

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

Important Instructions:

- | | |
|--|---|
| <p>A. Fields marked with "*" are mandatory fields.</p> <p>B. Tick '✓' wherever applicable.</p> <p>C. Please fill the date in DD-MM-YYYY format.</p> <p>D. Please fill the form in English and in BLOCK letters.</p> <p>E. KYC number of applicant is mandatory for update application.</p> | <p>F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</p> <p>G. List of two-character ISO 3166 country codes is available at the end.</p> <p>H. Please read section wise detailed guidelines/instructions at the end.</p> <p>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.</p> |
|--|---|

For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (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* Date of Commencement of Business

Place of Incorporation/Formation* Country of Incorporation/Formation*

TIN or Equivalent Issuing Country PAN* 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

Annexure A2 | Legal Entity | Other than Individuals

Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- | | |
|--|---|
| <p>A. Fields marked with '*' are mandatory fields.</p> <p>B. Tick '✓' wherever applicable.</p> <p>C. Please fill the date in DD-MM-YYYY format.</p> <p>D. Please fill the form in English and in BLOCK letters.</p> <p>E. KYC number of applicant is mandatory for update application.</p> | <p>F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</p> <p>G. List of two-character ISO 3166 country codes is available at the end.</p> <p>H. Please read section wise detailed guidelines/instructions at the end.</p> <p>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.</p> |
|--|---|

For office use only (To be filled by financial institution)

Application Type* New Update Delete

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)		
PAN*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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-NREGA Job Card

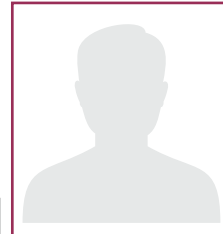
E-National Population Register Letter

F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*



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)

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)

<input type="checkbox"/>	A-Passport Number	<input type="text"/>
<input type="checkbox"/>	B-Voter ID Card	<input type="text"/>
<input type="checkbox"/>	C-Driving Licence	<input type="text"/>
	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/>	D-NREGA Job Card	<input type="text"/>
<input type="checkbox"/>	E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/>	F-Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/>	E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/>	Offline verification of Aadhaar	<input type="text"/>
IV <input type="checkbox"/>	Deemed PoA	
V <input type="checkbox"/>	Self-Declaration	

Address

Line 1*	<input type="text"/>						
Line 2	<input type="text"/>						
Line 3	<input type="text"/>						
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>

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

Tel. (Off)	<input type="text"/>	-	<input type="text"/>	Tel. (Res)	<input type="text"/>	-	<input type="text"/>
Mobile	<input type="text"/>	-	<input type="text"/>	Email ID	<input type="text"/>		

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
Authorised Person(s)

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	<input type="text"/>
Emp. Name	<input type="text"/>
Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>
Emp. Branch	<input type="text"/>

[Employee Signature]

Institution details

Name	<input type="text"/>
Code	<input type="text"/>

[Institution Stamp]

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

ARN-64917

E434563

Name of Applicant _____

PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Name & Signature of the Authorised Signatory(ies)

Date | d | d | / | m | m | / | y | y | y | y |



Place for
Intermediary Logo

DETAILS OF FATCA & CRS INFORMATION FOR NON-INDIVIDUAL/ LEGAL ENTITY



ARN-64917

E434563

Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

PAN Date of incorporation

City of incorporation Country of incorporation

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India Yes No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number ⁵	Identification Type (TIN or Other, please specify)

⁵In case Tax Identification Number is not available, kindly provide its functional equivalent¹.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here
Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA instructions & Definitions

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution ³ <input type="checkbox"/> OR Direct reporting NFE ⁴ (please tick as appropriate) <input type="checkbox"/>	Global Intermediary Identification Number (GIIN) <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
	Name of sponsoring entity <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="checkbox"/> Not obtained - Non-participating FI <input type="text"/>

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ¹ non-financial Entity (NEF) <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ² NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

Declaration for Ultimate Beneficial Ownership [UBO] (Mandatory for Non-individual Applicant/Investor)



ARN-64917

E434563

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name PAN

Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that - Our company is a Listed Company listed on recognized stock exchange in India Our company is a subsidiary of the Listed Company Our company is controlled by a Listed Company

(ii) Details of Listed Company[^] (^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.)

Stock Exchange on which listed Security ISIN

Part III: Non-individuals other than Listed Company / its subsidiary company

(i) Category [applicable category]:

Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust

Trust created by a Will Others [please specify]

(ii) Details of Ultimate Beneficiary Owners: (In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Name of UBO & Address [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable / Tax identification number (or functional equivalent) for each country identified in relation to each investor# [Mandatory]	Country of tax residency/ permanent residency	Country of citizenship	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date:

Place: