## 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.

For office use only	Application Type*	New Update		
(To be filled by financial institution	n) KYC Number		(Mandatory for	KYC update request)
☐ 1. Entity Details* (Pl	lease refer instruction <b>A</b> at	the end)		
Name*				
Entity Constitution Type*	Others (Specify)	(Please refer ins	struction B at the end)	
Date of Incorporation/Formation*	D D - M M - Y Y Y	TY	of Commencement of Business	D D - M M - Y Y Y Y
Place of Incorporation/Formation*		Country of Incorporation/For	mation* TIN or Equivale	nt Issuing Country
PAN*				
TIN/GST Registration Number				
2. PROOF OF IDEN	TITY (POI)* (Please refer in	nstruction <b>B</b> at the end)		
Officially valid document(s) in	n respect of person authorised to tr	ransact		
Certificate of Incorporation/Fo	ormation	Registr	ration Certificate Regn Certificate	e No.
Memorandum and Articles of	Association Part	tnership Deed Trust D	)eed	
Resolution of Board/Managin	ig Committee Pow	wer of Attorney granted to its manage	r, 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	e see instruction <b>C</b> at the e	end)		
3.1 Registered Offic	e Address/Place of Busir	ness*		
Proof of Address* Cer	tificate of Incorporation/Formation	Registration Certificate	Other Document	
Line 1*				
Line 2				
Line 3			City/Town/Village*	
District*	Pin/Pos	st Code*	State/U.T Code*	ISO 3166 Country Code*
☐ 3.2 Local Address in	n India (If different from a	above)*		
Line 1*				
Line 2				
Line 3			City/Town/Village*	
District*	Pin/Pos	st Code*	State/U.T Code*	ISO 3166 Country Code*
☐ 4. Contact Details (A	All communications will be sen	nt to Mobile number/Email-ID pro	vided may be used) (Please re	efer instruction <b>D</b> at the end)
Tel. (Off)		Fax		
Mobile	Em.	nail ID		
Mobile -	Em:	nail ID		
5. Number of Relate	d Persons (Pleas	se fill Annexure A-2 for each	related persons & also refe	r instruction <b>E</b> at the end)

☐ 6. Remarks (If any)					
U. Remarks (ii any)					
7. Applicant Declaration (Please refer instruction <b>G</b> at the end)					
<ul> <li>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.</li> <li>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</li> <li>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.</li> <li>Date: DD - MM - YYYYY Place: Signature/Thumb Impression of Authorised Person(s)</li> </ul> 8. Attestation / For Office Use only					
Documents Received Copies Equivalent e-document					
KYC documents verification carried out by	Institution details				
Identity Verification Done Date: DD - MM - YYYYY	Name				
Emp. Name	Code				
Emp. Code					
Emp. Designation	Florification Otomol				
Emp. Branch					
[Institution Stamp]					

## Annexure A2 | Legal Entity | Other than Individuals Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person



## Important Instructions:

- A. Fields marked with '\*' are mandatory fields.
- B. Tick '√' wherever applicable.
- C. Please fill the date in DD-MM-YY 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 ( $\checkmark$ ) in the box available before the section number and strike off the sections not required to be updated.

For office use only	Application Type* New	Update 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 Relate	ed 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)	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 Na	ame Last Name				
Name* (Same as ID proof)							
Maiden Name							
Father / Spouse Name*	=						
Mother Name  Date of Rirth*	- M M - Y Y Y						
		T- Transgender					
		66 Country Code ( )					
	Union Union (100 01	oo country code					
PAN*							
1.2 Proof of Identity and Add	•	•					
	ocument of OVD or OVD obtained throu	gh digital KYC process needs to	be submitted (anyone of the following OVDs)				
A-Passport Number			□ РНОТО*				
B-Voter ID Card		r					
C-Driving Licence		Driving Licence Expiry Date					
D-NREGA Job Card							
E-National Population Register Let	ter						
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/L	J.T Code* ISO 3166 Country Code*				
1.3 Current Address Details (	Please refer instruction <b>E</b> at the	e end)					
Same as above mentioned address	(In such cases address details as below	need not be provided)					
	ocument of OVD or OVD obtained throu	gh 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 Let	ter						
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 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 De	eclaration					
<ul> <li>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.</li> <li>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</li> <li>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</li> <li>Date: D D M M O - Y Y Y Y P Place: Signature/Thumb Impression of Applicant</li> <li>Attestation / For Office Use only</li> <li>Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification</li> <li>Digital KYC Process Equivalent e-document</li> </ul>						
KY	C documents verification carried out by	Institution details				
Date:	D D - M M - Y Y Y Y	Name				
Emp. Name		Code				
Emp. Code						
Emp. Designation						
Emp. Branch						
[Institution Stamp]						