

## In Case of Controlling Person(s) resident for tax purposes outside India, Please Fill This Form.

### CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure C2 for Controlling 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 ☐ Update

KYC Number :

#### ☐ DETAILS OF CONTROLLING PERSON RESIDENT OUTSIDE INDIA

☐ Addition of Controlling Person ☐ Deletion of Controlling Person

##### Type of Control

In case of Legal Person : ☐ Ownership ☐ Other Means ☐ Senior Managing Officials

In case of Trust : ☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other

In case of Other Legal arrangement : ☐ Settlor-Equivalent ☐ Trustee-Equivalent ☐ Protector-Equivalent ☐ Beneficiary -Equivalent ☐ Other -Equivalent

##### PERSONAL DETAILS

Name\* :  Prefix  First Name  Middle Name  Last Name

ISO -3166 Country Code of Jurisdiction of Residence\* :

Tax Identification Number or equivalent (If issued by jurisdiction)\* :

(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')

Place / City of Birth\* :  ISO -3166 Country Code of Birth\* :  Date of Birth\* :

##### ADDRESS DETAILS

Line 1\* :

Line 2 :

Line 3 :

City/Town/Village\* :  State/ U.T\* :

Pin / Post Code :  ISO -3166 Country Code :

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Line 2 :

Line 3 :

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Pin / Post Code :  ISO -3166 Country Code :

##### 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 Applicant

Place :

Date :

##### ATTESTATION / FOR OFFICE USE ONLY

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

##### IN PERSON VERIFICATION DETAILS

Identity Verification : ☐ Done

Date :

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Branch :

Signature :

[Employee Signature]

##### INSTITUTION DETAILS

Name :

Code :

Stamp :

[Institution Stamp]