

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

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 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 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)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
Gender*	☐ M- Male	☐ F- Female	☐ T-Transgender	
Nationality*	☐ IN- Indian	☐ Others (ISO 3166 Country Code)	Annual Income	
PAN*		☐ Form 60 furnished		

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
☐ 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*
 Line 2
 Line 3 City / Town / Village*
 District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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
 II ☐ Offline verification of Aadhaar

IV ☐ Deemed PoA

V ☐ Self Declaration

Address

Line 1*																											
Line 2																											
Line 3																											
District*							Pin / Post Code*							State / U.T Code*				City / Town / Village*							ISO 3166 Country Code*		

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (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/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

D	D	—	M	M	—	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Place:

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Signature /Thumb Impression of Applicant

3. 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 VERIFICATION CARRIED OUT BY

Date										
Emp. Name										
Emp. Code										
Emp. Designation										
Emp. Branch										

INSTITUTION DETAILS

Name										
Code										

Employee Signature]

[Institution Stamp]

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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 / Formation*

Date of Commencement of Business

Place of Incorporation / Formation*

Country of Incorporation / Formation*

PAN *

☐ Form 60 furnished

Annual Income

TIN / GST Registration Number

2. PROOF OF IDENTITY (Pol)* (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

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

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 refer instruction E at the end)

Signature / Thumb Impression of Authorised Person(s)

INSTITUTION DETAILS