



Head Office: Gandhisagar, Mahal, Nagpur - 440 018.

Branch: (शेड्यूल्ड बँक) CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity Instructions: Application Type New Update A) Fields marked with "are mandatory fields B) Please Fill the form in English and in BLOCK Letters. KYC Number C) Please read guidelines / detailed instructions overleaf ENTITY DETAILS Name* (Same as ID proof) Place of Incorporation or Formation* Date of Incorporation or Formation* Date of Commencement of Business* : Entity / Constitution Type* : Sole Proprietorship Private Limited Co Association FPI Category I Public Limited Co. Society FPI Category II HUF FPI Category III Partnership LLP Foundation Financial Institution Other Trust Liquidator Residence for Tax purposes outside India or No Residence for Tax purposes Tick if Applicable ISO -3166 Country Code of Jurisdiction of Residence* : I N Tax Identification Number or equivalent (If issued by jurisdiction)*: (Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number') : Number of controlling person(s) resident outside India for tax purposes : Fill if Applicable (Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2') PROOF OF IDENTITY* (One Certified Copy of any one of the following Proof of Identity[Pol] needs to be submitted) CIN: PAN: TAN: **DOCUMENTS SUBMITTED*** Memorandum and Articles of Association/ Partnership Deed/ Trust deed Certification of Incorporation or Formation / Registration Certificate OVD in respect of person authorized to transact Resolution of Board / Managing Committee □ PROOF OF ADDRESS (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted) CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted) Line 1* Line 2 City / Town / Village : Line 3 ISO -3166 Country Code: I N Pin / Post code: State/U.T*: Registration Certificate Proof of Address*: Certification of Incorporation or Formation 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) (In case of multiple correspondence / local addresses, Please fill 'Annexure A1') ☐ Same as Current / Permanent / Overseas Address details Line 1* Line 2 City / Town / Village : Line 3 ISO -3166 Country Code: I N Pin / Post code : State/U.T*: ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT * (If Applicant is resident outside India for Tax purposes) Same as Correspondence / Local Address details Same as Current / Permanent / Overseas Address details Line 1* Line 2 City / Town / Village Line 3 ISO -3166 Country Code: I N Pin / Post code: CONTACT DETAILS (Communications will be done on provided Mobile no. and Email-ID) Mobile*: Tel. (Off)3

Email ID*:

FAX*

Additional Price of Type Direct of Personal New York New	□ DETAILS OF	RELATED I	PERSON (I	n case of	additiona	I related per	sons, Pl	ease f	ill 'An	nexu	re B2'	form))	
Description	☐ Addition of Related	Person 🗌	Deletion of Re	lated Person	KYC Num	nber (if available	: (:							
Name	Related Person Type*	: Director	· 🔲 Promot	ter 🗌 Kar	ta 🗌 Tru	ustee 🔲 Part	ner 🗆 /	Authoriz	ed Sigr	natory	☐ Co	ourt App	oointed	Official
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IN PERSON VERIFICATION DETAILS Identity Verification: □ Done Date Date Date Emp. Name Emp. Code Emp. Designation: □ Date: □ D M M Y Y Y Y Emp. Branch Signature Date: □ D M M Y Y Y Y Emp. Branch Instructions Important Points a) Application should be completed in ENGLISH and in BLOCK letters of Tick 'V' wherever applicable. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the client. 1) You are required to submit a Proof of Identity and Proof of Address for Current/Permanent/Overseas address provided by you. 9) Name: SHILKSHAK	Documents Received	: □ Self-Ce	rtified [
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Emp. Designation: Emp. Branch Signature [Employee Signature] Date: D MM YYYY INSTRUCTIONS Important Points a) Application should be completed in ENGLISH and in BLOCK letters of Tick 'V' wherever applicable. c) Tick 'V' wherever applicable. d) Tick 'V' in the respective section heading for updation by cancelling and re-writing and such corrections should be countersigned by the client. To You are required to submit a Proof of Identity aubmit and Proof of Address for Current/Permanent/Overseas address provided by you. Name: Please state your name as Prefix (Mr/Mrs/Ms/Dr/etc.), First, Middle and Last Name in the space provided. This should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected. Pin/Post Code is not mandatory if country is other than India Please provide additional details if Residence for Tax purposes outside India or No Residence for Tax Purposes For Legal Entry:	Emp. Name					1	L							
Emp. Branch Signature [Employee Signature] Date: D - M M - Y Y Y Y INSTRUCTIONS Important Points a) Application should be completed in ENGLISH and in BLOCK letters c) Tick 'v' wherever applicable. e) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the client. f) You are required to submit a Proof of Identity and Proof of Address for Current/Permanent/Overseas address provided by you. Name: Please state your name as Prefix (Mr/Mrs/Ms/Dr/etc.), First, Middle and Last Name in the space provided. This should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected. h) Pin/Post Code is not mandatory if country is other than India l) Please provide additional details if Residence for Tax purposes outside India or No Residence for Tax Purposes For Legal Entry:	Emp. Code .				VI.	Stam	p :							
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c. Please fill 'Annexure C2' for Controlling Person Details.	a. Please fill	'Annexure A2'	for multiple ac	dresses Det	ails. b	. Please fill 'Ann	exure B2' fo	or Relat	ed Pers	son De	tails.			



Latest KYC Information Form | Legal Entity

CENTRAL KYC REGISTRY Know Your Customer (KYC) Ap	pplication Form Legal Entity Annexure B2 for Related Person	n Details
Instructions : A) Fields marked with '*'are mandatory fields.	Application Type : New Update	
B) Please Fill the form in English and in BLOCK Letters.	KYC Number :	7
C) Please read guidelines / detailed instructions overleaf	i KTC Number	
DETAILS OF RELATED PERSON		
□ Addition of Related Person □ Deletion of Related Person KYC N		
	Trustee Partner Authorized Signatory Court Appointed C	Official
PERSONAL DETAILS (Mandatory In case the KYC number of Related P	Person is not available)	
Name*: Frefix First Name	dble Name Last Name	
PAN : UID : UID : Related to Politically Exposed Person Related to Politically	h Evaced Person	Latest Passport Size
ADDRESS DETAILS (Mandatory in case the KYC number of Related Person is not an		Colour Photo
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Line 2	 	¥ 101.
Line 3		Signature / Thumb
State/U.T* Pin / Post code :	ISO-3166 Country Code : I N	Impression
☐ Addition of Related Person ☐ Deletion of Related Person KYC N		
	Trustee Partner Authorized Signatory Court Appointed C	Official
PERSONAL DETAILS (Mandatory In case the KYC nun		
Name*:		
PAN : UID:	DIN:	Latest
Tick if Applicable :		Passport Size
ADDRESS DETAILS (Mandatory in case the KYC number of Related Person is not a	available)	Colour Photo
Line 1*		
Line 2		•••••
Line 3	City / Town / Village* :	Signature / Thumb
State/U.T* Pin / Post code :	ISO-3166 Country Code : I N	Impression
☐ Addition of Related Person ☐ Deletion of Related Person	KYC Number (if available) :	
_	Trustee Partner Authorized Signatory Court Appointed C	Official
PERSONAL DETAILS (Mandatory In case the KYC number of	Related Person is not available)	
Name*:		
PAN : UID :	DIN:	Latest
Tick if Applicable : ☐ Politically Exposed Person ☐ Related to Politicall	ly Exposed Person	Passport Size
ADDRESS DETAILS (Mandatory In case the KYC number of Related Person is not a	available)	Colour Photo
Line 1*		
Line 2		
Line 3	City / Town / Village* :	Signature / Thumb
State/U.T* Pin / Post code :	ISO-3166 Country Code : I N	Impression
APPLICANT DECI	LARATION	
I hereby declare that the details furnished above are true and correct to the best of my/our knowledge a therein, immediately. In case any of the above information is found to be false or untrue or misleading of	and belief and I undertake to inform you of any changes	
held liable for it. I would like to share my personal / KYC details with Central KYC Registry.	and the state of t	
Place: Date: DD - M M	□ Signature / Stamp of A	pplicant
	N / FOR OFFICE USE ONLY	
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Documents Received : Self-Certified True Copies	☐ Notary	
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CENTRAL KYC REGISTRY Know Your Customer (KYC) A	pplication 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.	Application Type : New Update
C) Please read guidelines / detailed instructions overleaf	KYC Number
CORRESPONDENCE / LOCAL ADDRESS DETAILS (In case the PoA is not the local add	ess 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 : I N
□ CONTACT DETAILS (Communications will be done on provide	d Mobile no. and Email-ID)
Tel. (Off) : STD Code Mobile :	
FAX : STD Code Email ID :	
APPLIC	ANT DECLARATION
I hereby declare that the details furnished above are true and correct to the	
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 of misrepresenting, I am/we are aware that I/we may be held liable for it.	r misleading or [Signature/ Stamp]
I would like to share my personal / KYC details with Central KYC Registry.	☐ Signature / Stamp of Applicant
Plac	Date: DD - MM - YYYY
	/ FOR OFFICE USE ONLY
Documents Received : ☐ Self-Certified ☐ True Copies ☐	Notary
IN PERSON VERIFICATION DETAILS	INSTITUTION DETAILS
Identity Verification : ☐ Done	Name : S H I K S H A K S A H A K A R
Date : D D - M M - Y Y Y	B A N K L T D N A G P U R
Emp. Name :	Code :
Emp. Code :	Stamp :
Emp. Designation :	
Emp. Branch :	
Signature	[Institution Stamp]
[Employee Signature]	
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B) Please Fill the form C) Please read guide	m in En	glish a	and in	BLOC	CK L								ŀ	(YC	Nur	nbe	r [L		L		I]					
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