

SPnm

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

CAMSRA
KYC Services

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

(To be filled by financial institution)

Application Type*

☐ New☐ Update

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*

DD - MM - YYYY

Date of Commencement of Business

DD - MM - YYYY

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 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*

City/Town/Village*

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*

City/Town/Village*

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 fill Annexure A-2 for each related persons & also refer instruction E 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.


 [Signature/Thumb Imprint]
Authorised Signatory

[illegible]

Documents Received ☐ Certified Copies ☐ Equivalent e-document ☐

Institution details

[illegible][illegible]

Signature/Thumb Impression of Authorised Person(s)