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. CKYC number(KIN) 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* New	v Update	
(To be filled by financial institution)	CKYC number(KIN)		(Mandatory for KYC update request)
1. Entity Details* (Pleas	e refer instruction A at the en	nd)	
Name*			
Entity Constitution Type*	Others (Specify)	(Please refer instruction A at the	end)
Date of Incorporation/Formation*	D - M M - Y Y Y Y	Date of Commencement	ent of Business DD - MM - YYYY
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 instruct	tion B at the end)	
	pect of person authorised to transact	,	
Certificate of Incorporation/Format	tion	Registration Certificate	Regn Certificate No.
Memorandum and Articles of Asso			
Resolution of Board/Managing Co		torney granted to its manager, officers or em	nlovees to transact on its hehalf
Activity proof – 1 (For Sole Proprie		of -2 (For Sole Proprietorship Only)	proyects to transact on its bending
		ii – 2 (For Sole Frophetorship Only)	
<u> </u>	e instruction C at the end)		
	ddress/Place of Business*		
Proof of Address* Certificat	e of Incorporation/Formation	Registration Certificate Oth	ner Document
Line 1*			
Line 2			
Line 3			ity/Town/Village*
District*	Pin/Post Code*	State/U.T Code	
	lia (If different from above)	* (Proof to be enclosed) (Latest telephone bill/electric	city bill/ bank statement/lease/sale agreement/any other proof)
Line 1*			
Line 2			
Line 3		Ci	ity/Town/Village*
District*	Pin/Post Code*	State/U.T Code	e* ISO 3166 Country Code*
4. Contact Details (All co	mmunications will be sent to Mo	bile 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 P	ersons (Please fill A	nnexure A-2 for each related perso	ns & also refer instruction E at the end)

6. Remarks	s (If any)															
																Т
																÷
																+
7. Applicant D	eclaration (Pl	ease refe	er instru	ction G a	t the end)											
misleading or misre I hereby declare the statute of legislatio I hereby consent to address. I am also	changes therein, epresenting. I am av nat I am not making n or any notifications receiving information providing consent	immediately. vare that I may this applica s/directions is on from Cent to MF/AMC/	Incase are any be held lation for the ssued by a cral KYC Ref/KRA to sh	ny of the al liable for it. he purpose of any governme egistry throu hare this KY	bove information contravention contravention contravention contravention contravention contravention contravention contraventic contravention	on is found to of any Act, Ru ory authority fro on the above r YCR ,downloa	be false or es, Regulation m time to time egistered number	r untrue or ons or any ne mber/emai								
CKYCR and other	participating interme	diaries as m	andated by	y PMLA Act/	Rules/SEBI gu	idelines.										
Date: DD - M	M - Y Y Y	Y	Р	Place:					Sigr	ature/T	humb In	npressio	n of Au	ıthorised	d Person	(s)
		y se only	Р	Place:					Sigr	ature/T	humb In	npressio	n of Au	ıthorised	d Person	(s)
8. Attestation	/ For Office U		P						Sigr	ature/T	humb In	npressio	n of Au	ıthorised	d Person	(s)
	/ For Office U	se only	P		ent e-documen	t			Sign	ature/T	humb In	npressio	n of Au	ıthorised	d Person	(s)
8. Attestation Documents Received	/ For Office U	ed Copies		Equivale	int e-documen	t			Sign			npressio	n of Au	ıthorised	d Person	(s)
8. Attestation Documents Received	/ For Office U	ed Copies erification		Equivale	ent e-documen	t Name						npressio	n of Au	ıthorised	d Person	(s)
8. Attestation Documents Received KY Identity Verification	/ For Office U	ed Copies	carried o	Equivale	ent e-documen							npressio	n of Au	uthorised	d Person	(s)
8. Attestation Documents Received KY Identity Verification Emp. Name	/ For Office U	ed Copies	carried o	Equivale	ent e-documen	Name						npressio	n of Au	ıthorised	d Person	(s)
8. Attestation Documents Received KY Identity Verification Emp. Name Emp. Code	/ For Office U	ed Copies	carried o	Equivale	ent e-documen	Name						npressio	n of Au	uthorised	d Person	(s)
8. Attestation Documents Received KY Identity Verification Emp. Name Emp. Code Emp. Designation	/ For Office U	ed Copies	carried o	Equivale	ent e-documen	Name						npressio	n of Au	uthorised	d Person	(s)
8. Attestation Documents Received KY Identity Verification Emp. Name Emp. Code	/ For Office U	ed Copies	carried o	Equivale	ent e-documen	Name				ion de	etails		n of Au	uthorised	d Person	(s)

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

II E-KYC Authentication

IV Deemed PoAV Self-Declaration

III Offline verification of Aadhaar

Important Instructions: A. Fields marked with '*' are mandate B. Tick '√' wherever applicable. C. Please fill the date in DD-MM-YY D. Please fill the form in English and E. CKYC number(KIN) of applicant is update application.	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 purpose and strike off the sections not required to be updated.	
For office use only	Application Type*	
(To be filled by financial institution)	CKYC number(KIN) (Mandatory for	r KYC update and delete request)
1. Details of Related Person	n* (Please refer instruction E at the end)	
Addition of Related Person	Deletion of Related Person Update Related	d Person Details
KIN of Related Person (if available*	(If KYC number is available, only 'Related Person Ty	γpe' & 'Name' is mandatory
Related Person Type* Director	r Promoter Karta Trustee Partner Court Appointment Off	ficial Proprietor
Benefic		• • • • • • • • • • • • • • • • • • • •
DIN (Director Identification Number)	(Mandatory if Related Person Type is Dir	ector)
•	e refer instruction E at the end) efix First Name Middle Name	Last Name
Name* (Same as ID proof)	elix Filst Name Mildule Name	Last Name
Maiden Name		
Father / Spouse Name*		
Mother Name		
Date of Birth*	D - M M - Y Y Y Y	
Gender*	1- Male T- Transgender	
Nationality*	N- Indian Others (ISO 3166 Country Code)	
PAN*		
1.2 Proof of Identity and A	Idress* (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		□ РНОТО*
B-Voter ID Card		
C-Driving Licence	Driving Licence Expiry Date DD - MM - Y	YYY
D-NREGA Job Card		
E-National Population Registe	· Letter	
F-Proof of Possession of Aadh	aar	
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 Detail	s (Please refer instruction E at the end)	
Same as above mentioned address	ess (In such cases address details as below need not be provided)	
	e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of	of the following OVDs)
A-Passport Number		
B-Voter ID Card		
C-Driving Licence		
D-NREGA Job Card		
E-National Population Registe F-Proof of Possession of Aadh		

Address					
Line 1*					
Line 3				City/	/Town/Village*
District*		Pin/Post Code*		State/U.T Code*	ISO 3166 Country Code*
1.4 Contact De	tails (All communications will b	be sent on provided M	obile no. / Email-I	D provided) (Pleas	se refer instruction D at the end)
Tel. (Off)	- T	el. (Res)		Mobile	-
Email ID					
2. Applicant De	eclaration				
inform you of any misleading or misre I hereby declare the statute of legislatio I hereby consent to	at the details furnished above are true rehanges therein, immediately. Incare presenting, I am aware that I may be hat I am not making this application on or any notifications/directions issued or receiving information from Central KY oviding consent to MF/AMC/KRA to	se any of the above infor held liable for it. for the purpose contravent by any governmental or st C Registry through SMS/E	mation is found to b ion of any Act, Rules tatutory authority from mail on the above reg	e false or untrue or , Regulations or any time to time istered number/email	
	eviding consone to ivii // iivio/itate to	ondio tino iti o data with	ortrort, actimoda	the information from	
CKYCR, and other	participating intermediaries as manda	•	BI guidelines		
CKYCR, and other Date: D D M	M - Y Y Y Y	ted by PMLA Act/Rules/SE Place:	BI guidelines		Signature/Thumb Impression of Applicant
CKYCR, and other Date: D D M		•	BI guidelines		Signature/Thumb Impression of Applicant
CKYCR, and other Date: D D M	For Office Use only	•		Data received from	Signature/Thumb Impression of Applicant
CKYCR, and other Date: D D M 6. Attestation /	For Office Use only	Place:	ved from UIDAI	Data received from	
CKYCR, and other Date: D D M 6. Attestation / Documents Received	For Office Use only d Certified Copies	Place: E-KYC data receiv	ved from UIDAI		
CKYCR, and other Date: D D M 6. Attestation / Documents Received	For Office Use only d Certified Copies Digital KYC Process YC documents verification carrie	Place: E-KYC data receiv	ved from UIDAI		n Offline verification
CKYCR, and other Date: DD M 6. Attestation / Documents Received	For Office Use only d Certified Copies Digital KYC Process YC documents verification carrie	Place: E-KYC data receive Equivalent e-docu	ved from UIDAI ment		n Offline verification
CKYCR, and other Date: D D M 6. Attestation / Documents Received KY Date:	For Office Use only d Certified Copies Digital KYC Process YC documents verification carrie	Place: E-KYC data receive Equivalent e-docu	ved from UIDAI ment		n Offline verification
CKYCR, and other Date: Date: C. Attestation / Documents Received KY Date: Emp. Name	For Office Use only d Certified Copies Digital KYC Process YC documents verification carrie	Place: E-KYC data receive Equivalent e-docu	ved from UIDAI ment		n Offline verification
CKYCR, and other Date: Documents Received KY Date: Emp. Name Emp. Code	For Office Use only d Certified Copies Digital KYC Process YC documents verification carrie	Place: E-KYC data receive Equivalent e-docu	ved from UIDAI ment		n Offline verification