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

5. Number of Related Persons



	KYC Services													
Important Instructions:	F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at													
A. Fields marked with '*' are mandatory fields.	the end													
B. Tick '√' wherever applicable.	G. List of two-character ISO 3166 country codes is available at the end.													
C. Please fill the date in DD-MM-YYYY format.	H. Please read section wise detailed guidelines/instructions at the end													
D. Please fill the form in English and in BLOCK letters.	I. For particular section update, please tick (√) in the box available before the													
E. KYC number of applicant is mandatory for update application.	section number and strike off the sections not required to be updated.													
	Update													
For office use only Application Type*														
To be filled by financial institution) KYC Number														
1. Entity Details* (Please refer instruction A at the end)														
Name *														
Table Constitution Trans														
ntity Constitution Type*	(Please refer instruction B at the end)													
Date of Incorporation/Formation*	Date of Commencement of Business DD - MM - V V V													
Place of Incorporation/Formation*	Country of Incorporation/Formation* TIN or Equivalent Issuing Country													
AN*	OTHER TREET WAS TREET WAS BEEN WAS LESS OF THE WAS A THE TOTAL LESS OF THE CONTRACT OF THE TREET OF THE TREET.													
IN/GST Registration Number														
2. PROOF OF IDENTITY (POI)* (Please refer instruction B at the er	hd)													
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 De	eed Trust Deed													
Resolution of Board/Managing Committee Power of Attorn	ney granted to its manager, officers or employees to transact on its behalf													
Activity proof – 1 (For Sole Proprietorship Only)	2 (For Sole Proprietorship Only)													
3. ADDRESS (Please see instruction C at the end)														
3.1 Registered Office Address/Place of Business*														
roof of Address*	Registration Certificate Other Document													
ine 1*														
ine 2														
ine 3	City / Town / Village*													
711710360000	State / U.T Code* ISO 3166 Country Code*													
3.2 Local Address in India (If different from above)*														
ine 1*														
ine 2														
ine 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 nur	mber/Email-ID provided may be used) (Please refer instruction D at the end)													
el.(Off) - Fax -														
4ohilo 9 1 - Fmail ID														

(Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

6. Remarks (If a	anv)																																
o. Remarks (ii e	ועייי						_			-				_	-			_														_	
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								T				T			T	T					T	Τ			Ì	T	T				П		
7. Applicant Decl	7. Applicant Declaration (Please refer instruction G at the end)																																
I hereby declare that undertake to inform untrue or misleadin I hereby declare that statute of legislation I hereby consent to number/email address information from CI Date: DDD - M	n you of any ch g or misrepres t I am not ma n or any notific receiving info ess. I also prov (YCR and other	nanges the senting. I king this cations/di rmation f iding cor	erein, am av applic rection rom C nsent to pating	, imme ware the cation ons issu Central to MF/	ediatel nat I m for the led by KYC F AMC/k	y. Inca nay be purp any g Registr	ase are held lose of lover ry three share	ny of d liab contr nme roug re th	the ole for aver intal h SM is KY	abover it ntion or st 1S/Er C da	ve in of a atul mail ata w	any A tory on t	nation Act, I auth the a	Rules nority above CR, d	foun Reg fron reg	d to gula n tin ister load	be f tions ne to red I the	alse s or o tim	any	×	Si	gna	ture					men	w=10774	21111112	ssion		erson(s
8. Attestation / For Office Use only																																	
Documents Receive	d □ Cer	tified Co	pies	U	Equi	ivaler	nt e-d	docu	ume	nt																							
K	YC documer	ts verific	cation	n carri	ed ou	ıt by															Ir	stit	utic	n d	eta	ils							
Identity Verification Emp. Name Emp. Code Emp. Designation Emp.Branch	Done	Date			- M	M -	Y	Y	Y			Г	Cod											I		I							
	[Em	ployee S	Signa	ture]																	[In	stit	utio	n S	tam	np]							

Annexure A2 | Legal Entity | Other than Individuals Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

∨ Self-Declaration



		KYC Services
Important Instructions:		F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at
A. Fields marked with '*' are manda	tory fields.	the end
B. Tick ' \checkmark ' wherever applicable.		G. List of two-character ISO 3166 country codes is available at the end.
C. Please fill the date in DD-MM-YY	yY format.	H. Please read section wise detailed guidelines/instructions at the end
D. Please fill the form in English and	in BLOCK letters.	I. For particular section update, please tick (\checkmark) in the box available before the
E. KYC number of applicant is mand	datory for update application.	section number and strike off the sections not required to be updated.
For office use only	Application Type	New Delete
(To be filled by financial institution)	KYC Number	(Mandatory for KYC update and delete request)
1. Details of Related Person* (P	lease refer instruction E at th	ne end)
Addition of Related Person	Deletion o	f Related Person Details
KYC Number of Related Person (if av	ailable*)	(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 S	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 refe	r instruction E at the end)	
(0.500)		Add do North
	Prefix First Na	ame Middle Name Last Name
Name* (Same as ID proof)		
Maiden Name		
Father/Spouse Name *		
Mother Name		
Date of Birth*	DD-MM-YYY	Y
Gender*	M-Male	F-Female T-Transgender
Nationality*	☐ IN-Indian ☐ Others	(ISO 3166 Country Code)
PAN*]
1.2 Proof of Identity and Addres	ee* /Diago refer instruction E	int the and
1.2 Proof of Identity and Address	Flease relemmanded of E	. at the end
Certified copy of OVD or equivalent e-c	document of OVD or OVD obtained t	through digital KYC process needs to be submitted (anyone of the following OVDs)
A-Passport Number		Photo*
B-Voter ID Card		
C-Driving Licence		Driving Licence Expiry Date DD-MM-YYYY
D- NREGA job Card		
E-National Population Register	Letter L	
F-Proof of Possession of Aadhaa		X X T T
II C E-KYC Authentication	$\times \times \times \times \times$	
Offline verification of Aadhaar	XXXXX	
Address		
Line]*		
Line 2		
Line 3		City/Town/Village*
District*	Pin / Post Code*	State / U.T Code* State / U.T Code* State / U.T Code*
1.3 Current Address Details (Pl	ease refer instruction E at the	e end)
 Same as above mentioned address 	ess (In such cases address detail:	s as below need not be provided)
Certified copy of OVD or equivalen	t e-document of OVD or OVD ob	otained 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		
F-Proof of Possession of Aadhaa	$\times \times \times \times \times \times$	× ×
E-KYC Authentication	\times \times \times \times \times	\times \times
Offline verification of Aadhaar	\times \times \times \times \times	\times \times
✓ Deemed PoA		

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	e no. / Email-ID provided) (Please refer instruction D at the end)
Tel.(Off) Tel.(Res)	Mobile 9 1 -
Email ID	
Applicant Declaration	
undertake to inform you of any changes therein, immediately. Incase any of the above in 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 a statute of legislation or any notifications/directions issued by any governmental or statut. I hereby consent to receiving information from Central KYC Registry through SMS/Email number/email address. I also providing consent to MF/AMC/KRA to share this KYC data w information from CKYCR, and other participating intermediaries as mandated by PMLA ADate: DDD - MM - YYYYY Place:	any Act, Rules, Regulations or any tory authority from time to time on the above registered with CKYCR, download the
3. Attestation / For Office Use only	
Documents Received Certified Copies E-KYC data received from UID	DAI Data received from Offline verification Digital KYC Process
Equivalent e-document	
KYC documents verification carried out by	Institution details
Date	Name Code
Emp. Designation	
Emp.Branch	
[Employee Signature]	[Institution Stamp]