

## 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\*

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)

Signature/Thumb Impression of Authorised Person(s)

KYC documents verification carried out by	Institution details
<p>1. KYC documents verification carried out by</p>	<p>Institution details</p>

[Institution Stamp]

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



Important Instructions:

- A. Fields marked with \*\* are mandatory fields.  
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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

Application Type\*

☐ New ☐ Update ☐ Delete

(To be filled by financial institution)

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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-NREGA Job Card

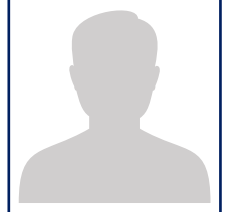
☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar

II ☐ E-KYC Authentication

III ☐ Offline verification of Aadhaar

☐ PHOTO\*



Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

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																					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. 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]