	М				
h)	Date of Discharge		I) Time	of Discha	ırge H H M	М				
j)	Type of Admission Emergency Planned Daycare	Matern	•		I) To	stal Claimad Amazun					
k)	Status at time of Discharged to Home Discharged to anot discharge	ner Hospitai	Dec	eased	I) To	otal Claimed Amoun	τ				
	SECTION C -	- DETAIL	S OF A	ILME	NTS DI	AGNOSED (P	PRIMARY)				
) ICD 10 Codes	Dri	moni			Additional		Co-morbidities			
а	i) ICD to Codes		mary gnosis			Diagnosis		Co-morbidities			
С	Details of Procedure/s done										
_											
b) ICD 10 PCS	Proce	edure 1			Procedure 2		Procedure 3			
С	Pre-authorization obtained		Yes	No		d) Pre-authori	zation No.				
е	e) If authorization by network hospital not obtained, give reason										
f)	Hospitalisation due to Injury		Yes	No		g) If yes, give	cause				
S	Self inflicted?		Road T Accid			☐ Yes ☐ N		e Abuse / consumption		Yes	☐ No
ii) If Injury due to Substance abuse / alcohol consumption, Test C	Conducted	to establi	sh this:	Yes	s No (If ye	s, attach reports	s)			
ii	i) Medico Legal				Yes	s 🗌 No					
i۱	v) Reported to Police				Yes	s 🗌 No					
V	r) FIR No										
٧	i) If not reported to Police give reasons										
	SECTION D -	- CLAIM	DOCU	MENT:	S SUBI	MITTED - CH	ECKLIST				
	☐ Claim form duly filled and signed☐ Original Pre authorization Request					tigation reports	ootigation Dans	+ 4			
	<u> </u>					RI/USG/HPE inv					
	Copy of Pre-authorization approval Letter					or's reference slip	ioi irivestigatioi	II			
	Copy of photo ID card of patient verified by Hospital					macy Bills					
	Hospital Discharge Summary			$+$ $\frac{\sqcup}{\sqcap}$		nacy Bills	-ID				
	Operation Theatre Notes					Report & Police F		udaga amelicaldi			
	Hospital Main Bill				Origin		ry from nospital	where applicable	!		
	Hospital break up Bill				Any c	ther, PI specify					

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Original Bill with Original Payment Receipt.	
$\begin{tabular}{ll} \hline & Treating Doctor's consultation prescription indicating Emergency Hospitalization. \end{tabular}$	
Critical Illness Benefit	
Duly filled and signed Claim Form.	
☐ Medical certificate confirming the diagnosis of Critical Illness	
$\begin{tabular}{ll} \hline & Certificate from attending Medical Practitioner confirming that the duration of Illness \\ \hline \end{tabular}$	
☐ Discharge certificate/ card from the Hospital, if any	
☐ Investigation test reports confirming the diagnosis,	
First consultation letter and subsequent prescriptions	
☐ Indoor case papers if applicable	
☐ Specific documents to confirm the diagnosis of respective Critical Illness	
$\begin{tabular}{ll} \hline & In the cases where Critical Illness arises due to an accident, FIR copy or medico legal \\ \hline \end{tabular}$	certificate, wherever conducted.
Preventive Health Check up	
Duly filled and signed Claim Form.	
Health check up test reports	
Original bill and receipt from the diagnostic centre.	
CUSTOMER IDENTIFICATION PROCE	DURE (AS PER KYC NORMS OF IRDAI)
Please submit the following documents in case of claim amount exceeds Rs. 100,000: K'ID, etc) along with PAN card or Form 60, Or provide CKYC number if available.	YC form along with photocopy of any one KYC document (eg., passport, driving license, voter
Legal name and any other names used (Any one of the mentioned documents)	Passport/ PAN Card/ Voter's Identity Card/ Driving License/ Letter from a recognized public authority or public servant verifying the identity and residence of the customer
Proof of Residence (Any one of the mentioned documents)	Telephone bill/ Bank account statement/ Letter from any recognized public authority/ Electricity bill/ Ration card





CENTRAL KYC REGISTRY Know Yo	ur Customer (KYC) Application Form Individual					
Important Instructions:						
A) Fields marked with '*' are mandatory fields.	E) List of State / U.T code as per Indian Motor Vehicle Act. 1988 is available at the end.					
B) Please fill the form in English and in BLOCK lette	that rections: the form is English and in BLOCK steers. If the form is English and in BLOCK steers. If the form is English and in BLOCK steers. If the form is English and in BLOCK steers. If the form is English and in BLOCK steers. If List of two currenter ISO 3196 country codes is evaluate at the end. If you cannot be continued to the continued and the of the section is evaluated by the end. If Por periodule rection update, poses for k(*) in the loss maintake before the section number and atthe of the sections not required to be updated. If You manufacture is the section is the section is the section in the loss and the periodule section number and atthe of the sections not required to be updated. If You manufacture is the section is the section is the section in the loss and the section of the sections not required to be updated. If You manufacture is the section is the section is the section in the loss and the section of the section is the section in the loss and the section of the section in the loss and the section of the section in the loss and the section in the loss and the section of the section in the loss and the section in the section in the loss and the loss and the loss and the loss and th					
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(Sonal Details (Personal Same as ID proof) Prefix First Name Micidle Names Last Name					
Account	ype* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small					
□ Name* (Same as ID proof)	Size United State					
Maiden Name (if any*)						
Father / Spouse Name*						
Mother Name*						
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☐ 2. TICK IF APPLICABLE ☐ RESIDE	NCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)					
ADDITIONAL DETAILS REQUIRED* (Mar	idatry only if section 2 is ticked)					
ISO 3166 Country Code of Jurisdiction of	Residence*					
Tax Identification Number of equivalent (if	issued by jurisdiction)*					
Place / City of Birth*	ISO 3166 Country Code of Birth*					
3. PROOF OF IDENTITY (Pol)* (Pleas	se refer instuction C at the end)					
A- Passport Number						
☐ B- Voter ID Card						
C- PAN Card						
	Driving Licence Evning Date D.D M.M V.V.V.V					
	Driving Electice Expiry Date					
	optiol reviews out him the state of the stat					
	unient Type code					
4. PROOF OF ADDRESS (PoA)*						
Address Type* Residential / Busi	ness Residential Business Registered Office Unspecified					
- · · · · · · · · · · · · · · · · · · ·						
☐ Voter Identity Car	d NREGA Job Card Others					
☐ Simplified Measu Address	res Account - Document Type code					
Line 1*						
Line 2*						
Line 3*	City / Town / Village*					
District*	Pin / Post Code* State / U.T Code* ISO 3166 Country Code*					





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B- Voter ID Card		4	<u></u>	 	_	Щ	_	4	_																								
C- PAN Card		Щ		Щ	_	Щ	_	_					_																				
D- Driving Licence	е	Ш		Щ		Ш										D	rivin	g Li	cen	се	Exp	oiry	Da	ite	D	D -	- M	M	_	Y	YY	Υ	
E- UID (Aadhaar)	,	Ш																															
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Z- Others (any doo	cument	notif	ied b	y the	cen	tral g	jove	rnme	ent)									lde	ntif	cat	ion	Nu	ımb	er				Τ		П	\top		Т
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KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling individual KYC Application Form

General Instructions:

- Fields marked with are mandatory fields.
- Tick '√' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (<) in the box available before the section number and strike off the sections not required to be updated.
- In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required

Clarification / Guidelines on filling 'Personal Details' section

- Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

Clarification / Guidelines on filling 'Proof of Address (PoA) - Current / Permanent / Overseas Address details' section

- PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1

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	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses. Please fill 'Annexure Al'

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 91-999999999).
- Do not add '0' in the beginning of Mobile number.

Clarification / Guidelines on filling 'Related Person details' section

Provide KYC number of related person if available

Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

Mention identification / reference number if Z- Others (any document notified by the central government)' is ticked.

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



List of two - digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil NaduTN	
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarati	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two-digit (Country Code
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Country	Country Code	Country	Country Code	Country	Country Code	Country	Count
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Plerre and Miquelon	PN
land Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint vincent and the Grenadines	V
lbania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
lgeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SN
merican Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	S
undorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	S
ngola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
nguilla	Al	Ethiopia	ET	Malawi	MW	Serbia	RS
ntarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
ntigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Slerra Leone	S
rgentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
rmenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	S
ruba	AQ	France	FR	Marshall Islands	MH	Slovakia	Sk
ustralia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
ustria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SE
zerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	S
ahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
ahrain	ВН	Gambia	GM	Mexico	MX	Southe Georgia and the South Sandwich Islands	G
angladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	S
arbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	E:
elarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LH
elgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SE
elize	BZ	Greece	GR	Montenegro	ME	Suriname	SF
enin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	S
ermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
hutan	BT	Guadeloupe	GP	Mozambique	MZ	Swedan	SE
olivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	С
onaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	5
osnia and Herzegovina	BA	Guermsey	GG	Nauru	NR	Taiiwan, Province of China	T
otswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
ouvet Island	BV	Guinea-Bissau	GW	Netheriands	NL	Tanzania, United Republic of	Т
razil	BR	Guyana	GY	New Claedonia	NC	Tahiland	TH
ritish Indian Ocean Territory	10	Halti	GT	New Zealand	NZ	Timor -Leste	1
runei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	Т
ulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	Т
urkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TC
urundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	Т
abo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	1T
ambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TF
ameroon	CM	India	IN	Norway	NO	Turkmenistan	TN
anada	CA	Indonesia	ID	Oman	OM	Turks and Caicos islands	T
ayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	Т
entral African Republic	CF	Iraq	IQ	Palau	PW	Uganda	U
had	TO	Ireland	ΙE	Palestine. State of	PS	Ukraine	U.
hile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	Α
hina	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	G
hristmas Island	CX	Italy	IT	Paraguay	PY	United States	U:
ocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	Į.
olombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
omoros	KM	Jersy	JE	Pitcaim	PN	Uzbekistan	UZ
ongo	CG	Jordan	JO	Poland	PL	Vanuatu	VL
ongo, the Democratic Republic of	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	,
cook Islands	CK	Kenya	KE	Puerto Rica	PR	Viet Nam	VI
osta Rica	CR	kiribati	KI	Qatar	QA	Virgin Islands, British	V
ote d'Ivoire ICfite d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunioun IReuioun	RE	Virgin Islands, U.S.	
roatia	HR	Korea, Republic of	KR	Romania	RO	Walls and Futana	V
uba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	El
uracao ICurafao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
yprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ISaint Barthelemy	BL	Zambia	Z
zech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	2
enmark	DK	Lebanon	LB	Saint Kitts and Nevls	KN		
jibouti	DJ	Lesotho	LS	Saint Lucia	LC		
ominica	DM	Liberia	LR	Sain Martin (French part)	MF		

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



CENTRAL KYC REGISTRY Know Your Custom	ner (KYC) Application Form Individual Correspondence / Local Address			
Important Instructions:	Side			
Fields marked with ** are mandatory fields. E) List of State / U.T code as per Indian Motor Vehicle Act. 1988 is available at the end.				
B) Please fill the form in English and in BLOCK letters.	rm in English and in BLOCK letters. F) List of two character ISO 3166 country codes is available at the end.			
C) Please fill the date in DD-MM-YYYY format.	G) KYC number of applicant is mandatory for update application.			
D) Please read section wise detailed guidelines / instructions	H) For particular section update, please tick (✓) in the box available before the			
at the end	section number and strike of the sections not required to be updated.			
	No. of the State o			
or office use only Application Type* 🗌 New 🗎 Update				
(To be filled by financial institution) KYC Number	be filled by financial institution) KYC Number (Mandatory for KYC update request)			
_	DETAILO (T)			
1. CORRESPONDENCE / LOCAL ADDRESS	,			
Same as Current / Permanent / Overseas Address deta	ils			
Line 1*				
Line 2*				
Line 3*	City / Town / Village*			
District* Pin /	Post Code* ISO 3166 Country Code*			
2. CONTACT DETAILS (All communications will	be sent on provided Mobile no./Email.ID) (Please refer instruction F at the end)			
	, , , , , , , , , , , , , , , , , , , ,			

3. APPLICANT DECLARATION

Tel. (Off)

FAX

Annexure A1

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.

Tel. (Res)

Email ID

[Signature / Thumb Impression]

Mobile

Date :	D D - M M - Y Y Y Y	Place :	Signature / Thumb Impression of Applicant
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KNOW YOUR CUSTOMER (KYC) APPLICATION FORM



Annexure B1				
CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual Related Person				
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) Please read section wise detailed guidelines / instructions at the end E) List of State / U.T code as per Indian Motor Vehicle Act. 1988 is available at the end. F) List of two character ISO 3166 country codes is available at the end. G) KYC number of applicant is mandatory for update application. H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.				
For office use only Application Type* New Update				
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)				
1. DETAILS OF RELATED PERSON (Please refer instuction G at the end)				
☐ Addition of Related Person ☐ Deletion of Related person KYC Number of Related Person (if available*)				
Related Person Type* Guardian of Minor Assignee Authorized Representative				
Name* Prefix First Name Middle Name Last Name				
PROOF OF IDENTITY (POI) OF RELATED PERSON* (Please see instruction (H) at the end)				
□ A- Passport Number □ □ □ − M M − Y Y Y Y				
☐ B- Voter ID Card				
☐ C- PAN Card				
□ D- Driving Licence Expiry Date □ □ □ − M M − Y Y Y Y				
☐ E- UID (Aadhaar)				
☐ F- NREGA Job Card				
Z- Others (any document notified by the central government) Identification Number Identification Number				
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. [Signature / Thumb Impression]				
Date: DD - MM - YYYYY Place: Signature / Thumb Impression of Applicant				
3. ATTESTATION / FOR OFFICE USE ONLY				
Documents Received Copies				
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS				
Date: Name Name				
Emp. Name				
Emp. Code				
Emp. Designation				
Emp. Branch				