

**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 style="width: 100%;" 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\*  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

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)



**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 (✓) in the box available before the section number and strike off the sections not required to be updated.

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

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

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person Details
KYC Number of Related Person (if available*) <input style="width: 100%;" type="text"/> (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)		
<b>Related Person Type*</b> <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify)		
DIN (Director Identification Number) <input style="width: 100%;" type="text"/> (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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Maiden Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Father / Spouse Name*	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth*	<input style="width: 100%;" 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 <input style="width: 50px;" type="text"/> )			
PAN*	<input style="width: 100%;" 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)

<input type="checkbox"/> A-Passport Number	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> C-Driving Licence	<input style="width: 100%;" type="text"/> Driving Licence Expiry Date <input style="width: 100px;" type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> E-National Population Register Letter	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input style="width: 100%;" type="text"/>

II  E-KYC Authentication

III  Offline verification of Aadhaar

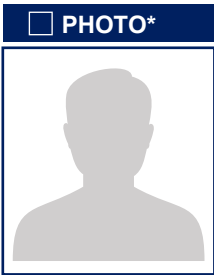
**Address**

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)

<input type="checkbox"/> A-Passport Number	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> C-Driving Licence	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> E-National Population Register Letter	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input style="width: 100%;" type="text"/>

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]

Date:    -    -

Place:

Signature/Thumb Impression of Applicant

**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

[Employee Signature]

**Institution details**

Name

Code

[Institution Stamp]