RELIANCE FINANCE LIMITED
रिलायन्स फाइनान्स लिमिटेड

KYC REVIEW CHECKLIST FOR INDIVIDUAL ACCOUNT

Date | D | D | M | M | Y | Y | Y | Y |

..... Branch

Account Name :……..……..…….....…….....

Account No. | | | | | | | | | | | | | | | | Product Scheme.....

A. For All Types of Account as applicable:	Yes	No	N/A	Remarks
Duly filled Account Opening Form				
Duly filled KYC Form(s) of Accountholder/Operator				
Recent Photograph(s) of Accountholder/Operator				
Copy of Citizenship(s)/Government Issued ID Card(s) of Accountholder/Operator				
Copy of Citizenship(s)/Government Issued ID Card(s)/Photograph of Nominee				
Secondary ID/Address verifying Documents as applicable :				
Passport				
Certification of Local Authority				
Driving License				
Voters ID Card				
PAN Card				
National Identity Card				
B. Other Document as applicable:				
Refugee Card (Applicable for Refugee)				
Government ID (Applicable for Government official)				
Birth Certificate (Applicable of for Minor)				
C. For Indian Nationals:				
Copy of Identification Document like Passport, Voter ID Card, Ration Card, Aadhar Card, Indian Embassy Registration Certificate				
Letter from Employer/Business Evidence/Student ID Card as applicable				
Local Address Verifying Document/Local Reference				
D. For Foreign Nationals:				
Copy with Passport and Valid Visa				
Letter from Employer/Business Evidence/Student ID Card as applicable				
Local Address Verifying Document/Local Reference				
Copy of NRN Card as applicable				
E. For Power of Attorney(POA) as applicable:				
Duly filled POA form				
KYC details/documents of attorney				
F. Other Documents as applicable			Total Page No.	

Follow up details as applicable

Date	Contact Person	Follow Up By	Remarks
		(Name of Staff)	
		(Name of Staff)	
		(Name of Staff)	

Risk Category ☐ Low Risk ☐ Medium Risk ☐ High Risk if High Risk, please specify: .....

KYC Updated in System ☐ Yes ☐ No if no, please specify: ……

Debit Restriction ☐ Yes ☐ No if no, please specify: ……

Account Activated on: | D | D | M | M | Y | Y | Y | Y | Depositor Type: ……..……

Prepared By (CSD Staff): …… Approved By (OI/BM): ……...……