

Correspondence / Local Address Details

<input type="checkbox"/> Same as Current / Permanent / Overseas Address details	
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
District	<input type="text"/>
Pin / Post Code	<input type="text"/>
City / Town / Village	<input type="text"/>
State / U.T Code	<input type="text"/>
ISO 3166 Country Code	<input type="text"/>
No of yrs at above address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
no of years at current city	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residence type	<input type="text"/> Owned <input type="text"/> Rented <input type="text"/> Others (Pls Specify)

[illegible]

Details Of Related Person

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;">Related Person Type</div> <div style="width: 20%;"><input type="checkbox"/> Guardian of Minor</div> <div style="width: 20%;"><input type="checkbox"/> Assignee</div> <div style="width: 40%;"><input type="checkbox"/> Authorized Representative</div> </div>			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Prefix First Name </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="width: 40%;"></div> <div style="width: 20%; font-size: 0.8em;">Middle Name</div> <div style="width: 20%; font-size: 0.8em;">Last Name</div> </div>			

Proof of Identity (Pol) of Related Person

PAN No.	<input type="text"/>	Aadhaar No.	<input type="text"/>
Voters ID	<input type="text"/>		
Passport No.	<input type="text"/>	if passport, passport expiry date	<input type="text"/>
Driving License	<input type="text"/>	if DL, DL expiry date	<input type="text"/>
NREGA Job Card	<input type="text"/>	Others <small>(Pls Specify)</small>	<input type="text"/>