### 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.
- For particular section update, please tick (\*') in the box available before the section number and strike off the sections not required to be updated.

ARN-64917 F434563

application.	ARN-64917 E4348	000
For office use only	Application Type*	
(To be filled by financial institution	(Mandatory for KYC update request)	
1. Entity Details* (Pl	ease refer instruction <b>A</b> 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 DD - MM - YYYY	YY
Place of Incorporation/Formation*	Country of Incorporation/Formation* TIN or Equivalent Issuing Country	
PAN*		
TIN/GST Registration Number		
2. PROOF OF IDEN	TTY (POI)* (Please refer instruction B at the end)	
Officially valid document(s) in	respect of person authorised to transact	
Certificate of Incorporation/Fo	rmation Registration Certificate Regn Certificate No.	]
Memorandum and Articles of	Association Partnership Deed Trust Deed	
Resolution of Board/Managin	g Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf	
Activity proof – 1 (For Sole P	oprietorship Only)  Activity proof – 2 (For Sole Proprietorship Only)	
3. ADDRESS (Please	e see instruction <b>C</b> at the end)	
☐ 3.1 Registered Offic	e Address/Place of Business*	
	·	
	e Address/Place of Business*	
Proof of Address* Cer	e Address/Place of Business*	
Proof of Address* Cer Line 1* Line 2	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document	
Proof of Address* Cer Line 1* Line 2 Line 3 District*	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*	
Proof of Address* Cer Line 1* Line 2 Line 3 District*	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*	
Proof of Address* Cer Line 1* Line 2 Line 3 District*  3.2 Local Address in	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*	
Proof of Address* Cer Line 1* Line 2 Line 3 District*  3.2 Local Address in	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*	
Proof of Address* Cer Line 1* Line 2 Line 3 District*  3.2 Local Address ir Line 1* Line 2	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  India (If different from above)*	
Proof of Address* Cer Line 1* Line 2 Line 3 District*  3.2 Local Address ir Line 2 Line 2 Line 3 District*	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  India (If different from above)*	nd)
Proof of Address* Cer Line 1* Line 2 Line 3 District*  3.2 Local Address ir Line 2 Line 2 Line 3 District*	e Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*  India (If different from above)*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*	nd)
Proof of Address*  Cer  Line 1*  Line 2  Line 3  District*  3.2 Local Address in  Line 1*  Line 2  Line 3  District*  4. Contact Details (A	Address/Place of Business*  ificate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  India (If different from above)*  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  State/U.T Code* ISO 3166 Country Code*  ISO 3166 Country Code*  ISO 3166 Country Code*  ISO 3166 Country Code*  ISO 3166 Country Code*	
Proof of Address*  Cer  Line 1*  Line 2  Line 3  District*  3.2 Local Address ir  Line 2  Line 3  District*  4. Contact Details (A	Address/Place of Business*  Ifficate of Incorporation/Formation Registration Certificate Other Document  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  India (If different from above)*  City/Town/Village*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  State/U.T Code* ISO 3166 Country Code*  Iso 3166 Country Code*  Pin/Post Code* State/U.T Code* ISO 3166 Country Code*  Iso 3166 Country Code*  Iso 3166 Country Code*  Iso 3166 Country Code*  Iso 3166 Country Code*  Iso 3166 Country Code*  Iso 3166 Country Code*	

G. Remarks (If any)											
7. Applicant Declaration (Please refer instruction <b>G</b> at the end)											
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: DD - MM - YYYYY Place:  Signature/Thumb Impression of Authorised Person(s)  Signature/Thumb Impression of Authorised Person(s)											
8. Attestation / For Office Use only  Documents Received Certified Copies Equivalent e-document											
	Institution details										

# 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.
- $\ensuremath{\mathsf{D}}.$  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.

ARN-64917 F434563

application.						ARN-04917 E43	94000
For office use only (To be filled by financial in		pplication Type* YC Number	New U	Jpdate Delete	(Mandatory t	or KYC update and delete rec	quest)
1. Details of Relate	ed Person* (Pl	lease refer instru	uction <b>E</b> at the en	d)			
Addition of Related P	erson	De	eletion of Related Pers	son	Update Relat	ed Person Details	
KYC Number of Related	Person (if available	e*)		(If KYC numb	ber is available, only 'Relate	ed Person Type' & 'Name' is mand	latory
Related Person Type*	Director	Promoter	Karta Truste	e Partner	Court Appointment C	official Proprietor	
	Beneficiary	Authorised Signat	tory Benef	icial Owner	Power of Attorney Ho	older Other (Please	specify)
DIN (Director Identification	n Number)			(Mandatory if Re	elated Person Type is D	irector)	
1.1 Personal Detail	<b>ls</b> (Please refe	r instruction E a	t the end)				
	Prefix	First	Name	Middle Na	ame	Last Name	
Name* (Same as ID proof) Maiden Name							
Father / Spouse Name*							
Mother Name							
Date of Birth*	D D -	M M - Y Y Y	Y				
Gender*	M- Male		F- Female	T- Transgender			
Nationality*	N- India	an 🗌	Others (ISO 3166 Co	untry Code ( )			
PAN*							
1.2 Proof of Identit	v and Addres	<b>s</b> * (Please refer	instruction <b>E</b> at t	he end)			
I Certified copy of OVD or	-	•		•	to be submitted (anyone	e of the following OVDs)	
A-Passport Numbe				·	, ,		<b>*</b>
B-Voter ID Card						□ РНОТО	)^ 
C-Driving Licence			Drivin	g Licence Expiry Date	D D - M M - Y	YYY	
D-NREGA Job Car	d						
E-National Populati	ion Register Letter						7
F-Proof of Possess	ion of Aadhaar						
II E-KYC Authenticati	ion						
III Offline verification	of Aadhaar						
Address Line 1*							
Line 2							
Line 3					City/Town/Village	*	
District*		Pin/Pe	ost Code*	State/U	J.T Code*	ISO 3166 Country Code*	
1.3 Current Addres	ss Details (Ple	ase refer instruc	ction <b>E</b> at the end	)			
Same as above ment	ioned address (In	such cases address	details as below need	not be provided)			
I. Certified copy of OVD or  A-Passport Number		ment of OVD or OVI	O obtained through dig	ital KYC process needs to	o be submitted (anyone	of the following OVDs)	
B-Voter ID Card							
C-Driving Licence							
D-NREGA Job Car	d						
E-National Populati	ion Register Letter						
F-Proof of Possess	sion of Aadhaar						
II E-KYC Authenticati	ion						
III Offline verification	of Aadhaar						
IV Deemed PoA							
V Self-Declaration							

Address  Line 1* Line 2 Line 3 District*  Pin/Post Code*  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)  Email ID  2. Applicant Declaration									
<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 Certal 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 - Y Y Y Y P Place: Signature/Thumb Impression of Applicant</li> <li>Attestation / For Office Use only</li> </ul>									
Documents Received	Certified Copies Digital KYC Process	E-KYC data received fr		om Offline verification					
KY	C documents verification carrie	ed out by	Institution details						
Date: Emp. Name Emp. Code	D D - M M - Y Y Y	Y	Name Code						
Emp. Designation Emp. Branch	[Employee Signature]			[Institution Stamp]					

# MUTUAL FUND Please refer Page 2 for Definitions / Instructions / Guidance

Page 1 of 2

## FATCA, CRS AND ADDITIONAL KYC

**Details and Declaration form** 

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

ARN-64917 E434563 Mandatory for Non-Individual Investors, including HUF

INVEST	TOR DETAILS	;							
Entity N	Name:								
PAN				Applicat	tion No.				
Folio No	os								
Type of	Address give	n at KRA Resid	dential or Business	Residential B	usiness	Registered Office			
Type of	Addic33 give	il de Riva		YC DETAILS (Mandatory)	a3111C33	Registered office			
Gross	Annual Income	e (Please tick √)	O Below 1 Lac O 1-5 L		ilacs () >	25 Lacs-1 crore O >1 crore			
	orth in ₹	- (I touse them )	as on DD /		t older than 1 y				
		INCO	RPORATION and TAX F	RESIDENCY DETAILS (Mand	datory)				
City of	Incorporation	:	Country of Incorporati	on: Date of	Incorporatio	n:			
than Ir	ndia?	nt of any country other		for tax	purposes and t	untry/iesinwhichtheentityisaresia he associated Tax ID number bel			
In case	TIN or its functio	nal equivalent is not avai	lable, please provide Company	Identification number of Global Ent	ity identification	n Number or GIIN, etc.			
	Country of Ta	x Residency		TIN or equivalent number	Identification	on Type/Reason*			
1.					-		_		
3.							$\dashv$		
4.							$\exists$		
In case Person	the Entity's Co (as per definit	ountry of Incorporatio ion E5), please mentic	n / Tax residence is U.S. bu on the exemption code in th	ut Entity is not a Specified U.S. [ne box:	(1	refer definition D4)			
		(Please consul		DETAILS (Mandatory) r for further guidance on FATCA &	CRS classification	on)			
PART	l (to be fille	•	stitutions or Direct R	-	ens etassineaen				
Fir (Re	e a, (please to nancial Institut ofer definition A, or rect reporting ofer definition B,	NFE	GIIN  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:						
GIIN	- Not Availab	ule 🗆 Ann	olied for						
	entity is a financ			ease specify 2 digits sub-categ	iony	(refer definition C)			
ij tile e	antity is a financ				Oly	(refer definition c)			
			obtained - Non-participat	_					
			ropriate, to be filled	by NFEs other than Direc	t Reporting	g NFEs)			
(that is traded	s, a company who	ly traded company? ose shares are regularly d securities market)		cify any one stock exchange on wh		,			
public (a comp traded		•	Name of listed company	ure of relation:   Subsidiary of the Listed Company OR   Controlled by a Listed Company					
Is the Entity an Active NFE? (Refer definition D3)  Yes Also provide UBO Form Nature of Business  Please specify the sub-category of Active NFE (Mention code - refer D3)									
(Refer o	Entity a Passiv		Nature of Business	Also provide UBO Form □			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
best of my/o I / We have requirement hereby confi	wedge and confirm the our knowledge and beli understood the information is, terms and condition irm that the information	ac use information provided abo ef and provided after necessary co ation requirements of the applica's s (read along with instructions ar n provided by me/us on this form	ve is/are true and correct to the onsultation with tax professionals. ion form, including FATCA and CRS d scheme related documents) and are true, correct, and complete.						
Place:		Date:							



MUTUAL FUND

## Ultimate Beneficial Ownership (UBO) Declaration form

۸ ۰ ۸	This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company  A: APPLICANT/INVESTOR DETAILS:												
Α. Α	PPEICANT/IN	ZESTOR DETAIL	.5.										
Name											Application No		
PAN:			Folio N	los.:									
B: C	ATEGORY [tic	k applicable cat	tegory]:										
Unlisted Company Partnership Firm LLP Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust/ Trust created by a Will Others								y a Will  Others		_ [please specify]			
C: DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)													
Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.										ation in the given			
S No	Name of UBC [Mandatory]	Country of Tax Residency	Number /	Document Type (Refer Instruction 4)	% of beneficial interest	Controlling person type Code (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd- mmm- yyyy]	Address & Contact details [include City, Pincode, State, Country	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
	[		M	andatory			]	[	Mandatory	, if PAN no	ot provided	]	
													☐ Service
1													☐ Business
													☐ Others
													☐ Service
2													☐ Business
													☐ Others
													☐ Service
3													☐ Business
													☐ Others
													☐ Service
4													☐ Business
													☐ Others
													☐ Service
5													☐ Business
													☐ Others
afte I / \ alon	I /We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.  I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.												