

**Government of India
Ministry of Communications
Department of Telecommunications
(Access Services Wing)**

12th Floor, Sanchar Bhawan, 20 Ashoka Road, New Delhi – 110 001

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)

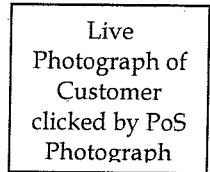
Tele No.: 011-23036869

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



- 1. Name of the Subscriber* _____
- 2. Name of Father/Husband* _____
- 3. Gender*: Male/Female 4. Date of Birth*

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(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* -

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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* -

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- 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* _____

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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 *:

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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 -

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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*: _____

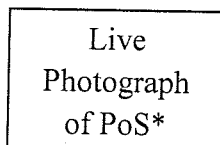
Pin Code* -

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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 XXXXXXXXXXXX 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.



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., XXXXXXXXXXXX on DD/MM/YYYY: HH/MM/SS and verified on DD/MM/YYYY: HH/MM/SS}.

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

Digitally signed by*: _____
AO/AR Code/*: _____
Name of AO/AR*: _____
Designation of AO/AR*: _____
Signed Date & Time*: _____

***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.

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Annexure-II

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

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	(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	-

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