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Company KYC Forms

Entity KYC Form

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



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* KYC Number | <input type="checkbox"/> New <input type="checkbox"/> Update | (Mandatory for KYC update request) |
|---|---------------------------------|--|------------------------------------|

☐ 1. Entity Details* (Please refer instruction A at the end)

| | | | | | | | | | | | | | | | |
|-----------------------------------|---|--|--|--|-------------------------------------|--|--|--|-----------------------------------|--|--|--|--|--|--|
| Name* | | | | | | | | | | | | | | | |
| Entity Constitution Type* | <input type="checkbox"/> 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)

| | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certificate of Incorporation/Formation | | | | | <input type="checkbox"/> Registration Certificate | Regn Certificate No. | | | | | | | | | |
| <input type="checkbox"/> Memorandum and Articles of Association | | | | | <input type="checkbox"/> Partnership Deed | | | | | | | | | | |
| <input type="checkbox"/> Resolution of Board/Managing Committee | | | | | <input type="checkbox"/> Power of Attorney granted to its manager, officers or employees to transact on its behalf | | | | | | | | | | |
| <input type="checkbox"/> Activity proof – 1 (For Sole Proprietorship Only) | | | | | <input type="checkbox"/> 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* | <input type="checkbox"/> Certificate of Incorporation/Formation | <input type="checkbox"/> Registration Certificate | <input type="checkbox"/> Other Document | | | | | | | | | | | | |
| Line 1* | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | City/Town/Village* | | | | |
| District* | | | | | 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 | | | | | | | | | | | City/Town/Village* | | | | |
| District* | | | | | 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)

FACTCA and UBO Form

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Entities *Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance*

| Part - A | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| PAN | | | | | | | | | | Date of Incorporation | | | | | |
| Name | | | | | | | | | | | | | | | |
| Address Type [for KYC address] | | | | | | | | | | <input type="radio"/> Residential <input type="radio"/> Residential / Business <input type="radio"/> Business <input type="radio"/> Registered Office | | | | | |
| Place of Incorporation | | | | | | | | | | Country of Incorporation | | | | | |
| Gross of Annual Income Details in INR | | | | | | | | | | <input type="checkbox"/> <1Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1Cr <input type="checkbox"/> > 1 Cr | | | | | |
| | | | | | | | | | | Net Worth in INR in Lacs Net worth as of _____ dd/mm/yyyy | | | | | |
| Is the entity involved in / providing any of the following services : | | | | | | | | | | <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning | | | | | |
| | | | | | | | | | | Any other Information [if applicable] [Please specify] | | | | | |

Is "Entity" a tax resident of any country other than India - ☐ Yes ☐ No

(If 'Yes', please provide country/ies in which the entity is a resident for tax purpose and the associated TIN)

| S No. | Country of Tax Residency | Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number | Identification Type [TIN or other, please specify] |
|-------|--------------------------|---|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |

In case the Entity's country of incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here _____ (Refer instructions o)

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons (Mandatory for Non-individual Investors)

if Passive NFE, please provide the below additional details for each of the Controlling person. *(Please attach additional sheets if necessary)*

| S No. | Name of UBO | Taxpayer Identification Number / PAN / Equivalent ID Number | Place & Country of Birth | Country of Tax Residency | Occupation Type [Service, Business, Others] | Nationality | Father's Name | Date of Birth dd/mm/yyyy | Gender [Male, Female, Others] |
|-------|-------------|---|--------------------------|--------------------------|---|-------------|---------------|--------------------------|-------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

*# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India
 ~ In case TIN is not available, kindly provided functional equivalent
 * If UBO has more than one tax residency outside India, details to be provided in separate rows for each of the tax residency countries*

Declaration:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting. I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its sponsor, Asset Management Company, trustees, their employees / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit – India (FIU – IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries / or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators / tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

Signature with relevant seal:

For YOUR COMPANY NAME HERE

Signature
Authorized Signatory
Director/Partner




For YOUR COMPANY NAME HERE

Signature
Authorized Signatory
Director/Partner

Date:

Place:

BSE AOF Form

| | | | | | |
|---|--------------|---------------------------|---------------------|----------|---------|
|  | | | | | |
| Broker/Agent Code ARN: | ARN - 273638 | SUB-BROKER | | EUIN | E514625 |
| Unit Folder Information | | | | | |
| Name of the First Applicant : | | | | | |
| PAN Number : | KYC : | Date Of Birth : | | | |
| Father Name: | | Mother Name : | | | |
| Name of Guardian: | | PAN: | | | |
| Contact Address: | | | | | |
| City: | Pincode: | State: | | Country: | |
| Tel.(Off): | Tel.(Res): | | Email: | | |
| Fax(Off): | Fax(Res): | | Mobile: | | |
| Income Tax Slab/Networth: | | | Occupation Details: | | |
| Place of Birth: | | Country of Tax Residence: | | | |
| Tax Id No: | | | | | |
| Politically exposed person /Related to Politically exposed person etc.? | | | | Yes | No |
| Mode of Holding: | | | Occupation: | | |
| Name of the Second Applicant : | | | | | |
| PAN Number : | KYC : | Date Of Birth : | | | |
| Income Tax Slab/Networth: | | | Occupation Details: | | |
| Place of Birth: | | Country of Tax Residence: | | | |
| Tax Id No: | | | | | |
| Politically exposed person /Related to Politically exposed person etc.? | | | | Yes | No |
| Name of the Third Applicant : | | | | | |
| PAN Number : | KYC : | Date Of Birth : | | | |
| Income Tax Slab/Networth: | | | Occupation Details: | | |
| Place of Birth: | | Country of Tax Residence: | | | |
| Tax Id No: | | | | | |
| Politically exposed person /Related to Politically exposed person etc.? | | | | Yes | No |
| Other Details of Sole / 1st Applicant | | | | | |
| Overseas Address (In case of NRI Investor): | | | | | |

| | | |
|---|---|--|
| City: | Pincode: | Country: |
| Bank Mandate 1 Details | | |
| Name of Bank: | | Branch: |
| A/C No.: | A/C Type: | IFSC Code: |
| Bank Address: | | |
| City: | Pincode: | State: Country: |
| Bank Mandate 2 Details | | |
| Name of Bank: | | Branch: |
| A/C No.: | A/C Type: | IFSC Code: |
| Bank Address: | | |
| City: | Pincode: | State: Country: |
| Bank Mandate 3 Details | | |
| Name of Bank: | | Branch: |
| A/C No.: | A/C Type: | IFSC Code: |
| Bank Address: | | |
| City: | Pincode: | State: Country: |
| Bank Mandate 4 Details | | |
| Name of Bank: | | Branch: |
| A/C No.: | A/C Type: | IFSC Code: |
| Bank Address: | | |
| City: | Pincode: | State: Country: |
| Bank Mandate 5 Details | | |
| Name of Bank: | | Branch: |
| A/C No.: | A/C Type: | IFSC Code: |
| Bank Address: | | |
| City: | Pincode: | State: Country: |
| Nomination Details | | |
| Nominee Name: | | Relationship: |
| Guardian Name(If Nominee is Minor): | | |
| Nominee Address: | | |
| City: | Pincode: | State: |
| Declaration and Signature I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us. | | |
| Date : | Place : For YOUR COMPANY NAME HERE | |
| 1st applicant Signature : <i>Signature</i> | 2nd applicant Signature : | 3rd applicant Signature : <i>Signature</i> |

For YOUR COMPANY NAME HERE

Signature
Director/Partner



Signature
Director/Partner



CAMS Declaration

Declaration for Standalone KYC processing

We, (Company Name) _____,
a duly organized entity under the **Indian** laws with PAN _____,
hereby state and confirm our intention to invest in a **hybrid scheme** with **Tata Mutual Fund**.
Following the requirements stated, we are submitting our KYC application form along with
the applicable supporting documents for completing the process before we can
transact in the above mentioned funds.

Company Stamp:



Signature:



(Authorized Signatory)

Name: _____

Title: _____

Date: _____

Note: PAN, Name, and Signature in this declaration form should match the Signature in the KYC application form, else it will be liable to get rejected.

Company Documents

Company PAN

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

PAN Holders' <FIRST> <MIDDLE> <SURNAME>

Fathers' <FIRST> <MIDDLE> <SURNAME>

Date of birth <DD / MM / YYYY>

Permanent Account Number

PAN Number <AAAAA8888A>

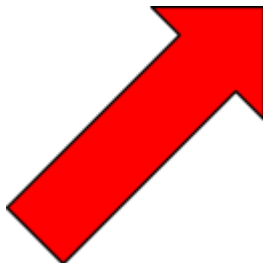
PAN Holders Signature

PHOTO



For YOUR COMPANY NAME HERE

Signature
Director/Partner



Company CIN



प्रारूप 1 पंजीकरण प्रमाण-पत्र

कॉर्पोरेट पहचान संख्या : CIN Number 2008 - 2009

मैं एतद्वारा सत्यापित करता हूँ कि मैसर्स
Name of the Company

का पंजीकरण, कम्पनी अधिनियम 1956 (1956 का 1) के अंतर्गत आज किया जाता है और यह
कम्पनी प्राइवेट लिमिटेड है।

यह निगमन-पत्र आज दिनांक नौ जून दो हजार आठ को मेरे हस्ताक्षर से कानपुर में जारी किया जाता है।

Form 1 Certificate of Incorporation

Corporate Identity Number : CIN Number 2016-17
I hereby certify that Name of the Company is this day
incorporated under the Companies Act, 1956 (No. 1 of 1956) and that the company
is private limited.

Given under my hand at Kanpur this Nineth day of June Two Thousand

(SEHAR PONRAJ A)

सहायक कम्पनी रजिस्ट्रार / Assistant Registrar of Companies

उत्तर प्रदेश एवं उत्तरांचल
Uttar Pradesh and Uttranchal

कम्पनी रजिस्ट्रार के कार्यालय अभिलेख में उपलब्ध पत्राचार का पता :
Mailing Address as per record available in Registrar of Companies office:

Name of the Company & Address
for mailing



For YOUR COMPANY NAME HERE

Signature

Director/Partner

Company MOA and AOA

(Sign and stamp on first and last page of MOA and AOA)

Memorandum of Association & Articles of Association

Both the Memorandum of Association and the Articles of Association are very important documents for any type of company whether it a public-limited company or a private-limited company.

Memorandum of Association

Memorandum of association is a basic document of the joint stock company. It is also known as **Charter of company**. It sets out the limits outside which the company cannot go. Its main purpose is to enable shareholders, creditors and all those who deal with the company to know what is permitted range of enterprises.

It is a document which sets out the constitution of the company and as such, is really the foundation on which the structure of the company rests.

Clauses of Memorandum of Association:

The main clauses of memorandum have been described in sections 16,17 and 18 of the companies ordinance 1984 as under :

1-Name Clause

According to this we have to state the name of the company. A company may adopt any name but it should not be identical to the name of an existing company registered with the registrar of the company.

Conditions:

- a) It should not resemble the name of any other company
- b) It should not contain the word like king, queen, emperor, government bodies
- c) The name should not be objectionable in the opinion of government.

The companies ordinance provides that the name of the company must end with the words "Limited".



For YOUR COMPANY NAME HERE

Signature
Director/Partner

Company Cancel Check

भारतीय स्टेट बैंक
State Bank Of India

मेहनत है यही तो जीने का सच है (सहज भाव से बोलें)

पेमेंट ऑर्डर नंबर (ऑफिस प्रिंटेड) [REDACTED]

पेमेंट ऑर्डर नंबर (ऑनलाइन प्रिंटिंग) [REDACTED]

दिनांक: DD MM YYYY

PAY TO THE ORDER OF

का या उसके आदेश पर OR ORDER

रुपये RUPEES

अदा करें ₹ [REDACTED]

A/c No. 30939 [REDACTED]

VALID UPTO ₹ 10 LACS AT NON-HOME BRANCH

SB ACCOUNT
PREFIX :
1515000027

Mr. XXXXXXXXXX XXXX

MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

[REDACTED]



For YOUR COMPANY NAME HERE

Signature
Director/Partner

Board Resolution with Authorized Signatory List

{Company Letter Head}

Board Resolution & Authorized Signatory List

The Board of Directors of the company have passed the following resolution in their meeting on **1st Jan 2023**

RESOLVED THAT the company can make investments/disinvestments in Shares, FDs, and schemes of various Mutual Funds/Portfolio Management Services (PMS)/companies from time to time out of the hands of the company.

RESOLVED THAT the Board hereby approves the opening of an investment account with CoinCraft Private Limited, a registered distributor bearing BSE Code 58552.

RESOLVED FURTHER THAT **any one or any two** on behalf of the company select the schemes/issue for investments/disinvestments as well as sign necessary papers, forms, and documents for these investments/disinvestments.

The List of Signatories and their specimen signatures are as follows:

| Sr. No | Name | Signature |
|--------|---------------------------|-----------|
| 1. | Authorized Signatory Name | Signature |
| 2. | Authorized Signatory Name | Signature |



Company Stamp and sign

For YOUR COMPANY NAME HERE

Signature
Director/Partner



Balance Sheet

XYZ COMPANY Balance Sheet 12/31/2017

ASSETS

Current Assets:

| | |
|-----------------------------|------------------|
| Cash | \$12,000 |
| Accounts Receivable | 35,000 |
| Inventory | 120,000 |
| Prepaid Rent | 8,000 |
| Total Current Assets | \$175,000 |

Long-Term Assets

| | |
|---------------------------|------------------|
| Land | \$126,000 |
| Buildings & Improvements | 300,000 |
| Furniture & Fixtures | 50,000 |
| General Equipment | 125,000 |
| Total Fixed Assets | \$601,000 |

| | |
|---------------------|-------------------------|
| TOTAL ASSETS | <u>\$776,000</u> |
|---------------------|-------------------------|

LIABILITIES

Current Liabilities:

| | |
|----------------------------------|------------------|
| Accounts Payable | \$60,000 |
| Taxes Payable | 25,000 |
| Salaries/Wages Payable | 30,000 |
| Interest Payable | 25,000 |
| Total Current Liabilities | \$140,000 |

Long Term Liabilities:

| | |
|------------------------------------|------------------|
| Loan 1 | \$322,000 |
| Total Long Term Liabilities | \$322,000 |

| | |
|--------------------------|------------------|
| TOTAL LIABILITIES | \$462,000 |
|--------------------------|------------------|

OWNER'S EQUITY

| | |
|-------------------|----------|
| Paid in Capital | \$64,000 |
| Retained Earnings | 250,000 |

| | |
|-----------------------------|------------------|
| TOTAL OWNER'S EQUITY | \$314,000 |
|-----------------------------|------------------|

| | |
|---|-------------------------|
| TOTAL LIABILITIES & OWNER'S EQUITY | <u>\$776,000</u> |
|---|-------------------------|



For YOUR COMPANY NAME HERE

Signature

Director/Partner

Related Person Documents

Related Person KYC Form

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



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) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Maiden Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender* | <input type="checkbox"/> M- Male | <input type="checkbox"/> F- Female | <input type="checkbox"/> T- Transgender | |
| Nationality* | <input type="checkbox"/> IN- Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>) | | |
| PAN* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

☐ 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* | <input type="text"/> | | | |
| Line 2 | <input type="text"/> | | | |
| Line 3 | <input type="text"/> | | | |
| District* | <input type="text"/> | Pin/Post Code* | <input type="text"/> | State/U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/> |

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

☐ PHOTO*



Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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)

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| 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 of 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:



For YOUR COMPANY NAME HERE

Signature
Director/Partner

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]

Related Person Aadhar Card (Both Side)



For YOUR COMPANY NAME HERE

Signature
Director/Partner



Director's PAN Card



For YOUR COMPANY NAME HERE

Signature
Director/Partner

