Know Your Client (KYC) Application Form (For Non Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked^ are pertaining to CKYC and mandatory only if processing CKYC also

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Application Number:

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 instructions A at the end)

Name* (Same as ID proof) _____

Entity Constitution Type* _____ (Please refer insturaction B at the end)

Date of Incorporation / Formation* D D - M M - Y Y Y Y Date of Commencement of Business D D - M M - Y Y Y Y

Place of Incorporation / Formation* _____ Country of Incorporation / Formation* ☐☐ TIN or Equivalent Issuing Country ☐☐

PAN* ☐☐☐☐☐☐☐☐☐☐ ☐ Form 60 furnished

TIN/GST Registration Number ☐

2. PROOF OF IDENTITY AND ADDRESS* (Please refer to the instructions)

☐ PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

☐ Officially valid documents(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/UT* _____ ISO 3166 Country Code _____

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/UT* _____ 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 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 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 amy be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SME/Email on the above registered number/email address.

Signature / Thumb Impression of Applicant

[Signature / Thumb Impression]

Date: D D - M M - Y Y Y Y Place: _____

8. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERFICATION CARRIED OUT BY	INSTITUTION DETAILS
Identity Verification ☐ Done Date D D - M M - Y Y Y Y Emp. Name _____ Emp. Code _____ Emp. Designation _____ Emp. Branch _____	Name _____ Code _____ Institution Stamp
Employee Signature and Stamp	