

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

(To be filled by financial institution)

Application Type*

☐ New☐ Update

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*

Date of Commencement of Business

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)

Annexure A2 | Legal Entity | Other than Individuals
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 (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete	KYC Number <input type="text"/>	(Mandatory for KYC update and delete request)
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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)

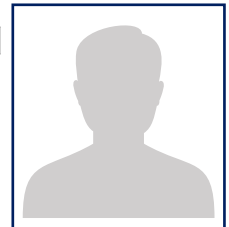
Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name				
Father / Spouse Name*				
Mother Name				
Date of Birth*	DD - MM - YYYY			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender			
Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
PAN*				

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 DD - MM - YYYY
☐ D-NREGA Job Card
☐ E-National Population Register Letter
☐ F-Proof of Possession of Aadhaar
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar

☐ 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
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar
IV ☐ Deemed PoA
V ☐ Self-Declaration

Address

Line 1*																																	
Line 2																																	
Line 3																																	
District*											Pin/Post Code*						City/Town/Village*											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. 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 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]

Date: DD - MM - YYYY

Place:

Signature/Thumb Impression of Applicant

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: DD - MM - YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]