



### Annexure B1 – Addition/Deletion of Related Persons

Fields marked with '\*\*' are mandatory fields.  
Please fill the form in English and in BLOCK letters.

<b>For office use only</b> <small>(To be filled by financial institution)</small>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change	
	KYC Number <input style="width: 100px;" type="text"/>	<i>(Mandatory for KYC update request)</i>

**1. Details of Related Person** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*) <input style="width: 100px;" type="text"/>
Related Person Type* <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative		
Name*	Prefix <input style="width: 20px;" type="text"/>	First Name <input style="width: 100px;" type="text"/>
	Middle Name <input style="width: 100px;" type="text"/>	Last Name <input style="width: 100px;" type="text"/>
<small>(If KYC number and name are provided, below details of section 6 are optional)</small>		

**Proof of Identity [PoI] of Related Person\*** (Please see instruction **(H)** at the end)

<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 style="width: 20px;" type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input style="width: 100px;" type="text"/>		
<input type="checkbox"/> C- PAN Card	<input style="width: 100px;" type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input style="width: 100px;" type="text"/>	Driving Licence 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 style="width: 20px;" type="text"/>
<input type="checkbox"/> E- Aadhaar Card	<input style="width: 100px;" type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input style="width: 100px;" type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input style="width: 100px;" type="text"/>	Identification Number	<input style="width: 100px;" type="text"/>

**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 hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

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Signature / Thumb Impression of Applicant

Date:   -   -

Place:

**3. Attestation / For Office Use Only**

Documents Received     Certified Copies

KYC Verification Carried Out by	
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 style="width: 20px;" type="text"/>
Emp. Name Emp.	<input style="width: 100px;" type="text"/>
Code	<input style="width: 100px;" type="text"/>
Emp. Designation	<input style="width: 100px;" type="text"/>
Emp. Branch	<input style="width: 100px;" type="text"/>
[Employee Signature]	

Institution Details	
Name	<input style="width: 100px;" type="text"/>
Code	<input style="width: 100px;" type="text"/>
[Institution Stamp]	