





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

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

**For office use only**

(To be filled by financial institution)

Application Type\*  New  Update/Change

KYC Number  (Mandatory for KYC update request)

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

(If KYC number and name are provided, below details of section 6 are optional)

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

A- Passport Number  Passport Expiry Date --

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date --

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  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. 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]

Date: -- Place:

Signature / Thumb Impression of Applicant

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

Documents Received  Certified Copies

**KYC Verification Carried Out by**

Date --

Emp. Name Emp.

Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution Details**

Name

Code

[Institution Stamp]