



# Stock Holding Corporation of India Limited

StockHolding

Regd. Office: 301, Centre Point, Dr. Babasaheb Ambedkar Road, Parel, Mumbai - 400 012.  
Phone: 91-22-6177 9400 to 09 Fax: 91-22-6177 9058 Website: www.shcil.com CIN: 67190MH1986GOI040506

## Annexure A1

### CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Related Person

#### 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.  
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
H) List of two character ISO 3166 country codes is available at the end.  
I) KYC number of applicant is mandatory for update application.

#### For office use only

Application Type\*

☐ New ☐ Update ☐ Delete

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

#### ☐ 1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)

☐ Additional of Related Person

☐ Deletion of Related Person

☐ Updation

KYC Number of Related Person (if available\*)

Related Person Type\*

☐ Guardian of Minor

☐ Assignee

☐ Authorised Representative

Prefix

First Name

Middle Name

Last Name

Name\*

(If KYC Number and name are provided, below details are optional)

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth\*

Gender\*

☐ M- Male

☐ F- Female

☐ T-Transgender

PAN\*

Form 60 furnished

Occupation\*

☐ Private Sector

☐ Public Sector

☐ Agriculturist

☐ Retired

☐ Government Services

☐ Housewife

☐ Business

☐ Student

☐ Professional

☐ Others (please specify) \_\_\_\_\_

Citizenship\*

☐ Indian

☐ Others (Please specify) \_\_\_\_\_

Marital Status\*

☐ Married

☐ Unmarried

☐ Others (Please specify) \_\_\_\_\_

#### Gross Annual Income Details\*

Income Range per annum (please tick any one)

☐ Below ₹ 1 Lac

☐ ₹ 1 - 5 Lac

☐ ₹ 5 - 10 Lac

☐ ₹ 10 - 25 Lac

☐ More than ₹ 25 Lac

#### ☐ 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

☐ PHOTO\*



#### Address

Line 1\*

Line 2

Line 3

City / Town / Village\*

District\*

Pin/Post Code\*

State/U.T Code\*

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

**Address**

Line 1*																														
Line 2																														
Line 3																														
District*							Pin/Post Code*					State/U.T Code*			City / Town / Village*											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)	<input type="text"/>	—	<input type="text"/>	Tel. (Res)	<input type="text"/>	—	<input type="text"/>	Mobile	<input type="text"/>	—	<input type="text"/>
Email ID	<input type="text"/>										

#### 5. REMARKS (if any)

[illegible]

## 6. 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 any changes therein, immediately. Incase 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 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	Y
---	---	---	---

[illegible]

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

Signature / Thumb Impression of Applicant

## 7. 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

## IPV DONE / KYC VERIFICATION CARRIED OUT BY

Date

D D — M M — Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

## INSTITUTION DETAILS

Name

Code

(Institution Stamp)