











Application Type  New  Update  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

Current  Permanent  Overseas Address details (Please see instruction at the end)

Residence Address details  
 Line 1   
 Line 2   
 Line 3  City Town Village   
 District  Pin Post Code  State  T Code  Country Code

Current  TACT  TAI (All communications will be sent on provided Mobile no / mail id) (Please refer instruction at the end)

Tel (Res) - Tel (Bus) - Mobile -  
 A - mail id

**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.



Date -- Place

**Star Union Dai-ichi Life Insurance Company Limited**

**Registered Office:** 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

Email: [customercare@sudlife.in](mailto:customercare@sudlife.in) | Website: [www.sudlife.in](http://www.sudlife.in) | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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## 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 code 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 off the sections not required to be updated.



<b>For office use only</b>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update		
(To be filled by financial institution)	KYC Number	<input type="text"/>	(Mandatory for KYC update request)

#### 1. DETAILS OF RELATED PERSON (Please refer instruction 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 type="text"/>
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
Name*	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/> Last Name <input type="text"/>
(If KYC number and name are provided, below details of section 1 are optional)			

#### PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input 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.

Date :  Place :

Signature / Thumb Impression of Applicant

#### 3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

<p style="text-align: center;">KYC VERIFICATION CARRIED OUT BY</p> <p>Date <input type="text"/></p> <p>Emp. Name <input type="text"/></p> <p>Emp. Code <input type="text"/></p> <p>Emp. Designation <input type="text"/></p> <p>Emp. Branch <input type="text"/></p> <div style="border: 1px solid black; padding: 5px; text-align: center;">[Employee Signature]</div>	<p style="text-align: center;">INSTITUTION DETAILS</p> <p>Name <input type="text"/></p> <p>Code <input type="text"/></p> <div style="border: 1px solid black; padding: 20px; text-align: center;">[Institution Stamp]</div>
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