

Annexure A2 | Legal Entity | Other than Individuals
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

CAMSKRA
KYC Services

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
B. Tick '✓' wherever applicable.
C. Please fill the date in DD-MM-YY 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 ☐ Delete

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)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name

Maiden Name

Father / Spouse Name*

Mother Name

Date of Birth* DD - MM - YYYY

Gender* ☐ M- Male ☐ F- Female ☐ T- Transgender

Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

PAN*

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 Driving Licence Expiry Date DD - MM - YYYY
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar
- II ☐ E-KYC Authentication
- III ☐ Offline verification of Aadhaar

Address

Line 1*

Line 2

Line 3

District* Pin/Post Code* City/Town/Village*

State/U.T Code* ISO 3166 Country Code*

1.3 Current Address Details (Please refer instruction E at 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
- III ☐ Offline verification of Aadhaar
- IV ☐ Deemed PoA
- V ☐ Self-Declaration

Address

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

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (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 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: DD - MM - YYYY

Place:

Signature/Thumb Impression of Applicant

6. 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 documents verification carried out by

Date: DD - MM - YYYY

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

[Employee Signature]

Institution details

Name
Code

[Institution Stamp]