## 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.
- $\ensuremath{\mathsf{D}}.$  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 (To be filled by financial institution)	Application Type* KYC Number	New	Update	(Mandat	ory for KYC update request)
☐ 1. Entity Details* (Plea	se refer instruction A	at the end)			
Name*					
Entity Constitution Type*	Others (Specify)		(Please refer instr	ruction B at the end)	
Date of Incorporation/Formation*	D - M M - Y Y	YY	Date of	f Commencement of Busi	ness
Place of Incorporation/Formation*		Country	of Incorporation/Form	nation* TIN or E	quivalent Issuing Country
PAN*			Form 60	furnished	
TIN/GST Registration Number					
☐ 2. PROOF OF IDENTIT	<b>Y (POI)</b> * (Please refer	instruction <b>B</b> a	at the end)		
Officially valid document(s) in re	spect of person authorised to	o transact			
Certificate of Incorporation/Form	nation		Registra	tion Certificate Regn Ce	ertificate No.
Memorandum and Articles of As	sociation	artnership Deed	Trust De	eed	
Resolution of Board/Managing C	Committee	ower of Attorney gra	anted to its manager	, officers or employees to	transact on its behalf
Activity proof – 1 (For Sole Prop	rietorship Only) A	ctivity proof – 2 (Fo	r Sole Proprietorship	Only)	
3. ADDRESS (Please s	see instruction <b>C</b> at the	end)			
3.1 Registered Office					
Proof of Address* Certific	cate of Incorporation/Formation	on Reg	gistration Certificate	Other Docum	ent
Line 1*					
Line 2					
Line 3				City/Town/Vi	llage*
District*	Pin/Po	ost Code*		State/U.T Code*	ISO 3166 Country Code*
☐ 3.2 Local Address in II	ndia (If different from	above)*			
Line 1*					
Line 2					
Line 3				City/Town/Vi	llage*
District*	Pin/Po	ost Code*		State/U.T Code*	ISO 3166 Country Code*
☐ 4. Contact Details (All c	communications will be s	ent to Mobile nur	mber/Email-ID pro	vided may be used) (P	lease refer instruction <b>D</b> at the end)
Tel. (Off)		Fax	-		
Mobile	E	mail ID			
Mobile -		mail ID			
☐ 5. Number of Related	Persons (Plea	ase fill Annexur	e A-2 for each re	elated persons & als	o refer instruction <b>E</b> at the end)

6. Remarks (If any)	
7. Applicant Declaration (Please refer instruction G at the end)	
<ul> <li>I hereby declare that the details furnished above are true and correct to the best of my inform you of any changes therein, immediately. Incase any of the above informal 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 statute of legislation or any notifications/directions issued by any governmental or stature.</li> <li>I hereby consent to receiving information from Central KYC Registry through SMS/Emaled address. I also providing consent to MF/AMC/KRA to share this KYC data with C</li> </ul>	ation is found to be false or untrue or n of any Act, Rules, Regulations or any utory authority from time to time ail on the above registered number/email CKYCR, download the information from
CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI	guidelines.
	Signature/Thumb Impression of Authorised Person(s)
CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI compared by PM	Signature/Thumb Impression of Authorised Person(s)
CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI of Date:  Date: DD - MM - YYYYY Place:  8. Attestation / For Office Use only	Signature/Thumb Impression of Authorised Person(s)
CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI of Date:  Date: DD - MM - YYYYY Place: Place:  8. Attestation / For Office Use only  Documents Received Certified Copies Equivalent e-docume	Signature/Thumb Impression of Authorised Person(s)
CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI of Date:  Date: DD - MM - YYYY Place:  8. Attestation / For Office Use only  Documents Received Copies Equivalent e-documents verification carried out by  Identity Verification Done Date: DD - MM - YYYYY	Signature/Thumb Impression of Authorised Person(s)  ent  Institution details  Name

## Annexure A2 I Legal Entity I 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
- 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.

application.						
For office use only	Application Typ	pe* New U	pdate Delete			
(To be filled by financial institution	on) KYC Number			(Mandato	ry for KYC update and	delete request)
1. Details of Related Pe	erson* (Please refe	r instruction <b>E</b> at the end	d)			
Addition of Related Person		Deletion of Related Pers	on	Update R	elated Person Details	
KYC Number of Related Persor	n (if available*)		(If KYC nun	nber is available, only 'R	elated Person Type' & 'Nan	ne' is mandatory
Related Person Type* Di	irector Promoter	Karta Truste	e Partner	Court Appointmer	nt Official Propi	rietor
	eneficiary Authorised	d Signatory Benefi	cial Owner	Power of Attorney		r (Please specify)
DIN (Director Identification Num	nber)		(Mandatory if R	Related Person Type	is Director)	
1.1 Personal Details (Pl	lease refer instruction	on <b>E</b> at the end)				
	Prefix	First Name	Middle N	lame	Last Na	me
Name* (Same as ID proof)						
Maiden Name						
Father / Spouse Name*						
Mother Name						
Date of Birth*	D D - M M - Y	<u> </u>				
Gender*	M- Male	F- Female	T- Transgender			
Nationality*	N- Indian	Others (ISO 3166 Cou	ntry Code ( )			
PAN*			Form 60 furnished			
1.2 Proof of Identity and	<b>d Address</b> * (Please	e refer instruction <b>E</b> at th	ne end)			
I Certified copy of OVD or equiv	<u> </u>		· · · · · · · · · · · · · · · · · · ·	to be submitted (any	one of the following OV	'Ds)
A-Passport Number						DUOTO*
B-Voter ID Card						PHOTO*
C-Driving Licence		Driving	Licence Expiry Date	D D - M M -	YYYY	
D-NREGA Job Card						
E-National Population Re	egister Letter					
F-Proof of Possession of						
II E-KYC Authentication						
III Offline verification of Aadl	(haar					
Address	Tidal V				*	
Line 1*						
Line 2				1		
Line 3  District*		D: /D . O . I .		City/Town/Villa		
1.3 Current Address De	ataile (Plagae refer l	Pin/Post Code*	State/	U.T Code*	ISO 3166 Coun	try Code*
	•	address details as below need	not be provided)			
I. Certified copy of OVD or equiva	`			to be submitted (any	one of the following OV	'Ds)
A-Passport Number		o or o v b obtained an ough dig	tar it i o process riceas	to be outstitted (arry	one of the following ov	20,
B-Voter ID Card						
C-Driving Licence						
D-NREGA Job Card						
E-National Population Re	egister Letter					
F-Proof of Possession of						
🗖	Adulidat	XXXXXI I I I				
		XXXXXI I I I				
III Offline verification of Aadl	naar	XXXXXIIII				
IV Deemed PoA						
V Self-Declaration						

Address					
Line 1*					
Line 3				City/Town/Village	p*
District*		Pin/Post Code*	State/	U.T Code*	ISO 3166 Country Code*
1.4 Contact Det	tails (All communications will b	pe sent on provided Mobi	le no. / Email-ID provid	led) (Please refer ins	truction <b>D</b> at the end)
Tel. (Off)	- To	el. (Res)		Mobile -	
Email ID					
2. Applicant De	eclaration				
inform you of any misleading or misre I hereby declare th statute of legislation I hereby consent to address. I also pro	at the details furnished above are true changes therein, immediately. Incas spresenting, I am aware that I may be I not I am not making this application for or any notifications/directions issued or receiving information from Central KY oviding consent to MF/AMC/KRA to participating intermediaries as mandated and the content of the co	se any of the above informat held liable for it. for the purpose contravention by any governmental or statut C Registry through SMS/Emai share this KYC data with Ch	ion is found to be false or of any Act, Rules, Regulation ory authority from time to time I on the above registered nuty CYCR, download the inform	r untrue or ons or any ne mber/email	
Date: D D M	M - Y Y Y Y	Place:		Signature	e/Thumb Impression of Applicant
6. Attestation /	For Office Use only				
Documents Received	d Certified Copies	E-KYC data received	from UIDAI Data re	ceived from Offline verif	ication
	Digital KYC Process	Equivalent e-docume	nt		
KY	C documents verification carrie	ed out by		Institution d	etails
Date:	D D - M M - Y Y Y	Υ	Name		
Emp. Name			Code		
Emp. Code					
Emp. Designation					
Emp. Branch				[Institution S	Stampl
	[Employee Signature]			[mantation c	venuh]