



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.

For office use only

Application Type* New Update

(To be filled by financial institution) 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* DD - MM - YY YY Date of Commencement of Business DD - MM - YY YY

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN * Form 60 furnished

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

5. NUMBER OF RELATED PERSONS

(Please refer instruction **E** at the end)

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



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- 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

For office use only Application Type* New Update Delete
 (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)

- 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)

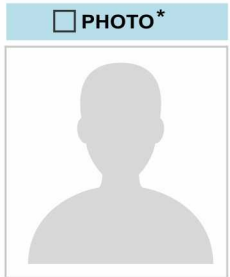
1.1 PERSONAL DETAILS (Please refer instruction E at the end)

	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 <input type="text"/>)		
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

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
- 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* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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
- II Offline verification of Aadhaar

- IV Deemed PoA
- V Self Declaration

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (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/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place:

Signature /Thumb Impression of Applicant

3. 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 VERIFICATION CARRIED OUT BY

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

[Employee Signature]

[Institution Stamp]

Details of FATCA & CRS information For Non-Individuals / Legal Entity

Application / Folio No:

Name of the entity

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

PAN

Date of incorporation

D	D	M	M	Y	Y	Y	Y
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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 %	Identification Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*In case Tax Identification Number is not available, kindly provide its functional equivalent⁵
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, 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)

1. We are a, Financial institution³ Direct reporting NFE⁴
(Please tick as appropriate)

Global Intermediary Identification Number (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 available (Please tick as applicable) Applied for

If the entity is financial institution, Not required to apply for- please specify 2 digits sub- category¹⁰
Not obtained - Non-participating FI

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

<p>1. Is the Entity a publicly traded company <i>(that is, a company whose shares are regularly traded on an established securities market)</i></p> <p style="text-align: right;">No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> <small>(If yes, please specify any one stock exchange on which the stock is regularly traded)</small></p> <p>Name of stock exchange <input style="width: 80%;" type="text"/></p>
<p>2. Is the Entity a related entity of a publicly traded company <i>(a company whose shares are regularly traded on an established securities market)</i></p> <p style="text-align: right;">No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> <small>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</small></p> <p>Name of listed company <input style="width: 80%;" type="text"/></p> <p>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company</p> <p>Name of stock exchange <input style="width: 80%;" type="text"/></p>
<p>3. Is the Entity an active¹ non-financial Entity (NFE)</p> <p style="text-align: right;">No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>Nature of Business <input style="width: 80%;" type="text"/></p> <p>Please specify the sub-category of Active NFE <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>(Mention code-refer 2c of Part D)</small></p>
<p>4. Is the Entity a passive² NFE</p> <p style="text-align: right;">No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section.)</small></p> <p>Nature of Business <input style="width: 80%;" type="text"/></p>

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

If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name and PAN / Any other Identification Number <small>(PAN, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)</small> City of Birth - Country of Birth	Occupation T Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name & PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation T Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	DOB <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"/> Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation T Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	DOB <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"/> Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation T Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	DOB <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"/> Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

*Additional details to be filled by controlling persons with tax residency/ permanent residency / citizenship / Green Card in any country other than India:

~To include US, where controlling person is a US citizen or green cardholder

*In case Tax Identification Number is not available, kindly provide functional equivalent

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

*It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.


PART C (Certification)

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and here by confirm that the information provided by me /us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and here by accept the same.

Date:

Name

Designation

	First / Sole Holder / Guardian / Authorised Signatory	Second Holder / Authorised Signatory	Third Holder / Authorised Signatory
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