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

Important Instructions:

B. Tick ' \checkmark ' wherever applicable.

- A. Fields marked with '*' are mandatory fields.
- 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.
- 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
- For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

application.		
For office use only	Application Type*	New Update
(To be filled by financial institu	tion) KYC Number	(Mandatory for KYC update request)
1. Entity Details*	Please refer instruction A a	at the end)
Name*		
Entity Constitution Type*	Others (Specify)	(Please refer instruction B at the end)
Date of Incorporation/Formatio	n* DD - MM - YYY	Y Y D D D D D T Y
Place of Incorporation/Formatio	on*	Country of Incorporation/Formation* TIN or Equivalent Issuing Country
PAN*		Form 60 furnished
TIN/GST Registration Number		
2. PROOF OF IDE	NTITY (POI)* (Please refer i	instruction B at the end)
) in respect of person authorised to	
Certificate of Incorporation	· · · ·	Registration Certificate Regn Certificate No.
Memorandum and Articles		
Resolution of Board/Mana		ower of Attorney granted to its manager, officers or employees to transact on its behalf
Activity proof – 1 (For Sol	e Proprietorship Only)	ctivity proof – 2 (For Sole Proprietorship Only)
3. ADDRESS (Plea	ase see instruction C at the e	end)
_	ice Address/Place of Busi	
3.1 Registered Of		siness*
3.1 Registered Of	fice Address/Place of Busi	siness*
3.1 Registered Of Proof of Address*	fice Address/Place of Busi	siness*
3.1 Registered Off Proof of Address* Line 1* Line 2 Line 3	Certificate of Incorporation/Formation	Siness* Other Document on Registration Certificate Other Document Image: Im
3.1 Registered Off Proof of Address* Line 1* Line 2 Line 3 District*	Fice Address/Place of Busi Certificate of Incorporation/Formation Image: Image	siness* on Registration Certificate Other Document Other Document Other Document Other Document Other Documen
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3.1 Registered Off Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address Line 1* Line 2	Certificate of Incorporation/Formation	siness* m Registration Certificate Other Document C City/Town/Village* ISO 3166 Country Code* Boove)*
3.1 Registered Off Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address Line 1* Line 2 Line 3 District* Line 1* Line 1* Line 1* Line 3 District*	Fice Address/Place of Busi Certificate of Incorporation/Formation Image: Strategy of the st	siness* Other Document
3.1 Registered Off Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address Line 1* Line 2 Line 3 District* Line 1* Line 1* Line 1* Line 3 District*	Fice Address/Place of Busi Certificate of Incorporation/Formation Image: Strategy of the st	siness* on Registration Certificate Other Document Other Document Other Document
3.1 Registered Off Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address Line 1* Line 2 Line 3 District* Jostrict* Jostrict* Line 1* Line 2 Line 3 District*	Fice Address/Place of Busi Certificate of Incorporation/Formation Image: Stress of the set of the s	siness* on Registration Certificate Other Document Other Document Other Document
3.1 Registered Off Proof of Address* Line 1* Line 2 Line 3 District* 3.2 Local Address Line 1* Line 2 District* District* Line 3 District*	Fice Address/Place of Busi Certificate of Incorporation/Formation Image: Second structure Image: Second structure </th <td>siness* on Registration Certificate Other Document on City/Town/Village* Other Document on City/Town/Village* Other Document ost Code* State/U.T Code* ISO 3166 Country Code* above)* City/Town/Village* Other Document ost Code* State/U.T Code* ISO 3166 Country Code* ost Code* State/U.T Code* ISO 3166 Country Code* ost Code* State/U.T Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code*</td>	siness* on Registration Certificate Other Document on City/Town/Village* Other Document on City/Town/Village* Other Document ost Code* State/U.T Code* ISO 3166 Country Code* above)* City/Town/Village* Other Document ost Code* State/U.T Code* ISO 3166 Country Code* ost Code* State/U.T Code* ISO 3166 Country Code* ost Code* State/U.T Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code* ost Code* ISO 3166 Country Code* ISO 3166 Country Code*

🗌 6. Remark	s (If any)																					
7. Applicant D	eclaration (P	ease re	efer ins	structi	on G a	at the	end)															
 inform you of any misleading or misr I hereby declare t statute of legislatic I hereby consent to address. I also p 	hat the details furnish v changes therein, epresenting. I am av- that I am not making on or any notification o receiving informati roviding consent to participating interme	immediate vare that I g this app s/direction on from Co MF/AMC/	ely. Incas may be l lication f s issued entral KY 'KRA to	e any neld liab or the p by any C Regis share t	of the a ble for it. burpose governi stry thro his KYC	above ir contrave mental o ugh SMS C data v	nformation of the statute of the sta	on is fo of any A ory autho on the a YCR, d	und to ct, Rule prity from bove re pwnload	be false s, Regu n time to gistered	or un lations time numbe	true o or any r/emai	r /									
			manuau	Plac			g.						S	Signatu	re/Thur	nb Im	press	sion o	of Aut	horise	d Pers	on(s)
Date: DD - M		Y					j.						S	Signatu	re/Thur	nb Im	press	sion o	of Aut	horise	d Pers	on(s)
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Date: DD - M 8. Attestation Documents Receive	/ For Office U	Y se onl y ed Copies	y S	Plac	ce:			t							re/Thur		press	sion o	of Aut	horise	d Pers	on(s)
Date: DD - M 8. Attestation Documents Receive K Identity Verification Emp. Name	/ For Office U d Certifi YC documents v	Se only ed Copies erificatio	y S	Plac	ce:			t Na Co										sion o	of Aut	horise	d Pers	on(s)
Date: DD - M 8. Attestation Documents Receive K Identity Verification	/ For Office U d Certifi YC documents v	Se only ed Copies erificatio	y S	Plac	ce:			Na											bf Aut	horise	d Pers	on(s)

Annexure A2 I Legal Entity I Other than Individuals Central KYC Registry Know Your Customer (KYC) Application Form Related Person
Important Instructions: A. Fields marked with '*' are mandatory fields. F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at 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-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 (✓) 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 Update Delete (To be filled by financial institution) KYC Number Image: Comparison of the second se
1. Details of Related Person* (Please refer instruction E at the end)
Addition of Related Person Details
KYC Number of Related Person (if available*)
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 Image: Spouse Name*
Mother Name
Date of Birth* $D D - M M - Y Y Y$
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 B-Voter ID Card C-Driving Licence D-NREGA Job Card
E-National Population Register Letter F-Proof of Possession of Aadhaar
Address Line 1*
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
B-Voter ID Card C-Driving Licence D-NREGA Job Card E-National Population Register Letter F-Proof of Possession of Aadhaar

V Self-Declaration

Address																		
Line 1*																		
Line 2																		
Line 3											City/1	Town/V	illage*					
District*			P	Pin/Post Co	ode*				State	 #/U.T C	ode*			ISO 3	166 C	ountry	Code*	
4.4.0	(- 1 - (A 1)						. –		~ •		-							
1.4 Contact De	tails (All com	nunications	s will be s	ent on pi	ovided I	Mobile i	no. / E	mail-IL) provi	ded) (Pleas	e refe	r instru	ction L	at th	e end		
Tel. (Off)	-		Tel. (F	Res)		-				M	obile		-					
Email ID]							
2. Applicant De	claration																	
2. Applicant De																		
 I hereby declare the inform you of any 																		
misleading or misre	epresenting, I am	aware that I m	nay be held	liable for it														
 I hereby declare the statute of legislation 											any							
 I hereby consent to 	receiving information	tion from Cer	tral KYC Re	egistry thro	ugh SMS/	/Email on	the abc	ve regis	stered n	umber/e								
	oviding consent f							nload tl	he infor	mation	from							
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