

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 or 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 / instruction 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 Application Type* New Update

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* Date of Commencement of Business

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN* Form 60 furnished

TIN/ GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

- Certificate of Incorporation / Formation Registration Certificate
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manager, officers of employees to transact on its behalf
- Activity Proof - 1 (For Sole Proprietorship Only) 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* Certificate of Incorporation / Formation Registration Certificate 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 refer instruction E at the end)

<input type="checkbox"/> 6. REMARKS (If any)																								

7. APPLICANT DECLARATION (Please refer Instruction G at the end)
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- 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/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

(Signature / Thumb Impression)
Signature / Thumb Impression of Authorised Person(s)

Date : - - Place:

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Equivalent e-document

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
<p>Identity Verification <input type="checkbox"/> Done Date <input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/></p> <p>Emp. Name <input type="text" value=""/></p> <p>Emp. Code <input type="text" value=""/></p> <p>Emp. Designation <input type="text" value=""/></p> <p>Emp. Branch <input type="text" value=""/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">(Employee Signature)</div>	<p>Name : MSB E-TRADE SECURITIES LIMITED</p> <p>Code : IN0534</p> <div style="border: 1px solid black; height: 80px; margin-top: 10px; text-align: center;">[Institution Stamp]</div>

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-YYYY format.
 D) Please fill the form in English and in BLOCK letters.
 E) KYC number or applicant is mandatory for update application.
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 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 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 Signatory Beneficial Owner Power of Attorney Holder
 Guardian of Minor Assignee Authorised Representative Other (Please specify _____)

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

Please tick if applicable Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP) No

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="checkbox"/> 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

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

PHOTO*

 **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)

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 F- Proof of Possession of Aadhaar
- II E-KYC Authentication
- II Offline verification of Aadhaar
- IV Deemed PoA
- V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* 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

REMARKS (IF ANY)

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

Date : - - Place:

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

3. 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 Video Based KYC

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
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Identity Verification Done Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Name : MSB E-TRADE SECURITIES LIMITED

Code : IN0534

[Institution Stamp]

(Employee Signature)

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KYC VERIFICATION CARRIED OUT BY

Identity Verification Done Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

INSTITUTION DETAILS

Name : MSB E-TRADE SECURITIES LIMITED

Code : IN0534

[Institution Stamp]