

Know Your Client (KYC) -KRA/CKYC Form**Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

☐ CKYC Number _____Application Type*: ☐ New KYC ☐ Modification KYC**1. Entity Details** (please refer guidelines)

PAN* _____

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Date of Incorporation* _____

Place of Incorporation* _____

Date of Commencement* _____

Registration Number* _____

Entity Type*

Please Tick (✓)

☐ Private Ltd. Co.☐ Public Ltd. Co.☐ Body Corporate☐ Partnership☐ Trust/Charity/NGO☐ HUF☐ FPI Category I☐ FPI Category II☐ AOP☐ Bank☐ Government Body☐ Defence Establishment☐ Body of Individuals☐ Society☐ LLP☐ Non-Government Organization☐ Others _____**2. Proof of Identity*** (please refer the guidelines)☐ Officially Valid Document(s) in respect of person authorized to transact☐ Certificate of Incorporation/Formation _____☐ Registration Certificate _____☐ Memorandum of Articles and Association☐ Partnership Deed☐ Trust Deed☐ Board Resolution☐ Power of attorney granted to its manager, office, employees to transact on its behalf☐ Activity Proof -1* (For Sole Proprietorship Only)☐ Activity Proof -2* (For Sole Proprietorship Only)**3. Address Details*** (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____

District* _____

Pin Code* _____

State* _____

Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____

District* _____

Pin Code* _____

State* _____

Country* _____

Applicant Digital Signature (DSC)

Proof of Address* (attested copy of any one POA to be submitted—*Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) ____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf)	_____	

4. Contact Details

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

The mobile number and Email ID mentioned here belongs to Name _____



☐ Authorised Signatory ☐ Director ☐ Trustee ☐ Partner ☐ Karta**5. Annexures Submitted**

Number of Related Persons - _____

6. Remarks / Additional Information**7. 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/We hereby consent to receiving information from CVL KRA-CKYC through SMS/Email on the above registered number/Email address

I/We hereby provide consent to download my/our records from CKYCR/KRA and  shall retrieve the KYC records online from CKYCR using the  identifier and will not be required to furnish KYC documents. I/we hereby undertake that I/we shall submit required KYC documentations/details if there is a change in the information of the customer as existing in the records of CKYCR/KRA."

DATE: ____ (DD-MM-YYYY)

PLACE: _____

Applicant Digital Signature (DSC)

Applicant Wet Signature


ASI**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

Know Your Client (KYC) -KRA/CKYC Form
Annexure (For Non- Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked '1' are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

☐ CKYC Number _____

Application Type*: ☐ New KYC ☐ Modification KYC

1. Identity Details of Related Person (please refer guidelines overleaf)

PAN*

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof) _____

Maiden Name* (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* ____/____/____

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* ☐ Indian ☐ Other _____

Related Person Type*

☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor

☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder

☐ Others _____ (please specify) DIN: _____ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card XXXX XXXX ____/____/____

☐ B — Passport Number _____ (Expiry Date) ____/____/____

☐ C — Voter ID Card _____

☐ D — Driving License _____ (Expiry Date) ____/____/____

☐ E — NREGA Job Card _____

☐ F — NPR _____

☐ Z — Others _____ (any document notified by Central Government)

Identification Number _____

Applicant Photo

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____
Line 2 _____
Line3 _____
City/Town/Village* _____ District* _____ Pin Code* _____
State* _____ Country* _____
Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX ____
☐ B — Passport Number _____ (Expiry Date) ____
☐ C — Voter ID Card _____
☐ D — Driving License _____ (Expiry Date) ____
☐ E — NREGA Job Card _____
☐ F — NPR Letter _____
☐ Z—Others _____ (any document notified by Central Government)
Identification Number _____



3. Contact Details

Email ID _____
Mobile No. _____
Tel (off) _____ Tel (Res) _____

4. 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.

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DATE: ____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature


AS2**5. For Office Use Only**

KYC carried out by*

Intermediary Details*

KYC Date ____
Emp. Name _____
Emp. Code _____
Emp. Designation _____

☐ Self certified document copies received (OVD)
☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp