

CENTRAL KYC REGISTRY | Know Your Customer (KYC) 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 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 guideline / 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
 (To be filled by financial institution) KYC Number (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 / Formations* DD - MM - YY YY YY YY Date of Commencement of Business DD - MM - YY YY YY

Place of Incorporation / Formations* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

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 refer 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)*

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*

4. CONTACT DETAILS (All communications will be sent to Mobile number/Email-ID provided* may be uses) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

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 m 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/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YY YY YY Place:

Signature / Thumb Impression of Authorised Person(s)

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY	Name	<input type="text"/>
Emp. Name	<input type="text"/>	Code	<input type="text"/>
Emp. Code	<input type="text"/>	[Institution Stamp]	
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		
[Employee Signature]			