**File No:** 800-26/2016-AS.II                                           **Dated:** 19.08.2019

To,

   All Unified Licensees (having Access Service Authorization)/ Unified Access Services Licensees/ Cellular Mobile Telephone Service Licensees.

**Subject: CAF & Database formats in case of D-KYC Process**

   This is in continuation to instructions issued vide this office letter of even number dated 03.04.2019 regarding Alternate D-KYC Process for issuing new mobile connections to subscribers and subsequent clarification issued vide letter of even number dated 27.05.2019.

2.     Format of CAF and Database to be maintained by Licensee in respect of D-KYC process showing mandatory fields is attached as **Annexure-I and II respectively**.

3.     The enclosed CAF and Database format in respect of D-KYC process shall be implemented by the Licensees within 30 days of issue of this letter.

(Suresh Kumar)
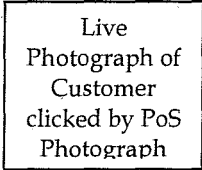**Assistant Director General (AS-II)**
**Tele No.: 011-23036869**

**Copy to:**
   1.  DG (T), DoT HQ, New Delhi.
   2.  Advisor(s)/Sr. DDG(s) of LSA Field Units of DoT.
   3.  COAI, New Delhi.

## APPLICATION FORM FOR NEW MOBILE CONNECTION (D-KYC Process)

**Unique Customer Application Form (CAF) No\* -** _____

**Type of Connection\*: Post-Paid/ Pre-Paid**

> Live Photograph of Customer clicked by PoS Photograph

1. Name of the Subscriber\* _____

2. Name of Father/Husband\* _____

3. Gender\*: Male/Female          4. Date of Birth\* (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

5. Complete Local Residential Address\*:

    (C/o)/(D/o)/(S/o)/(W/o)/(H/o):
    House No/Flat No/Building/Apartment\*: _____
    Street Address/Road Name\*: _____
    Landmark: _____
    Area/Sector/Locality\*: _____
    Village/Town/City\*: _____
    District\*: _____
    State/UT\*: _____

    Pin Code\* - ☐☐☐☐☐☐

6. Complete permanent residential Address of subscriber\*:
    (C/o)/(D/o)/(S/o)/(W/o)/(H/o):
    House No/Flat No/Building/Apartment\*: _____
    Street Address/Road Name\*: _____
    Landmark: _____
    Area/Sector/Locality\*: _____
    Village/Town/City\*: _____
    District\*: _____
    State/UT\*: _____

    Pin Code\* - ☐☐☐☐☐☐

7. Status of Subscriber\*: Individual /Outstation/Bulk/Foreign

8. Nationality\* _____

9. Photo ID Proof type \* (As per prescribed list of valid PoI documents):

    Document No.\* _____ Date of Issue _____
    Place of Issue _____ Issuing Authority\* _____

10. Address proof document type\* (As per prescribed list of valid PoA documents):
    Document No.\* _____ Date of Issue _____
    Place of Issue _____ Issuing Authority\* _____

*Mrinmal Kumar*
19/08/2019

11. Number of Mobile connections held in name of Applicant (Operator-wise)* -_____

12. Tariff Plan Applied* - _____13. Value Added Services Applied (if any)_____

14. E-mail address (if any): _____@_____

15. Alternate Contact numbers, if any: Home: _____Business_____ Mobile_____

16. Profession of Subscriber: _____ 17. PAN/GIR:_____

18. Details (Name, Address and phone number) of Local reference*(Outstation customer):
_____

19. To be filled in cases of Mobile Number Portability (MNP ) –
 (A) UPC _____ (B) Previous Service Provider & Licensed Service Area Details: _____

20. To be filled in cases of Post-paid connections -
 (A) Form of Payment - Cash ☐ Cheque ☐ credit card ☐ Debit card ☐
 (B) If payment made by cash/cheque/credit card/debit card
    (a) Bank A/c No. _____(b) Bank Name _____
    (c) Branch Name & Address_____

21. Mobile Number Used For Customer Signature *: ☐☐☐☐☐☐☐☐☐☐

  Self: ☐  Family member/Relative:☐  Known person: ☐

**CUSTOMER OTP*:** _____
**OTP VALIDATION DATE & TIME*:** _____

**Fields to be captured/entered by Service Provider/Authorized representative**

22. IMSI No.* - _____ 23. Mobile Number allotted*- _____

24. Point of Sale (PoS) code* - _____ 25. Point of Sale Name *: _____

26. Complete Address of Point of Sale* (To be populated by Licensee) {valid up to 31.12.2019}:
  House No/Flat No/Building/Apartment: _____
  Street Address/Road Name: _____
  Landmark: _____
  Area/Sector/Locality: _____
  Village/Town/City:_____
  District: _____
  State/UT: _____

  Pin Code - ☐☐☐☐☐☐

        Mukesh Kumar
        19/08/2019

26A. Complete Address of Point of Sale* (To be populated by Licensee) {valid w.e.f. 01.01.2020)

House No/Flat No/Building/Apartment/C/o*: _____

Street Address/Road Name/Ward No *: _____

Landmark: _____

Area/Sector/Locality*: _____

Village/Town/City*: _____

District*: _____

State/UT*: _____

Pin Code* - ☐☐☐☐☐☐

27. Name of local reference contacted by PoS at time of Sale* (in case of outstation customer):_____

## 28. DECLARATION BY PoS*:

a.  I have seen the customer and also taken/captured a live photograph of customer and his/her original documents.

b.  I have not used my registered mobile number or any of my numbers for getting the OTP in Customer Signature.

c.  OTP received on my registered number XXXXXXXXXX on DD/MM/YYYY:HH/MM/SS and verified on DD/MM/YYYY:HH/MM/SS shall be treated as my signature & the photograph captured on this CAF is my live photograph.

d.  I confirm that I have not saved the customer photograph & PoI/PoA document photograph during this process.

e.  I have issued the SIM card and handed over the same to the customer.

| Live Photograph of PoS* |
| --- |

PoS Registered Mobile Number*:_____

PoS OTP*:_____

## 29. Declaration by Activation Officer (AO)/Authorized Representative (AR) of Licensee*:

a)  Information available in the pictures of PoI/PoA documents is matching with the information entered by PoS in CAF.

b)  Live photograph of the customer matches with the photo available in the PoI/PoA documents.

c)  All of the necessary details in CAF including mandatory fields are filled properly.

d)  In case of outstation subscriber, tele-verification of local referee has been done either by tele-calling or OTP based authentication (as mentioned in para 3 of instructions dated 03.04.2019). {OTP sent on Local Reference number i.e., XXXXXXXXXX on DD/MM/YYYY: HH/MM/SS and verified on DD/MM/YYYY: HH/MM/SS)}.

*Naresh Kumar*
*19/08/2013*

**Format of Digital Signature of Activation Officer(AO)/Authorized Representative(AR) of Licensee \***

<div align="right">

Digitally signed by\*: _____

AO/AR Code/\*: _____

Name of AO/AR\*: _____

Designation of AO/AR\*: _____

Signed Date & Time\*: _____

</div>

**\*Mandatory fields. However for Sl. No. 5 and 6, only those address fields which are available on a particular valid PoA are mandatory.**

**Note: The above is a sample format showing the minimum basic mandatory fields/declaration of PoS/Activation officer. Licensees can add additional necessary fields/declaration and can also customize the form as per their own convenience and systems.**

*Mukesh Kumar*
*19|08|2019*

Parameters required to be included in the subscriber database (for D-KYC process) furnished by Licensees:

| Sl. No. | Parameter | Width |
|---|---|---|
| 1 | Telephone Number | 10 characters |
| 2. | CAF serial No. | 10 characters |
| 3. | Name of the Subscriber | 100 characters |
| 4. | Date of Birth | 10 characters |
| 5. | Father's/Husband's Name | 100 characters |
| 6. | Local Address of the Subscriber | |
| | (ia) (C/o)/(D/o)/(S/o)/(W/o)/(H/o) | 100 characters |
| | (i) House No/Flat No/Building/Apartment | 50 characters |
| | (ii) Street Address/Road Name | 50 characters |
| | (iii) Landmark | 50 characters |
| | (iv) Area/Sector/Locality | 50 characters |
| | (v) Village/Town/City | 50 characters |
| | (vi) District | 50 characters |
| | (vii) State/UT | 50 characters |
| | (viii) Postal Code | 06 characters |
| 7. | Permanent Address of the Subscriber: | |
| | (ia) (C/o)/(D/o)/(S/o)/(W/o)/(H/o) | 20 characters |
| | (i) House No/Flat No/Building/Apartment | 50 characters |
| | (ii) Street Address/Road Name | 50 characters |
| | (iii) Landmark | 50 characters |
| | (iv) Area/Sector/Locality | 50 characters |
| | (v) Village/Town/City | 50 characters |
| | (vi) District | 50 characters |
| | (vii) State/UT | 50 characters |
| | (viii) Postal Code | 06 characters |
| 8. | Alternate phone No. | 10 characters |
| 9. | E-mail ID (if any) | 100 characters |
| 10. | Gender | 06 characters |
| 11. | Nationality | 15 characters |
| 12. | Profession of the Subscriber | 15 characters |
| 13. | PAN/GIR No | |
| 14. | Photo-ID proof document type(Driving Licence /Voter ID Card/Passport/Pan Card/Other (specify): | 20 characters |
| | (i) Document No. | 10 characters |
| | (ii) Date of issue | 10 characters |
| | (iii) Place of issue | 25 characters |
| | (iv) Issuing Authority | 20 characters |
| 15. | Address proof document type (Driving Licence/Voter ID Card/Passport/Others (specify): | 25 characters |
| | (i) Document No. | 10 characters |
| | (ii) Date of issue | 10 characters |

Pramod Kumar
13/08/2013

|  |  | (iii) Place of issue | 25 characters |
|---|---|---|---|
|  |  | (iv) Issuing Authority | 20 characters |
| 16. | Status of Subscriber (Individual Bulk/Corporate/Foreigner/outstation) |  | 10 characters |
| 17. | Connection Type (Pre-paid/Post-paid) |  | 10 characters |
|  |  | (i) if Post paid: form of payment (cash/cheque/credit card/debit card) | 10 characters |
|  |  | If payment made by cash/cheque/credit card/debit card: |  |
|  |  | (a) Bank A/c No. | 20 characters |
|  |  | (b) Bank Name | 25 characters |
|  |  | (c) Branch Name & Address | 50 characters |
| 18. | Details of Local Reference |  |  |
|  |  | (i) Name of Local Referee | 50 characters |
|  |  | (ii) Address of Local Referee | 300 characters |
|  |  | (iii) Contact/Mobile number | 10 characters |
| 19. | Mobile Number for Customer signature |  | 10 characters |
|  |  | (i) Self/ Family Member/Relative/ Known Person | 15 characters |
|  |  | (ii) Customer OTP | 06 characters |
|  |  | (iii)Date & Time of OTP validation | 30 characters |
| 20. | Details of Latitude/Longitude |  |  |
|  |  | (i) Customer Photograph Lat/Long | 20 characters |
|  |  | (ii) PoI documents Lat/Long | 20 characters |
|  |  | (iii) PoA documents Lat/Long | 20 characters |
|  |  | (iv) Customer OTP Lat/Long | 20 characters |
|  |  | (v) PoS OTP Lat/Long | 20 characters |
| 21. | IMSI No. |  | 20 characters |
| 22. | Service Provider (initial) |  | 20 characters |
| 23. | Circle (initial) |  | 20 characters |
| 24. | Current Status of Connection (Activated/Suspended) |  | 10 characters |
| 25. | Previous Service Provider (in case of ported from other service provider) |  | 20 characters |
| 26. | Previous Circle (in case of ported number from other circle) |  | 20 characters |
| 27. | Point of sale code |  | 10 characters |
| 27A | Name of Point of Sale |  |  |
| 27B | Point of sale agent name |  | 50 characters |
| 27C | Point of sale address: |  |  |
|  |  | (i) House No/Flat No/Building/Apartment | 50 characters |
|  |  | (ii) Street Address/Road Name | 50 characters |
|  |  | (iii) Landmark | 50 characters |
|  |  | (iv) Area/Sector/Locality | 50 characters |
|  |  | (v) Village/Town/City | 06 characters |
|  |  | (vi) District | 50 characters |
|  |  | (vii) State/UT | 50 characters |
|  |  | (viii) Postal Code | 06 characters |
| 28. | PoS signature |  |  |
|  |  | (i) PoS registered mobile number | 10 characters |

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| | | (ii) PoS OTP | 06 characters |
|---|---|---|---|
| | | (iii)Date & Time of OTP validation | 30 characters |
| 29. | Name & designation of activation officer(AO)/authorized representative(AR) of the licensee checking the mandatory details and activating the connection | | |
| | | (i) Name of AO/AR | 50 characters |
| | | (ii) Designation of AO/AR | 50 characters |
| | | (iii)Date & Time of submission of CAF& documents for activation | 50 characters |
| 30. | SIM Activation Date (Date on which activation officer puts his/her Digital Signature) | | 10 characters |
| 31. | SIM Activation Time (Time on which activation officer puts his/her Digital Signature) | | 10 characters |
| 32. | Transaction Id | | 10 characters |
| 33. | Customer photograph captured during the process | | - |

_(signature)_
19|08|2013