

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 (\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				
(To be filled by financial institution) KYC Number		(Mandatory for	KYC update request)		
☐ 1. Entity Details* (Ple	ease refer instruction A at	the end)				
Name*						
Entity Constitution Type*	Others (Specify)	(Please refer in	struction B at the end)			
Date of Incorporation/Formation*	D D - M M - Y Y Y	Y	e of Commencement of Business	D D - M M - Y Y Y		
Place of Incorporation/Formation*		Country of Incorporation/Fo	rmation* TIN or Equivale	nt Issuing Country		
PAN*						
TIN/GST Registration Number						
☐ 2. PROOF OF IDENT	ITY (POI)* (Please refer in	nstruction B at the end)				
Officially valid document(s) in	respect of person authorised to t	ransact				
Certificate of Incorporation/Fo	rmation	Regis	tration Certificate Regn Certificate	e 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 e	end)				
☐ 3.1 Registered Office	Address/Place of Busin	ness*				
Proof of Address* Certif	ficate of Incorporation/Formation	Registration Certificate	e Other Document			
Line 1*						
Line 2						
Line 3			City/Town/Village*			
District*	Pin/Posi	t 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/Posi	t Code*	State/U.T Code*	ISO 3166 Country Code*		
☐ 4. Contact Details (A	Il communications will be ser	nt to Mobile number/Email-ID p	rovided may be used) (Please	refer instruction D at the end)		
Tel. (Off)		Fax -				
Mobile	Ema	ail ID				
Mobile	Ema	ail ID				
☐ 5. Number of Related	d Persons (Pleas	e fill Annexure A-2 for each	related persons & also refe	r instruction E at the end)		

6. Remarks (If any)	
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 kninform you of any changes therein, immediately. Incase any of the above information 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 statute of legislation or any notifications/directions issued by any governmental or statute. I hereby consent to receiving information from Central KYC Registry through SMS/Email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guit 	on is found to be false or untrue or If any Act, Rules, Regulations or any ony authority from time to time on the above registered number/email YCR, download the information from
Date: DD - MM - YYYY Place: Place: 8. Attestation / For Office Use only	Signature/Thumb Impression of Authorised Person(s)
8. Attestation / For Office Use only	
8. Attestation / For Office Use only Documents Received Certified Copies Equivalent e-document	t
8. Attestation / For Office Use only Documents Received Copies Equivalent e-document KYC documents verification carried out by Identity Verification Done Date: DD - MM - YYYYY	Institution details Name
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 - YYYYY Emp. Name Emp. Code	Institution details Name

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

IV Deemed PoAV Self-Declaration

Important Instructions: A. Fields marked with '*' are mandatory fields. 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. B. Tick '√' wherever applicable. H. Please read section wise detailed guidelines/instructions at the end. Please fill the date in DD-MM-YY format. For particular section update, please tick (\checkmark) in the box available before the section Please fill the form in English and in BLOCK letters. number and strike off the sections not required to be updated. E. KYC number of applicant is mandatory for update application. Update Delete Application Type* New For office use only (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) Deletion of Related Person Addition 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 Partner Related Person Type* Director Promoter Karta Court Appointment Official Proprietor Trustee Power of Attorney Holder Beneficiary Authorised Signatory Beneficial Owner 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 D D - M M Date of Birth* F- Female M- Male T- Transgender Gender* Others (ISO 3166 Country Code) Nationality* IN- Indian PAN* **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 □ PHOTO* B-Voter ID Card Driving Licence Expiry Date D D - M M - Y Y Y Y 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 Address Line 1 Line 2 Line 3 City/Town/Village* District* State/U.T Code* Pin/Post 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

Address Line 1*						
Line 2						
Line 3				Cit	y/Town/Village*	
District*		Pin/Post Code*		State/U.T Code	* ISO 3166 Country Code*	
1.4 Contact De	tails (All communications will b	pe sent on provided Mo	bile no. / Emai	I-ID provided) (Plea	ase refer instruction D at the end)	
Tel. (Off)	- T	el. (Res)		Mobile	9 -	
Email ID						
2. Applicant De	eclaration					
 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 Date: D M M - Y Y Y Y P Place: Signature/Thumb Impression of Applicant 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-docun	nent			
KYC documents verification carried out by			Institution details			
Date:	D D - M M - Y Y Y	Υ	Name			
Emp. Name			Code			
Emp. Code						
Emp. Designation						
Emp. Branch						
				r	Institution Stamp]	