Form KYC Version 3 - 20)14-IOC/E	BPC/HPC																												
Know Your Customer(KYC) Form (To be filled in black ink with BLOCK LETTERS. Fields marked with * are mandatory) (For Instructions to fill form please see Overleaf) 1) Personal Details									Paste your photo																					
(Mr./Mrs /Ms) *																					7						I	here	<u> </u>	
First Name*																														
N	Middle	Name																												
L	ast na	me*																												
b) Gas Consumer	r Numb	er*														c)	Dat	e c	of B	irtl	า*) D	M	M	Y	Y	YY
d) Close Relative	= [ather's /	Spou	se	Na	me	*																							
	Mother's nam		name	- *																						+				
2)	Addre	ess for LI	PG co	on	ne	ctic	n /	/ C	on	tac	t l	nfo	rm	atio	on	•	•					•								
Proof of Address (F	POA) ca	tegory Code	e*	Р	0	Α																								
House/ Flat #, No	ame*														Flo	or I	Vo*													
Housing Complex	x/Buila	ling																		Lan	d N	Иar	k							
Street/Road Nan	ne																													
City/Town/Villag	ge *																				P	in (Code	<u></u> *						
District *															Si	tate	·*													
Phone #*: Mol	bile No	ı													Lan	dlir	ne #													
Email id																														
3)) Othe	r Relevan	ıt Det	tail	ls																									
								Ρ	roc	of (of I	dei	ntit	y (POI)														
POI Category Co	de*				P	' () /					1																		
Card Number*					<u> </u>		<u> </u>					<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>											L			
State Of Issue						D _.	R	atio	on	Ca	rd	Dei	tail	s if	Av	ail 	abl	e T								$\overline{\mathbf{T}}$		$\overline{}$		
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Declaration: 1 h belief. I also co of any violation discontinue sup and may initiate	hereby onfirm to of Gov oply of I e legal a	hat in the ernment F _PG cylind	event Regula ers to	of tio m	any on re e, f	y intelat	orned teit o	nationation	on he ecu	pro sup	vido ply	ed b and	by m	ie is strib	fou utio	ind on d	inco	rre G,	ct 100	/ is	inc PC/	om HPC	plet C wi	e an II be	nd a e wi	lso i thin	n th its	ie ev righ	ent t to	
Name & Signatu	ıre *																D:	ate	•-											

	To be filled by Dealer/Distributor
I confirm having verified the photocopies	of documents above against their originals.
Consumer Number (If allotted):	
Signature of Distributor	Date:
	<u>Acknowledgement</u>
I/We, hereby, confirm receipt of duly fill	ed in KYC form along with copy relevant POI, POA documents from
Name	Consumer no (if applicable) on

INSTRUCTIONS FOR FILLING KYC FORM

ne N Consumer nber ails of Close Fa ative ap of Of Address OA) ca re	datory and must be filled in by person submitting lame to be entered as given in Photo ID Proof Mandatory for consumers already using LPG from ather or Spouse name is mandatory. Please strik pplicable. It least copy of one of the documents listed by attegory mentioned in the form. The Address elevant fields exactly as it appears in the PC equired to produce the original of document for List of documents	re off whichever is not relow should be attached and so to be entered against the DA. Person submitting KYC is verification by the distributor.
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re	equired to produce the original of document for	verification by the distributor.
	List of documents	
4		Category Code
	Aadhaar (UID)	POA01
1	Driving License	POA02
1	Lease agreement	POA03
,	Voter ID	POA04
-	Telephone/Electricity /Water bill	POA05
ı	Passport	POA06
	Self-declaration attested by a Gazetted officer.	POA07
I	Ration Card	POA08
1	Flat allotment/possession letter	POA09
1	House registration document	POA10
1	LIC Policy	POA11
1	Bank/Credit Card Statement	POA12
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ı	List of documents	Category Code
	Aadhaar Number (UID/EID)	POI01
1	Passport Number	POI02
1	PAN Card Number	POI03
,	Voter ID Card	POI04
	ID card Issued By Central/State	POI05
	•	POI06
		List of documents Aadhaar Number (UID/EID) Passport Number PAN Card Number Voter ID Card ID card Issued By Central/State Driving License