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

5. Number of Related Persons



	KYC Services									
Important Instructions:	F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at									
A. Fields marked with '*' are mandatory fields.	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-YYYY 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 (\checkmark) in the box available before the									
E. KYC number of applicant is mandatory for update application.	section number and strike off the sections not required to be updated.									
For office use only Application Type* New Up										
To be filled by financial institution) KYC Number	(Mandatory for KYC update request)									
🔲 1. Entity Details* (Please refer instruction A at the end)										
Name*										
PName*										
Entity Constitution Type*	7.5									
Uthers \Shear\/	(Please refer instruction B at the end)									
Date of Incorporation/Formation*	Date of Commencement of Business									
Place of Incorporation/Formation*	untry of Incorporation/Formation* L									
PAN*										
TN/GST Registration Number	ļ									
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 Registration Certificate No.									
Memorandum and Articles of Association Partnership Deed	Trust Deed									
Resolution of Board/Managing Committee Power of Attorney gr	ranted to its manager, officers or employees to transact on its behalf									
Activity proof –1 (For Sole Proprietorship Only)	r Sole Proprietorship Only)									
3. ADDRESS (Please see instruction C at the end)										
3.1 Registered Office Address/Place of Business*										
	Registration Certificate Other Document									
	registration certificate									
ine 1*										
.ine 2										
.ine 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)*										
:1*										
ine ?										
ine 2										
ine 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)									
el.(Off)										
Mobile 9 1 - Email ID										
Mobile 9 1 - Email ID										

(Please fill Annexure A-2 for each related persons & also refer instruction **E** at the end)

🔲 6. Remarks (If a	ny)																												
										\top	T						T	Т											\equiv
							Ť	T		Ť	Ť		Ť	Ť		$\overline{\Box}$	Ť	Ť	$\overline{\Box}$	Ť	Ť	$\overline{\Box}$		Ť	Ť	Ť	Ť		Ť
										Ť				Ť			Ť	Ť			Ť			Ť	Ì				Ī
7. Applicant Decla	aration (Ple	ase refe	rinstr	uctio	n G at	the e	nd)																						
I hereby declare that undertake to inform untrue or misleading. I hereby declare that statute of legislation. I hereby consent to r number/email addre information from CK	you of any cha g or misreprese I am not mak or any notifica receiving inforr SS. I also provid YCR and other	anges the enting. I a ing this a ations/dire mation fro ding cons	rein, im im awar pplicatio ections i om Cent ent to M	mediate that I on for the ssued I trail KY (IF/AM (tely. Inc I may b the purp by any (C Regist C/KRA to	ase any e held pose co governi ry thro o share	y of th liable ontrav ment ugh s	ne ab for it entic al or SMS/I	ove i on of stati Ema	inforr f any utory ail on with	Act, I auth the a	Rule norit abov	s, Regy from the reg	gula m tir iister	be f tions me to red	alse s or a	iny		Sig	natui						utho		Perso	on(s)
8. Attestation / Fo	or Office Us	e only																											
Documents Received	d Certi	fied Cop	ies	☐ Eq	quivale	nt e-d	ocun	n ent																					
KY	/C document	sverifica	ation ca	arried	out by														Ins	titut	ion (deta	ails						
Identity Verification Done Date DD - MM - Y Y Y Y Emp. Name						Nar Cod					I								I										
Emp. Code		$\perp \perp \perp$	\perp	$\perp \perp$	4	44	4	Щ																					
Emp. Designation								Ш																					
Emp.Branch	[Emp	oloyee Si	gnatur	e]															[Ins	tituti	ion s	Stan	np]						

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

 $_{
m V}$ \square Self-Declaration



3 3,	•	KYC Services
Important Instructions:		F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at
A. Fields marked with '*' are mandatory	/ fields.	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-YYYY fo	orm at.	H. Please read section wise detailed guidelines/instructions at the end
D. Please fill the form in English and in		I. For particular section update, please tick (✔) in the box available before the
E. KYC number of applicant is mandate		
2. W. Grianiber of applicant is managed		
For office use only	Application Type*	
(To be filled by financial institution)	KYC Number	(Mandatory for KYC update and delete request)
1. Details of Related Person* (Plea	se refer instruction E a	at the end)
Addition of Related Person	O Deleti	tion of Related Person Update Related Person Details
KYC Number of Related Person (if availa	ble*)	(If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)
Related Person Type*	Director Promote	
	Beneficiary Authoris	ised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify
DIN (Director Identification Number)	Derichdiary & Additions	(Mandatory if Related Person Type is Director)
1.1 Personal Details (Please refer in	struction E at the end	a)
F	Prefix Firs	rst Name Middle Name Last Name
Name* (Same as ID proof)		
Maiden Name		
Father/Spouse Name*		
Mother Name		
	D - M M - Y Y	
Date of Birth	M-Male	
Gender*		
Nationality*	IN-Indian Oth	thers (ISO 3166 Country Code)
PAN*		
1.2 Proof of Identity and Address*	(Please refer instruction	on E at the end)
Certified copy of OVD or equivalent e-docu	ument of OVD or OVD obtain	ained through digital KYC process needs to be submitted (anyone of the following OVDs)
A-Passport Number		■Photo*
B-Voter ID Card		
		Driving Licence Expiry Date DD - MM - YYYY
C-Driving Licence	+++++++	DIVING Decire Expiry Date DID 1 - MMM - 1414 414
D- NREGA job Card		
E-National Population Register Lett	er LLLL	
F-Proof of Possession of Aadhaar	$ \times \times \times \times \times$	x x x x
II E-KYC Authentication	$\times \times \times \times \times$	x x x x x
II 🔲 Offline verification of Aadhaar	$\times \times \times \times \times$	x x x x
Address		
Line 1*		
Line 2		
Line 3		City / Town / Village #
		City/Town/Village*
District*	Pin / Post Co	Code* State / U.T Code* ISO 3166 Country Code*
1.3 Current Address Details (Pleas	e refer instruction E at	at the end)
Same as above mentioned address	(In such cases address de	details as below need not be provided)
Certified copy of OVD or equivalent e-	document of OVD or OV	VD 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 Lett		
F-Proof of Possession of Aadhaar		x x x x
E-KYC Authentication	$\times \times \times \times \times$	< x x x
🛮 🔲 Offline verification of Aadhaar	$\times \times \times \times \times$	< x x x
√ Deemed Po∧		

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 De	etails (All communications will be sent on provided Mobi	le no. / Email-ID provided) (Please refer instruction D at the end)
Tel.(Off)	- Tel.(Res)	Mobile 9 1 -
Email ID		
. Applicant D	eclaration	
undertake to info untrue or mislea I hereby declare statute of legisla I hereby consent number/email ac information from Date: DD - N	that the details furnished above are true and correct to the best of my lorm you of any changes therein, immediately. Incase any of the above in ding or misrepresenting. I am aware that I may be held liable for it. that I am not making this application for the purpose contravention of tion or any notifications/directions issued by any governmental or statustic to receiving information from Central KYC Registry through SMS/Email diress. I also providing consent to MF/AMC/KRA to share this KYC data on CKYCR, and other participating intermediaries as mandated by PMLAMMM - YYYYYY Place: For Office Use only	Information is found to be false or any Act, Rules, Regulations or any story authority from time to time If on the above registered with CKYCR, download the Act/Rules/SEBI guidelines Signature/Thumb Impression of Applicant Signature/Thumb Impression Signature/Thumb Impression
	Equivalent e-document	
	KYC documents verification carried out by	Institution details
Date Emp. Name	DD - MM - YYYY	Name Code
Emp. Code		
Emp. Designation		
Emp.Branch	[Employee Signature]	[Institution Stamp]

Central KYC Registry | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

A. Clarification / Guidelines on filling 'Entity Details' section

1. Entity Constitution Type

A – Sole Partnership H – Trust O – Artificial Juridical Person

B – Partnership Firm I – Liquidator P – International Organisation or Agency/Foreign

C – HUF J – Limited Liability Partnership Embassy or Consular Office, etc.

D – Private Limited Company K – Artificial Liability Partnership Q – Not Categorized

E – Public Limited Company L – Public Sector Banks R – Others

F – Society M – Central/State Government Department or S – Foreign Portfolio Investors

G - Association of Persons (AOP)/Body of Individuals Agency

(BOI) N - Section 8 Companies (Companies Act, 2013)

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

- A. Activity Proof 1 and Activity Proof 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time

C. Clarification/Guidelines for filling Proof of Address [PoA]' section

- A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.
- B. Certified copy of document or equivalent e-document to be submitted.

D. Clarification/Guidelines for filling 'Related Person Details' section

- A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
- B. Do not add '0' in the beginning of Mobile number

E. Clarification/Guidelines for filling 'Related Person Details' section

- 1. Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2. Proof of Address [PoA]
 - PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
 - State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
 - 3. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.
 - 4. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents while uploading on CKYCR.

F. Provision for capturing signature of multiple authorised persons is to be made by the RE.

G. List of people authorized to attest the documents after verification with the originals:

- Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- 5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
- 6. Government authorised officials who are empowered to issue Apostille Certificates.

General instructions:

- Self-Certification of documents is mandatory.
- Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the
 original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per
 the list mentioned under [F].
- 3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
- 4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 5. If current & permanent addresses are different, then proofs for both have to be submitted.
- 6. Sole proprietor must make the application in his individual name & capacity.
- 7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
- 8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.

	List of	two digit state / U.T codes as	per Indian Motor Veh	icle Act, 1988
State / U.T	Code	State / U.T	Code	State / U.T
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan
Assam	AS	Karnataka	KA	Sikkim
Bihar	BR	Kerala	KL	TamilNadu
Chandigarh	CH	Lakshadweep	LD	Telangana
Chattisgarh	CG	Madhya Pradesh	MP	Tripura
Dadra and Nagar Haveli	DN	Maharashtra	MH	UttarPradesh
Daman & Diu	DD	Manipur	MN	Uttarakhand
Delhi	DL	Meghalaya	ML	WestBengal
Goa	GA	Mizoram	MZ	Other
Gujarat	GJ	Nagaland	NL	
Haryana	HR	Orissa	OR	

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
TamilNadu	TN
Telangana	TS
Tripura	TR
UttarPradesh	UP
Uttarakhand	UA
WestBengal	WB
Other	XX

Country	Country	Country	Country	Country	Country	Country	Count
Country	Code	Country	Code	Country	Code	Country	Code
Afghanistan	AF	Dominican Republic		Libya	LY	Saint Pierre and Miquelon	P
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	V
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	V
Algeria	DZ	El Salvado	SV	Luxembourg	LU	San Marino	SI
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	S
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	S
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	St
Anguilla	Al	Ethiopia	ET	Malawi	MW	Serbia	R
Antarctica	AQ.	· ·	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda		Faroe Islands	FO	Maldives	MV		S
Argentina			FJ	Mali	ML	Singapore	SC
Armenia		Finland	FI	Malta	MT		S
Aruba		France	FR	Marshall Islands	MH	Slovakia	Sł
Australia	AU	French Guiana		·		Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SE
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SC
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	ВН	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	G:
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Chana	GH	Monaco	MC	Sri Lanka	LŁ
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SE
Belize		Greece				Suriname	SF
Benin	BJ	Greenland	GL	Montserrat	MS		S
				Morocco			
Bermuda		Grenada				Swaziland	SZ
Bhutan		Guadeloupe	GP	Mozambique		Sweden	SE
Bolivia, Plurinational State o		Guam		Myanmar		Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SI
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TV
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	НМ	Nicaragua	NI	Togo	TC
Bulgaria	BG			Niger		Tokelau	TH
Burkina Faso	BF	Honduras		Nigeria	NG		TC
Burundi	BI	Hong Kong		Niue	NU	Trinidad and Tobago	П
Cabo Verde				Norfolk Island			
	CV	Hungary	HU		NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands		Turkey	TF
Cameroon		India	IN	Norway	NO	Turkmenistan	٦N
Canada	CA	Indonesia	ID	Oman	ОМ		TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	T۱
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UC
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GE
Christmas Island	CX	Italy	IT		PY	United States	U:
Cocos (Keeling) Islands		Jamaica		Peru		United States Minor Outlying Islands	U
Colombia		Japan		Philippines		Uruguay	U'
Comoros		Jersey				Uzbekistan	U
				Pitcairn			
Congo		Jordan		Poland		Vanuatu	VU
Congo, the Democratic Republic of the		Kazakhstan		Portugal		Venezuela, Bolivarian Republic of	VE
Cook Islands		Kenya		Puerto Rico		Viet Nam	VI
Costa Rica		Kiribati	KI	Qatar	QA	Virgin Islands, British	VC
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	V
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	W
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curaçao !Curaçao		Kyrgyzstan	KG	Rwanda		Yemen	YE
Cyprus		Lao People's Democratic Republic		Saint Barthelemy !Saint Barthélemy		Zambia	ZN
Czech Republic		Latvia		Saint Helena, Ascension and Tristan da Cunha		Zimbabwe	ZV
						ZITIDAOWE	ZV
Denmark		Lebanon		Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		