

In Case of Multiple Correspondence / Local Addresses, Please Fill This Form.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Annexure A2 for Local Address

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

[illegible]

☐ **CORRESPONDENCE / LOCAL ADDRESS DETAILS** *(In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)*

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

☐ **CONTACT DETAILS** *(Communications will be done on provided Mobile no. and Email-ID)*

[illegible]

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	:	<input type="checkbox"/> Done										
Date	:	<table> <tr> <td>C</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	C	D	-	M	M	-	Y	Y	Y	Y
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Signature	:											

INSTITUTION DETAILS

Name	:								
Code	:								
Stamp	:								

[Institution Stamp]

[Employee Signature]