

In Case of Additional Related Persons, Please Fill This Form

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure B2 for Related Person Details



Instructions:

- a) Fields marked with "*" are mandatory fields.
 b) Please Fill the form in English and in BLOCK Letters.
 c) Please read guidelines / detailed instructions overleaf
 d) List of Two character ISO-3166 country codes are available overleaf

Application Type : ☐ New ☐ UpdateKYC Number : ☐ DETAILS OF RELATED PERSON☐ Addition of Related Person ☐ Deletion of Related Person

KYC Number (if available) :

Related Person Type* : ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorized Signatory ☐ Court Appointed Official

PERSONAL DETAILS (Mandatory In case the KYC number of Related Person is not available)

Name* : Prefix First Name Middle Name Last Name

PAN : UID : DIN : Tick if Applicable : ☐ Political Exposed Person ☐ Related to Political Exposed Person

ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not available)

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

Photo



Signature]

☐ Addition of Related Person ☐ Deletion of Related Person

KYC Number (if available) :

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Photo



Signature]

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature / Stamp]

☐ Signature / Stamp of ApplicantPlace : Date :

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ☐ Self-Certified ☐ True Copies ☐ Notary

IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ DoneDate : Emp. Name : Emp. Code : Emp. Designation : Emp. Branch : Signature :

[Employee Signature]

INSTITUTION DETAILS

Name : Code : Stamp :

[Institution Stamp]