801

(5)

## Annexure A2 I Legal Entity I 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)

| | Prefix | First Name | Middle Name | Last Name |
|---|---|---|---|---|
| Name* (Same as ID proof) | | | | |
| Maiden Name | | | | |
| Father / Spouse Name* | | | | |
| Mother Name | | | | |

Date of Birth* D D - M M - Y Y Y Y

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

☐ A-Passport Number _____
☐ B-Voter ID Card _____
☐ C-Driving Licence _____ Driving Licence Expiry Date D D - M M - Y Y
☐ D-NREGA Job Card _____
☐ E-National Population Register Letter _____
☐ F-Proof of Possession of Aadhaar XXXXXXXX____

II ☐ E-KYC Authentication XXXXXXXX____

III ☐ Offline verification of Aadhaar XXXXXXXX____

**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 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 XXXXXXXX____

II ☐ E-KYC Authentication XXXXXXXX____

III ☐ Offline verification of Aadhaar XXXXXXXX____

IV ☐ Deemed PoA

V ☐ Self-Declaration

**Address**

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* 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. 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

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

[Signature/Thumb Impression]

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: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

### Institution details

Name

Code

[Institution Stamp]