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
- 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.
- 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* NYC Number [KIN]	New Update	(Mandatory for	KYC update request)	
☐ 1. Entity Details* (P	lease refer instruction A a	t the end)			
Name*					
Entity Constitution Type*	Others (Specify)	(Please refer ins	struction B at the end)		
Date of Incorporation/Formation*	D D - M M - Y Y Y	Date	of Commencement of Business	D D - M M - Y Y Y	
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	n 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 (Pleas	e 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/Po	st Code*	State/U.T Code*	ISO 3166 Country Code*	
☐ 3.2 Local Address in	n India (If different from	above)*			
Line 1*					
Line 2					
Line 3			City/Town/Village*		
District*	Pin/Po	st Code*	State/U.T Code*	ISO 3166 Country Code*	
4. Contact Details (A	All communications will be se	ent to Mobile number/Email-ID pro	ovided may be used) (Please	refer instruction D at the end)	
Tel. (Off)		Fax -			
Mobile	Er	mail ID			
Mobile -	Er	mail ID			

☐ 6. Remarks	(If any)			
7. Applicant Declaration (Please refer instruction G at the end) 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. Incase 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. Date: D D - M M - Y Y Y Y P Place: Signature/Thumb Impression of Authorised Person(s) 8. Attestation / For Office Use only				
Documents Received Certified Copies Equivalent e-document KYC documents verification carried out by Institution details				
Identity Verification	C documents verification carried out by Done Date: DD - MM - YYYYY	Name Name		
Emp. Name		Code		
Emp. Code Emp. Designation Emp. Branch		[Institution Stamp]		
[Employee Signature]				