☐ 5. NUMBER OF RELATED PERSONS

Important Instructions: A) Fields marked with '*' are mandatory fields. B) Tick '\sigma' wherever applicable. C) Please fill the date in DD-MM-YYYY format. D) Please fill the form in English and in BLOCK le E) KYC number of applicant is mandatory for upon	G) List of two check the H) Please read tters. I) For particula	"U.T code as per Indian Motor V aracter ISO 3166 country codes section wise detailed guidelines r section update, please tick (✓) per and strike off the sections no	r instructions at the end. in the box available before the											
For office use only Application T	ype* ☐ New ☐ Update													
(To be filled by financial institution) KYC Number		(Man	datory for KYC update request)											
□ 1. ENTITY DETAILS* (Please refer instruction A at the end)														
□ Name*														
Entity Constitution Type* Others (Sp	ecify)	(Please refer instruction B a	at the end)											
Date of Incorporation / Formation* D D - M M - Y Y Y Y D D - M M - Y Y Y Y D D - M M - Y Y Y Y D D - M M - Y Y Y Y Y D D - M M - Y Y Y Y Y D D - M M - Y Y Y Y Y D D - M M - Y Y Y Y Y D D - M M - Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y D D - M M - M - Y Y Y Y Y Y Y D D - M M - M - M - M - M - M - M - M -														
Place of Incorporation / Formation*		Country of Incorporation / Fo	rmation* TIN or Equivalent Issuing Country											
PAN *	Form 60 furnished		,											
TIN / GST Registration Number														
2. PROOF OF IDENTITY (Pol)* (Please refer instruction B at the end)														
Officially valid document(s) in respect of per Certificate of Incorporation / Formation Memorandum and Articles of Association Resolution of Board / Managing Committee Activity Proof - 1 (For Sole Proprietorship Committee)	Partnership Power of atte	Deed Trust De	fficers or employees to transact on its behalf											
3. ADDRESS* (Please see instruction C a	the end)													
3.1 Registered Office Address / Place of Bu	siness*													
Proof of Address*	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 communication	s will be sent to Mobile number/	Email-ID provided" may be use	ed) (Please refer instruction D at the end)											
T. (00)														
Tel. (Off)	FAX													
Mobile	Email ID													
Mobile — — — — — — — — — — — — — — — — — — —	Email ID													

(Please refer 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 be- undertake to inform you of any changes therein, immediately. In case any of the above in 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. [Signature / Thumb Impression]														
Date: DD - MM - YYYY Place:	Signature / Thumb Impression of Authorised Person(s)													
8. ATTESTATION / FOR OFFICE USE ONLY														
Documents Received														
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS													
Identity Verification Done Date Date	Name													
Emp. Name	Code													
Emp. Code														
Emp. Designation														
Emp. Branch	[institution Stamp]													
[Employee Signature]														

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

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Important Instructions:

□ Self Declaration

Tick '√' wherever applicable.

- A) Fields marked with '*' are mandatory fields.
- 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* ☐ Update ☐ Delete ☐ New (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 ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor ☐ Promoter ☐ Karta \square Beneficiary \square Authorised Signatory \square Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify) (Mandatory if Related Person Type is Director) DIN (Director Identification Number) 1.1 PERSONAL DETAILS (Please refer instruction E at the end) Middle Name Last Name Name* (Same as ID proof) Maiden Name Father / Spouse Name Mother Name Date of Birth* Gender ☐ M- Male ☐ F- Female
☐ T-Transgender Nationality* □ IN- Indian Others (ISO 3166 Country Code) PAN* Form 60 furnished 1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end) 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 □ РНОТО* 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 Offline verification of Aadhaar Address Line 1' Line 2 Line 3 City / Town / Village* ISO 3166 Country Code* District* Pin / Post Code* State / U.T Code* ☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end) $\ \square$ 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) ☐ 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 E-KYC Authentication ☐ Offline verification of Aadhaar □ Deemed PoA

Address														
Line 1*														
Line 2														
Line 3		City	y / Town / Village*											
District*	Pin / Post Code*	State / U.T Cod	e* ISO 3166 Country Code*											
1. 4 CONTACT DETAIL	S (All communication will be sent on provided mobile	no. / Email-ID) (Please refer instr	uction D at the end)											
Tel. (Off)	Tel. (Res)	Mobile												
Email ID														
2. APPLICANT DECLA	RATION													
undertake to inform you o misleading or misreprese	he details furnished above are true and correct to the It fany changes therein, immediately. In case any of the above infinting, I am aware that I may be held liable for it. eceiving information from Central KYC Registry through SMS/address.	ormation is found to be false or untru												
Date: DD — MM	Place:		Signature /Thumb Impression of Applicant											
3. ATTESTATION / FOR	OFFICE USE ONLY													
Documents Received		ata received from UIDAI nt e-document	Data received from Offline verification											
KY	C VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS												
Date		Name												
Emp. Name		Code												
Emp. Code														
Emp. Designation														
Emp. Branch														
E	Employee Signature]		[Institution Stamp]											



Details of FATCA & CRS information For non-Individuals / legal entity

ARN-64917 F434563

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City	of incorp	oration																												Ι	\Box	\Box			
Cou	ntry of inc	orporati	on																												Ι	\Box			
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.)																																			
(If ye	s, please prov	ide country i	Tax Identification Number [%] Identification Type																																
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	FATCA & CRS Declaration (Please consult your professional tax advisor for futher guidance on FATCA & CRS classification)																																		
PART A (to be filled by Financial Institutions or Direct Reporting NFEs)																																			
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Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-individual Applicant/Investor To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable

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	□ the applicant company is listed on a recognized stock exchange in India. □ the applicant company is a subsidiary of a Listed Company. <specify company="" listed="" name="" of="" the=""> □ the applicant company is controlled by a Listed Company. <specify company="" listed="" name="" of="" the=""> □ None of the above □ Details of Listed Company Stock Exchange on which listed</specify></specify>																												
	If 'None of the above' option is selected, the following information [Part III] shall be provided mandatorily as applicable. Part III: Non-individuals other than Listed Company / its subsidiary company.																												
Pai	rt III : N	lon-i	ndivi	duals	other	than	List	ed Co	omp	any	/ its	sub	sidi	ary o	com	pany	/.												
(i) (ii)	(i) Category [✓ applicable category] : □ Unlisted Company □ Partnership Firm □ Limited Liability Partnership □ Unincorporated association / body of individuals □ Public Charitable Trust □ Religious Trust □ Private Trust □ Trust created by a Will □ Others																												
Sr. No.		ng with I wher	ress of U Designati ever app er Instruc	ion / Pos licable	indatory) sition	ID proo	f for the	her valic ose wher plicable ^a ory	е	UBO (Mand		3] H	Percentage of Holding (%) Period Peri								with tax residency in a Country other than								
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