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 [KIN] 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
(To be filled by financial institution)

Application Type* ☐ New ☐ Update
KYC Number [KIN] (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* D D - M M - Y Y Y Y Date of Commencement of Business D D - M M - Y Y Y Y

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 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 fill Annexure A-2 for each related persons & also 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 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.

[Signature/Thumb Impression]

Signature/Thumb Impression of Authorised Person(s)

Date: D D - M M - Y Y Y Y Place:

8. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC documents verification carried out by

Identity Verification ☐ Done Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

Annexure A2 I Legal Entity I Other than Individuals

Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

CAMSKRA KYC Services

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 [KIN] 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
(To be filled by financial institution)

Application Type* ☐ New ☐ Update ☐ Delete

KYC [KIN] 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)				
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* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

PAN* _____

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 _____ Driving Licence Expiry Date D D - M M - Y Y Y Y
☐ D-NREGA Job Card _____
☐ E-National Population Register Letter _____
☐ F-Proof of Possession of Aadhaar XXXXXXXX
II ☐ E-KYC Authentication XXXXXXXX
III ☐ Offline verification of Aadhaar XXXXXXXX

☐ PHOTO*

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)

☐ 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 XXXXXXXX
II ☐ E-KYC Authentication XXXXXXXX
III ☐ Offline verification of Aadhaar XXXXXXXX
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. 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

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date: D D - M M - Y Y Y Y Place:

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: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]