

**Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals**
**Important Instructions:**

- A. Fields marked with "\*" are mandatory fields.  
 B. Tick '✓' wherever applicable.  
 C. Please fill the date in DD-MM-YYYY format.  
 D. Please fill the form in English and in BLOCK letters.  
 E. KYC number of applicant is mandatory for update application.  
 F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G. List of two-character ISO 3166 country codes is available at the end.  
 H. Please read section wise detailed guidelines/instructions at the end.  
 I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

<b>For office use only</b>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update
(To be filled by financial institution)	KYC Number	<input type="text"/>	
		(Mandatory for KYC update request)	

**1. Entity Details\* (Please refer instruction A at the end)**

Name\*

Entity Constitution Type\*  Others (Specify)  (Please refer instruction B at the end)

Date of Incorporation/Formation\*  DD -  MM -  YY  YY Date of Commencement of Business  DD -  MM -  YY  YY

Place of Incorporation/Formation\*  Country of Incorporation/Formation\*  TIN or Equivalent Issuing Country

PAN\*   Form 60 furnished

TIN/GST Registration Number

**2. PROOF OF IDENTITY (POI)\* (Please refer instruction B at the end)**

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation   Registration Certificate  Regn Certificate No.

Memorandum and Articles of Association  Partnership Deed  Trust Deed

Resolution of Board/Managing Committee  Power of Attorney granted to its manager, officers or employees to transact on its behalf

Activity proof – 1 (For Sole Proprietorship Only)  Activity proof – 2 (For Sole Proprietorship Only)

**3. ADDRESS (Please see instruction C at the end)**
**3.1 Registered Office Address/Place of Business\***

**Proof of Address\***  Certificate of Incorporation/Formation  Registration Certificate  Other Document

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

**3.2 Local Address in India (If different from above)\***

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

**4. Contact Details (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)**

Tel. (Off)  -  Fax  -

Mobile  -  Email ID

Mobile  -  Email ID

**5. Number of Related Persons  (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)**

6. Remarks (If any)

Grid area for remarks

7. Applicant Declaration (Please refer instruction G at the end)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Signature/Thumb Impression area with a red X icon and text: [Signature/Thumb Impression] Signature/Thumb Impression of Authorised Person(s)

Date: DD - MM - YYYY Place: [ ]

8. Attestation / For Office Use only

Documents Received [ ] Certified Copies [ ] Equivalent e-document [ ]

KYC documents verification carried out by

Identity Verification [ ] Done Date: DD - MM - YYYY
Emp. Name [ ]
Emp. Code [ ]
Emp. Designation [ ]
Emp. Branch [ ]

[Employee Signature] area with a red X icon

Institution details

Name [ ]
Code [ ]

[Institution Stamp] area

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- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

<b>For office use only</b>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Delete	
(To be filled by financial institution)	KYC Number				(Mandatory for KYC update and delete request)

**1. Details of Related Person\* (Please refer instruction E at the end)**

Addition of Related Person     
  Deletion of Related Person     
  Update Related Person Details

KYC Number of Related Person (if available\*)   (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

**Related Person Type\***  
  Director  
  Promoter  
  Karta  
  Trustee  
  Partner  
  Court Appointment Official  
  Proprietor  
 Beneficiary  
 Authorised Signatory  
 Beneficial Owner  
 Power of Attorney Holder  
 Other (Please specify)

DIN (Director Identification Number)   (Mandatory if Related Person Type is Director)

**1.1 Personal Details (Please refer instruction E at the end)**

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name				
Date of Birth*	D D	- M M	- Y Y Y Y	
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Nationality*	<input type="checkbox"/> IN- Indian		<input type="checkbox"/> Others (ISO 3166 Country Code <span style="border: 1px solid #ccc; padding: 2px;"> </span> )	
PAN*		<input type="checkbox"/> Form 60 furnished		

**1.2 Proof of Identity and Address\* (Please refer instruction E at the end)**

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number    
 B-Voter ID Card    
 C-Driving Licence   Driving Licence Expiry Date D D - M M - Y Y Y Y  
 D-NREGA Job Card    
 E-National Population Register Letter    
 F-Proof of Possession of Aadhaar  

II  E-KYC Authentication  

III  Offline verification of Aadhaar  

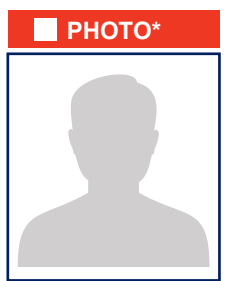
**Address**

Line 1\*  

Line 2  

Line 3   City/Town/Village\*  

District\*   Pin/Post Code\*   State/U.T Code\*   ISO 3166 Country Code\*  



**1.3 Current Address Details (Please refer instruction E at the end)**

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number    
 B-Voter ID Card    
 C-Driving Licence    
 D-NREGA Job Card    
 E-National Population Register Letter    
 F-Proof of Possession of Aadhaar  

II  E-KYC Authentication  

III  Offline verification of Aadhaar  

IV  Deemed PoA

V  Self-Declaration

**Address**

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

**1.4 Contact Details** (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -

Email ID

**2. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date:    -    -     Place:

**6. Attestation / For Office Use only**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification

Digital KYC Process  Equivalent e-document

**KYC documents verification carried out by**

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

**Institution details**

Name

Code

[Employee Signature]

[Institution Stamp]