

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individual**



**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 section 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 Signature  Beneficial Owner  Power of Attorney Holder  Other (Please specify)

DIN (Director Identification Number)  (Mandatory if Related Person type is Director)

**1.1 PERSONAL DETAILS (Pol)\*** (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\*   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



**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 B 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 Proof of Address - Document Type code

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 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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :   -   -

*[Signature / Thumb Impression]*  
Signature / Thumb Impression of Applicant

**7. ATTESTATION / FOR OFFICE USE ONLY**

- Documents Received**
- Certified Copies
  - Digital KYC Process
  - E-KYC data received from UIDAI
  - Equivalent e-document
  - Data received from Offline verification

**KYC VERIFICATION CARRIED OUT BY**

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

**INSTITUTION DETAILS**

Name   
Code

*[Employee Signature]*

*[Institution Stamp]*