

## CHECK LIST FOR FILLING RE-KYC FORM

1. All mandatory fields should be compulsorily filled.
2. Self attested PAN Card copy is mandatory for CKYC/ KRA
3. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
4. **Mother's name should be mentioned mandatory for Individual**
5. **Copy of PAN card, Aadhar & Address Proof should be self attested & OSV done (by HSL or Bank RM) with name, signature, emp. Code & designation**
6. **Pt 9 "ATTESTATION / FOR OFFICE USE ONLY" to be filled and signed by HSL or Bank RM**
7. Signature on PAN and document should be same.
8. Corrections if any should be authenticated by the customer
9. **HUF accept only Non-Individual forms with Copy of PAN card & Address Proof (HUF & Karta) should be self attested & OSV done (by HSL or Bank RM) with name, signature, emp. Code & designation**
10. HUF stamp with Karta's signature including Photo with Signature across on 1<sup>st</sup> page is mandatory
11. HUF Address Proof (Bank Statement only) is mandatory.
12. Name of HUF should be same on PAN, Stamp and AOF
13. HUF Coparceners Details to be filled on 2<sup>nd</sup> page (i.e. Name, Relation with Applicant, PAN, Residential / Registered Address, DIN/UID, Photograph) is mandatory.
14. Aadhaar Consent declaration is required if Adhar card is provided as an address proof.

Name & Signature of Authorised  
Signatory

(HSL or Bank RM)

Application Number

**Registered Office:** HDFC Bank House, Senapati Bapat Marg, Lower Parel, Mumbai 400 013.



### A. Identity Details

**Name of the Applicant:**

**Date of Incorporation:**

**Place of Incorporation:**

**PAN:**

**Registration No. e.g (CIN)**

**Occupation:**  
please tick any one

**Please fill this form in ENGLISH and in BLOCK LETTERS.**

[illegible]

(Signature across the Photograph)

Please affix your  
recent passport size  
Photograph

Private Limited Co.	Bank	Partnership	Public Ltd. Co.	Government Body	FI	FII
Body Corporate	Non Government Organization		Trust	Defense Establishment	HUF	Charities
Society	AOP	NGO's	LLP	BOI	Others (Please Specify)	

## B. Address Details

### Address for Correspondence

Landmark (if any)

City/Town/Village

State

Country

### Contact Details

Mobile No. :

Email ID:

Tel. Office:

Tel Resi:

Fax. No.:

Specify the proof of address submitted for correspondence address:

Registered Address (If different from above)

Landmark (if any)

City/Town/Village

State

Country

Specify the proof of address submitted for registered address: \_\_\_\_\_

### C. Other Details

**Gross Annual Income Details:**  
(Income Range per annum)

Rs. <100,000      Rs. 100,000 - 500,000      Rs. 500,000 - 10,00,000      Rs. 10,00,000 - 25,00,000

Rs. 25,00,000 - 100,00,000  Rs > 100,00,000  or Net Worth as on date: DD / MM / YY (₹ )  
(Net worth should not be older than 1 year) (Amount)

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

Politically Exposed Person (PEP)	Related to a Politically Exposed Person (PEP)
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## Declaration

I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Date: 

D	D	M	M	Y	Y	Y	Y
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**FOR OFFICE USE ONLY**

☐ (Originals Verified) True Copies of documents received ☐ (Self-Attested) Self Certified Document copies received

Signature of the Authorised Signatory

Date: DDMMYYYY

Seal/Stamp of the intermediary

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC)  
Application Form for Non-Individuals

Sr. No.	Name	Relation with Applicant	PAN	Residential / Registered Address	DIN/UID	Photograph

Name & Signature of the  
Authorised Signatory(ies)

Date: 

D	D	M	M	Y	Y	Y	Y
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