

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



							KYC S	
A. Fields marked with '*' are manda	atory fields. F	. List of State/U.T	code as per Indian	Motor Vehicle Ac	t, 1988 is available at	the end.		
B. Tick '√' wherever applicable.	G	6. List of two-chara	acter ISO 3166 cour	try codes is availa	able at the end.			
C. Please fill the date in DD-MM-YY	YYY format.	I. Please read sed	ction wise detailed gr	uidelines/instruction	ons at the end.			
D. Please fill the form in English an	d in BLOCK letters.				ox available before the	e section		
 E. KYC number of applicant is man application. 	ndatory for update	number and stri	ke off the sections n	ot required to be	updated.			
For office use only	Application Type*	New	Update					
(To be filled by financial institution)	KYC Number				(Mandatory for	KYC update reque	est)	
1. Entity Details* (Ple	ase refer instruction	A at the end		k b b a	. 卷. 意. 意. 意		皇世	
☐ Name*	ANYZ ME	Spoul !	SOUNER	801 1	21 VA 7A	LIM1740		
Entity Constitution Type*	Others (Specify)		(Please ref	er instruction B at	the end)			
Date of Incorporation/Formation*	D D - M M - Y	YYY		Date of Commen	cement of Business	DD-MM	- Y Y	YY
Place of Incorporation/Formation*		Co	untry of Incorporatio	n/Formation*	TIN or Equivale	ent Issuing Country		
PAN*								
TIN/GST Registration Number								
2. PROOF OF IDENTI Officially valid document(s) in reconstruction. Certificate of Incorporation/Form Memorandum and Articles of A Resolution of Board/Managing	espect of person authorismation association Committee	Partnership De	Red Tr		cate Regn Certificate			
Activity proof – 1 (For Sole Pro 3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3	see instruction C at	Business*	Registration Certif	icate	Other Document City/Town/Village*			
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2	see instruction C at Address/Place of cate of Incorporation/For	Business*	Registration Certif	icate State/U.T.(City/Town/Village*	ISO 3166 Count	y Code*	
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3	see instruction C at Address/Place of cate of Incorporation/For	Business* mation Pin/Post Code*	Registration Certif		City/Town/Village*	ISO 3166 Count	y Code*	
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3 District*	see instruction C at Address/Place of cate of Incorporation/For	Business* mation Pin/Post Code*	Registration Certif		City/Town/Village*	ISO 3166 Count	y Code*	
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3 District* 3.2 Local Address in Line 1*	see instruction C at Address/Place of cate of Incorporation/For	Business* mation Pin/Post Code*	Registration Certif		City/Town/Village*	ISO 3166 Count	y Code*	
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3 District* 3.2 Local Address in Line 1* Line 2	see instruction C at Address/Place of cate of Incorporation/For	Business* mation Pin/Post Code*	Registration Certif		City/Town/Village*	ISO 3166 Count	y Code*	
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3 District* 3.2 Local Address in Line 1* Line 2 Line 3 District*	see instruction C at Address/Place of cate of Incorporation/For	Business* mation Pin/Post Code* rom above)* Pin/Post Code*		State/U.T (City/Town/Village* Code* City/Town/Village* Code*	ISO 3166 Count	ry Code*	
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3 District* 3.2 Local Address in Line 1* Line 2 Line 3	see instruction C at Address/Place of cate of Incorporation/For	Business* mation Pin/Post Code* rom above)* Pin/Post Code*		State/U.T (City/Town/Village* Code* City/Town/Village* Code*	ISO 3166 Count	ry Code*	end)
3. ADDRESS (Please 3.1 Registered Office Proof of Address* Certifi Line 1* Line 2 Line 3 District* 3.2 Local Address in Line 1* Line 2 Line 3 District*	see instruction C at Address/Place of cate of Incorporation/For	Business* mation Pin/Post Code* rom above)* Pin/Post Code*		State/U.T (City/Town/Village* Code* City/Town/Village* Code*	ISO 3166 Count	ry Code*	end)

(Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

5. Number of Related Persons

6. Remark	s (If any)																								E.	
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. Applicant D	eclaration	(Pleas	se refe	r instr	uctic	on G	at th	he er	nd)																	
misleading or misr I hereby declare t statute of legislatio I hereby consent to address. I also pr CKYCR and other	hat I am not r on or any notific o receiving info roviding conse	naking thi ations/dir rmation fr nt to MF	s applica ections is om Centr AMC/KR	ation for ssued by al KYC A to sh	the pi any g Regist are th	urpose govern try thro nis KY(ment ough	tal or s SMS/E ta with	tatutor Email o	ry authon the CR, (above downlo	rom tir regis	ne to	time numl	ber/er	nail		1	V	36	D T	1	2		- -	n]
Attestation					Place													griatu			Impi	ressio	n of A	Author	rised P	erson
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. Attestation	/ For Officed	ertified C	copies			quival	lent e	e-docu	ument		ame							1 =				ressio	n of A	Author	rised P	erson(
Attestation ocuments Receive K	/ For Officed	ertified C	cation (out l	quival	lent e	e-docu	ument	Na	ame [ode							1 =				ressio	n of A	Author	rised P	erson
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. Attestation	/ For Officed	ertified C	cation (out l	quival	elent e	e-docu	ument	Na								1 =				ressio	n of A	Author	rised P	erson(
. Attestation ocuments Receive K dentity Verification Emp. Name Emp. Code	/ For Officed	ertified C	cation (out l	quival	elent e	e-docu	ument	Na							nstit	ution	n de		6	ressio	n of A	Author	rised P	erson