Government of India  
Ministry of Communications  
Department of Telecommunications  
(Access Services Cell)  
12th Floor, Sanchar Bhawan, 20 Ashoka Road, New Delhi – 110 001.

File No: 800-26/2016-AS.II  
Dated: 11.04.2017

To

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

Subject: Implementation of orders of Hon’ble Supreme Court regarding 100% E-KYC  
based re-verification of existing subscribers- regarding

This is in reference to this office letter of even number dated 23.03.2017 on the above  
mentioned subject vide which instructions for 100% E-KYC based re-verification of existing  
subscribers were issued.

2. The para 7 of instructions dated 23.03.2017 shall be replaced by following para as  
mentioned below:

    “7. The Licensee may also re-verify more than one mobile connection issued by it in  
one Licensed Service Area to a subscriber (not bulk connections) through a single E-KYC  
process as mentioned above. However, to check the physical possession of all such  
connections by the subscriber, ‘verification code’ shall be verified on each mobile  
connection separately and confirmation through SMS post E-KYC process shall be sought  
from the subscriber for each mobile connection separately. Further, separate CAF shall be  
there corresponding to each mobile connection.”

3. The entry at point no. ‘1B’ in sample CAF (annexed as Annexure-I) marked for  
noting/capturing unique acknowledgment receipt number in instructions dated 23.03.2017 shall  
be deleted.

4. For incorporating the above two effects, the sample CAF annexed with the instructions  
dated 23.03.2017 shall be replaced by the sample CAF annexed with this letter as Annexure-I.

5. The instructions dated 23.03.2017 shall be modified to the above extent only and the  
other terms and conditions of instructions dated 23.03.2017 shall remain unchanged.

(Pushank Verma)  
ADG (AS-II)

Copy to:  
1. Secretary, TRAI, New Delhi.  
2. DG, UIDAI, New Delhi.  
3. JS(IS-I), MHA, North Block, New Delhi.  
4. Sr. DDG (TERM), DoT HQ.  
5. All DDsG TERM Cells.  
6. COAI/AUSPI.
APPLICATION FORM FOR RE-VERIFIED MOBILE CONNECTION USING e-KYC PROCESS

Unique Customer Application Form (CAF) No* -
Aadhaar Number of Customer* (As received from UIDAI): __________
Type of Connection*: Post-Paid/ Pre-Paid

1. Name of the Subscriber* (As received from UIDAI)

1A: Unique e-KYC response code (authorization) along with date & time stamp received from UIDAI in respect of customer*

Unique response code*: _______ Date*: _______ Time*: _______

2. Name of Father/Husband*

3. Gender*: Male/Female (As received from UIDAI)

4. Date of Birth* (As received from UIDAI)

5. Complete Local Residential Address* (As received from UIDAI):

   (C/o)/(D/o)/(S/o)/(W/o)/(H/o) ____________
   House No/Flat No ____________ Street
   Address/Village ____________
   Locality/ Tehsil ____________
   City/ District ____________ State/UT ____________
   Pin Code - ____________

6. Complete permanent residential Address of subscriber:

   House No/Flat No ____________ Street
   Address/Village ____________
   Locality/ Tehsil ____________
   City/ District ____________ State/UT ____________
   Pin Code - ____________

7. Status of Subscriber*:- Individual /Corporate

8. Nationality*

9. Photo ID Proof type (Driving Licence/ Voter ID Card/ Other (specify)): (Deleted)

10. Address proof document type (Driving Licence/Other (specify)): (Deleted)

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

Page 2 of 4
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 (Deleted) 

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 ______________________ 

Declaration by subscriber 

(A) The information provided by me & the data received from UIDAI in my respect is correct. 

(B) This biometric authentication can be treated as my signature. 

(C) I am the existing user of mobile number ......... and the SIM card of this mobile number is under my possession. 

Unique response code* (declaration): _____ Date*: _____ Time*: _____ 

Fields to be filled by Service Provider/Authorized representative 

21. IMSI No.* - ___________________ 
22. Existing Mobile Number *- ___________________ 

23. Point of sale code* - _______________ 
23A. Point of Sale Name *: ___________________ 
   (To be populated by Licensee) 

24. Point of sale agent name (As received from UIDAI)* _______________ 

24A: Point of sale agent Aadhaar Number* (As received from UIDAI): 

24B: Unique e-KYC response code along with date & time stamp received from UIDAI in respect of POS agent* 

Unique response code*: _______ Date*: _______ Time*: _______ 

25. Complete Address of Point of Sale* (To be populated by Licensee):

House No/Flat No* ___________________ 
Address/Village ___________________ 
Locality/ Tehsil* ___________________ 
City/ District* ___________________ State/UT * ___________________ 

Page 3 of 4
26. Name of local reference contacted by PoS at time of Sale (Deleted)

Fields to be filled by Service Providers before SIM activation

27. Name of local reference contacted at time of activation (Deleted)

28. Name & designation of the Employee of the Licensee activating the SIM on behalf of the licensee

29. Details of Add-on/Value-Added facilities (like Internet, 3G, Call transfer facility, ISD facility, GPRS, navigation, Tariff plan etc.) activated on the SIM Card

Signature of Employee of Licensee who is activating the SIM (Deleted)

Date & Time

*Mandatory fields