Form KYC Version - II - 071212																							
TOTHI KTC VEISION - II - 0/1212	Kn	ow	Yc	our	Cı	ust	om	ner	(K`	YC`) F	or	m										
(To be filled in black ink with BLOCK L									•					nne	tion	l							
* are mandatory)														F	aste	e you	ur p	ho					
 Customer Details * a. Name shall be entered as per Photo ID Proof) 															here								
<u>a.</u> Name shall be entere	as p	er <u>Fir</u>	010	וא עוו	001	1																	
						<u>(/</u>	۸r./	Ms.	/Mr	s/M	iss/	'Dr	<u>*</u>										
First Name*																							
Middle Name																							
Last name*																							
			_		_							- 1	I										
b. Gas Consumer Nur																							
		(M	anda	ator	y for	r exi	stin	g cu	stor	ners	s)												
		Г			Т	Т							<u>C.</u>	Dat	e o	f Bi	rth*	: -					
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a. Father's N	ame*																	1					
									•	•					•	•	•						
b. Mother's N	lama								_						<u> </u>		ı						
b. <u>Mother's N</u>	<u>iaine</u>				-	+	+	+	+	+	\dashv				\dashv	\dashv							
					L																		
c. Name of S	pouse																						
3. Proof of address (PC	,									_													
this form. Consumer is requ tick the POA provided by yo		-			_									-		ISTrii	outo	r, w	nen :	soug	nt to	r. KI	na
Aadhaar (UI				•											•	ivin	g Lic	one					
Lease agree	,														-	ter l		.e115	e				
Telephone/		city	/Wa	ter l	oill										Pas	sspc	rt						
Self-declara				-		ette	d of	ffice	er.								Car						
Flat allotme	ent/pos	ssess	ion l	lette	er																ume		
4. Connection Address	/Cont	act	Info	orm	ati	on*	(Ac	ldre	ess s	hou	ıld I	be '	writ	ten	_							IIL	
11 4 *				<u> </u>					I	1		1	_	_	_			_					
House # * House Name/Flat Floor #		+											-	-				-					
Housing Complex/Building #		+										-	+	-	-	+	+	+	+	-			
Street/Road Name		+											-	-	+	\perp	+	+					
City/Town/Village *		+										\vdash	+	-	+		+	+					
District *		+										-	+	-	+	\vdash	+	+	+	\vdash			_
State *		+																+					
PIN Code *		+																+					
Furnish here any other address related In	nforma	tion v	l vhich	l 1 is n	ot ir	the	Pro	of o	f Ad	L dres	s, b	ut w	/ill h	elp l	ocate	the	hou	ıse (Floo	r, lan	dma	rk et	c)
														-									-

Mobile Number																									
										•		•		•	•	•	•	•		•		•			
@								@													Email				
	5. Proof of Id following PHOTO ID column. This POI in o	docur	nent	MUST	be at	tache	ed /s	can	ned v	with	thi	s KY	C, w	hich	n sho	ould	be \	/ALII	D an	d sh	ould				
РО	I Туре	Issuing Authority (Mention)				ID Card Number													Tick if attached						
Aadhaar Number (UID/EID)			UIDAI																		L				
Passport Number RPO)																						
PAN Card Number GO																									
	r ID Card																								
ID card Issued By Central/State																									
Drivin	ng License																								
the card number and the Name of the State Government)_ 7. Optional Bank Account detail																		ank_							
a.	Bank Name																								
b.	b. Branch & Address																								
c. IFSC Code d. Bank Account Number																									
knowledge a event of any to take nece of penal cha I am willing have provide	: I hereby declare and belief. I also control y violation of Govern essary legal action in the polymetric willing to availed and provided my nature of Custome	onfirm rnmer inclucticy ar il the / Banl	n thant Red ding of and gu	it in the gulation discont uidelino sidy or	e evente eve evente evente evente evente evente event evente evente even	ent o lateo tion cyli	of ard to of some	ny ii the upp rs, i	nforr sup ly of in ev	nation ply of LPC rent	on and G c	prod d dis ylind dire	vide strib ders	d boution	y m on o me, ditio	e is f LP for	not G, t feitu	true the (e/is OMC of m	inc wil ny se	om l be cur	plete wel	e and l wit epos	also in the hin its right it, and levy	
To be filled by Dealer/Distributor Consumer Number (If allotted): Signature of Distributor																		Dat	te:						
	y, confirm receipt																								

Address from (consumer#) ------ on dated----- Signature and Seal of Distributor

Contact Number (landline)