



# Global Equities Fund

(Application Form for Non-Individual)

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An open-ended **Retail Scheme** registered under the IFSCA FM regulations

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## CHECKLIST FOR NON-INDIVIDUALS

### KYC Document Checklist for the Client

CLIENT CATEGORY	List of Supporting Documents to be submitted
<b>BODY CORPORATE/COMPANY</b>	<ol style="list-style-type: none"> <li>1. Certified true copy of the PAN or equivalent document prevalent in the home jurisdiction of the company</li> <li>2. Certified true copy of Entity Proof of Address (GST certificate/Bank statement /Electricity Bill (Less than 3 months old))</li> <li>3. Copy of Bank Proof in the name of Body Corporate/Company</li> <li>4. Certified true copy of the Certificate of Incorporation or Registration</li> <li>5. Certified true copy of the Certificate of change of name (if applicable)</li> <li>6. Certified true copy of the Constitution or Memorandum &amp; Articles of Association</li> <li>7. A resolution passed by the Board of Directors and power of attorney granted to its managers, officers or employees, as the case may be, to transact on its behalf.</li> <li>8. Certified true copy List of Authorized Signatories on the letterhead with Photograph, specimen signatures</li> <li>9. Certified true copy of the List of Directors on the letterhead</li> <li>10. Certified true copy of the latest audited financial statements or of the previous year</li> <li>11. Certified true copy of the latest share holding pattern on letterhead of company mentioning % share</li> <li>12. UBO Declaration if holding more than 10%</li> </ol> <p><b>KYC documents on Director, Authorized signatory and UBO (holding more than 10%)</b></p> <ol style="list-style-type: none"> <li>1. Certified True copy of Pan Card</li> <li>2. List of Officially Valid Document:- Certified True copy of Aadhar card/Passport/Driving License/Voter's ID Card</li> <li>3. Certified true copy of valid resident card/visa</li> <li>4. PEP (Politically Exposed Person) confirmation required</li> </ol>
<b>PARTNERSHIP FIRM / LLP</b>	<ol style="list-style-type: none"> <li>1. Certified true copy of the PAN or equivalent document prevalent in the home jurisdiction of the Firm(Partnership firm/LLP)</li> <li>2. Certified true copy of Entity Proof of Address (GST certificate/Bank statement /Electricity Bill (Less than 3 months old))</li> <li>3. Copy of Bank Proof in the name of Partnership firm/LLP</li> <li>4. Certified true copy of the Partnership Deed</li> <li>5. Certified true copy of proof of Partnership Registration / LLP registration certificate</li> <li>6. Certified true copy of the Resolution of the Partners or Power of Attorney by the Partners along with authorised signatory list</li> <li>7. Certified true copy List of Authorized Signatories on the letterhead with Photograph, specimen signatures</li> <li>8. Certified true copy of the latest List of Designated/Limited Partners</li> <li>9. Certified true copy of the latest audited financial statements or of the previous year</li> <li>10. Certified true copy of List of Shareholders/Ultimate Beneficial Owners</li> </ol> <p><b>KYC documents of Managers, Designated Partner and Authorized Signatory and UBO (beneficial owners with 10% or more interest))</b></p> <ol style="list-style-type: none"> <li>1. Pan Card Copy</li> <li>2. List of Officially Valid Document:- Certified True copy of Aadhar card/Passport/Driving License/Voter's ID Card</li> <li>3. Certified true copy of valid resident card/visa</li> <li>4. PEP confirmation required</li> </ol> <p>As per RBI's <b>FEMA (Overseas Investment) Rules, 2022</b>, registered Partnership Firms (PFs) are permitted to undertake <b>Overseas Portfolio Investment (OPI)</b>. Kindly ensure that the partnership firm is duly registered under <b>the Indian Partnership Act, 1932</b>.</p>

**Important Note:** Fully Filled and signed scanned forms and attested documents to be sent on [gift.retail@marcellus.in](mailto:gift.retail@marcellus.in) and originals to be couriered to Kfin Technologies Limited, 4th Floor, 414, Hiranandani Signature Gift Road, Gift City, Palaj, Gandhinagar - 382355

**Not applicable for digital onboarding**

## CHANNEL PARTNER DETAILS

☐ DIRECT ☐ DISTRIBUTOR

## INVESTMENT DETAILS

Class of Units	TER per annum
<input type="checkbox"/> Class A (Direct)	1.25% (one point two five percent)
<input type="checkbox"/> Class C (Regular)	2% (two percent)

Capital Committed in USD: \_\_\_\_\_ (Minimum USD 5000)

	Name	Code	Email Id	Mobile No
Distributor				
RM				

Mention Distributor details, if investing through a distributor.

## ENTITY DETAILS

Name as per PAN \_\_\_\_\_

 PAN \_\_\_\_\_ Date of Incorporation 

D	D	M	M	Y	Y	Y	Y
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 Date of Commencement 

D	D	M	M	Y	Y	Y	Y
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Place of Incorporation \_\_\_\_\_ Registration CIN No. \_\_\_\_\_

GSTIN No. \_\_\_\_\_ CKYC No. \_\_\_\_\_

Source of Funds: \_\_\_\_\_ Source of Wealth: \_\_\_\_\_

## LEGAL STATUS

☐ Partnership Firm ☐ Limited Liability Partnership (LLP) ☐ Others \_\_\_\_\_  
☐ Private Limited Company ☐ Public Limited Company

Gross Annual Income in \$ \_\_\_\_\_

Net worth in \$ \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year )

## CONTACT DETAILS

Correspondence Address \_\_\_\_\_

City \_\_\_\_\_ State / Country \_\_\_\_\_ Pin Code \_\_\_\_\_

Mobile 

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 Email ID (in capital letters) \_\_\_\_\_

•The above Mobile Number &amp; Email ID will be Captured &amp; use for Communication.

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State / Country \_\_\_\_\_ Pin Code \_\_\_\_\_

Name of the Contact Person Mr./Ms./Mrs \_\_\_\_\_

## BANK ACCOUNT DETAILS

Bank Name \_\_\_\_\_ Bank Branch \_\_\_\_\_ IFSC Code \_\_\_\_\_

A/c No. 

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 A/c Type ☐ Savings ☐ Current

## Annexure B (Political Related Person Declaration)

We hereby declare that details furnished are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes there in, immediately. In case of any of the information provided is found to be false or untrue or misleading or misrepresenting, we are aware that we may be liable for it.

PEP are defined as individuals who are or have been entrusted with prominent public function, e.g. heads States of Governments, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials.as per IFSC AML guidelines.

**Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: Politically Exposed Person (PEP)/ Related to a Politically Exposed Person (PEP).**

**Kindly declare the details of Authorised Signatories as per Board Resolution, Non Operating Director signing the Board Resolution & Ultimate Beneficial owner.**

Name & PAN	Address	Designation	Whether Politically Exposed
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NA
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NA
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NA
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NA
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NA
			<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NA

**\*In case of additional Authorised Signatory / Director / UBO kindly attach Annexure.**

## DECLARATION

☐ We hereby declare that the amount invested in the Fund is through legitimate sources / channels only and does not involve, and is not intended for, the purpose of any contravention or evasion of any applicable laws, including but not limited to tax laws, foreign exchange laws, anti-money laundering laws, anti-corruption laws, or any other applicable laws or regulatory requirements in force from time to time. We agree to promptly inform, the Investment Manager/FME/RTA/other intermediaries or their employees, of any change in the information provided in this application or in the documents submitted herewith. We further declare and agree that if any of the statements made herein are found to be incorrect, false, misleading, or if any information has been suppressed or omitted, the Investment Manager/FME/RTA shall have the right to reject the application, suspend or restrict transactions, redeem investments, or terminate the relationship, at its sole discretion. We agree to provide any additional information or documentation as may be required by the Investment Manager or any regulatory or statutory authority from time to time.

We hereby consents to and authorizes the Investment Manager, its employees, agents, and service providers to collect, verify, use, store, and share information, including details relating to accounts, investments, transactions, and beneficial ownership, with intermediaries, financial institutions, and regulatory or statutory authorities, whether in India or outside India, as may be required for compliance with applicable laws or for operational purposes, including cross-border information sharing where necessary.

We hereby confirm that no solicitation, marketing, or offering of the Fund's products has been carried out in any jurisdiction where such activities are not permitted, and that the investment has been made at our own discretion. We further confirm that this application complies with all applicable laws and regulations, and that we are not prohibited from accessing capital markets or making such investments under any applicable law, order, judgment, or regulatory direction. We understand and acknowledge that the Investment Manager reserves the right to accept or reject any application, restrict transactions, or redeem investments, at its discretion, in accordance with applicable laws and internal policies/procedures. We acknowledge that the Investment Manager follows a risk-based approach for client acceptance, customer due diligence, and ongoing monitoring, in accordance with applicable regulatory requirements. We undertake to provide complete and accurate information, including details relating to identity, authorized signatories, directors, beneficial owners, source of funds, and source of wealth, and to promptly update such information as and when required. The Investment Manager reserves the right to conduct enhanced due diligence, seek additional information, or restrict or terminate the relationship in case of incomplete, insufficient, or unsatisfactory information. The Investment Manager may monitor transactions on an ongoing basis and may report any suspicious transactions to relevant authorities in accordance with applicable laws, without prior notice. We acknowledge that the information provided may be subject to screening under applicable regulatory or sanctions requirements. We confirm that the information provided herein is true, complete, and accurate to the best of our knowledge and belief. We agree to indemnify the Investment Manager, its affiliates, directors, officers, employees, and agents against any loss, liability, cost, or expense arising out of or in connection with any incorrect, false, misleading, or incomplete information provided by us. We authorize the Investment Manager and its representatives to contact us through any mode of communication for account-related, regulatory, or service purposes, in accordance with applicable laws. We confirm that we have read and understood the relevant offering documents, including the key information and applicable terms and conditions of the scheme; that the funds invested belong to the entity and are derived from lawful sources; that the investment is not made through any undisclosed third-party arrangement; and that no rebates, inducements, or incentives have been received in relation to this investment. We further authorize the Investment Manager to take such actions as may be required under applicable laws, including, without limitation, withholding, reporting, restriction, or redemption of investments.



FACTA/CRS Declaration:  
We undertake and certify that the information provided is true, correct, and complete and may be relied upon for compliance with applicable tax reporting requirements. We acknowledge that the information provided herein may be used for submission to regulatory or tax authorities, as required under applicable laws. We agree to provide any additional information or documentation that may be required from time to time and undertake to inform of any changes to the information provided within a reasonable period. We authorize the Investment Manager and its agents to disclose and share information with regulatory authorities, financial institutions, or other relevant parties, as required under applicable laws, including cross-border reporting obligations. We understand that failure to provide required information or documentation may result in rejection of the application, restriction of transactions, or closure of the account.

Declaration for KRA& CKYC:  
We hereby declare that the details furnished above are true, correct, and complete to the best of our knowledge and belief. We understand that the details furnished in this form may be used by the Investment Manager to retrieve or verify KYC information from centralized KYC registries or similar databases, and we hereby provide consent for such verification. We confirm that submission of Aadhaar or similar identification documents, where applicable, is voluntary, unless mandated under applicable law. We consent to electronic KYC authentication, where permissible.

  <div>First Authorised Signatory</div>	  <div>Second Authorised Signatory</div>	  <div>Third Authorised Signatory</div>
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Date

D

D

M

M

Y

Y

Y

Y

Place



## Details of Ultimate Beneficial Owner (UBO) Including Additional FATCA & CRS Information

(Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

### 1 APPLICANT Details

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Address of tax residence would be taken as available in KRA database In case of any change please approach KRA & notify the changes

Customer ID/ Folio NO

Please tick the applicable tax resident declaration

Is Entity a tax resident of any country other than India? ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below )

Country	Tax Identification Number <sup>5</sup>	Identification Type (TIN or Other <sup>5</sup> , please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>5</sup>

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc

In case the Entity's Country of Incorporation / Tax residence is U S but Entity is not a Specified U S Person, mention Entity's exemption code here

(Refer instruction 3(VIII))

If the Entity is incorporated in country other than India and USA but the entity is not Other Reportable, mention Entity's exemption code here

(Refer instruction 3(IX))

### 2 FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

#### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,

Financial institution<sup>6</sup> ☐

or

Direct reporting NFE<sup>7</sup> ☐

(please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) ☐ Applied for

If the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category<sup>10</sup>

☐ Not obtained ☐ Non-participating FI

#### PART B (please fill any one as appropriate to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company<sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)

Yes ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

2. Is the Entity a related entity<sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)

Yes ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of listed company

Nature of relation ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company

Name of stock exchange

3. Is the Entity an active<sup>3</sup> NFE

Yes ☐ (If yes, please fill UBO declaration in the next section.)

Nature of Business

Please specify the sub-category of Active NFE  (Mention code refer 2c of Part D)

4. Is the Entity a passive<sup>4</sup> NFE

Yes ☐ (If yes, please fill UBO declaration in the next section.)

Nature of Business

<sup>1</sup>Refer 2a, <sup>2</sup>Refer 2b, <sup>3</sup>Refer 2c, <sup>4</sup>Refer 3(i), <sup>5</sup>Refer 1, <sup>7</sup>Refer 3(vii), <sup>10</sup>Refer 1A of Section 6

In case an investor which is a Trust and has declared itself to be a Passive Non-Financial Entity (NFE) prescribed CBDT clarification (F.No. 500/632/2015-FT&TR-III) dated 30 July 2020, kindly provide the details of all controlling persons i.e. settlors, trustees, beneficiaries or class of beneficiaries (irrespective of the size of their interest in the trust), protector, others in the section "Details of Ultimate Beneficial Owner (UBO) Including Additional FATCA and CRS Information"

To be filled by Financial Institution that is a tax resident outside India) (Mandatory)

1. Whether the Financial Institution is located in a CRS jurisdiction? (Please refer to the list of signatories to CRS given in the following link <http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/>) (If Yes, Q.2 and Q.3 are not required. If No, please go to Q.2)

Yes ☐ No ☐

2. Whether FI is an 'Investment Entity'? (Refer point b.(2) of the 'Instruction for FATCA & CRS Declaration') (If yes, please go to Q.3. If No, Q3 is not required to be filled)

Yes ☐ No ☐

3. The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable to investing, reinvesting, or trading in financial assets. (If Yes, please additionally fill Controlling person details in the section "Details of Ultimate Beneficial Owner (UBO) Including Additional FATCA and CRS Information")

Yes ☐ No ☐

### 3 UBO Declaration

Owner-documented FFI s5 should provide FFI Owner Reporting Statement and Auditor s Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency Tax ID No - Or functional equivalent for each country%	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code <sup>11</sup> - of Controlling	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
Name <input type="text"/> Country <input type="text"/> Tax ID No % <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>
Name <input type="text"/> Country <input type="text"/> Tax ID No % <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>
Name <input type="text"/> Country <input type="text"/> Tax ID No % <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address <input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>

#### # If passive NFE, please provide below additional details

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type Service, Business, Others Nationality Father's Name Mandatory if PAN is not available	DOB Date of Birth Gender Male, Female, Other
1 PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	Date of Birth <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2 PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	Date of Birth <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3 PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	Date of Birth <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

<sup>1</sup>Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India  
To include US, where controlling person is a US citizen or green card holder

Additional self-certification to be obtained from investor claiming residence in a high risk jurisdiction as declared by OECD<sup>3</sup>

Sr. No	Particulars	Controlling person 1	Controlling person 2	Controlling person 3
1.	Name of Jurisdiction(s) covered in OECD list# in which you / Controlling Person (CP) are tax resident			
2.	Did you / the CP obtain residence rights under any Citizenship by Investment (CBI) / Residence by Investment (RBI) scheme in any other jurisdiction(s) (i.e. other than jurisdiction provided in (1) above)? - Yes / No			
3.	Do you / the CP hold tax residence rights in any other jurisdiction(s) (i.e. other than jurisdiction provided in (1) above)? - Yes / No			
4.	Have you / the CP spent more than 90 days in any other jurisdiction(s) (other than jurisdiction provided in (1) above) during the previous year? - Yes / No			
5.	Have you filed personal income tax returns during the previous year in any other jurisdiction (other than jurisdiction provided in (1) above) - Yes/ No			

If the answer to any of the above question is "Yes", kindly fill the details in the above table and provide the tax identification number / functional equivalent number in those jurisdictions

<sup>3</sup>Jurisdictions as of January 2021 ("OECD list"): Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dominica, Grenada, Malta, Saint Kitts and Nevis, Saint Lucia, Seychelles, Turks and Caicos Islands, United Arab Emirates (UAE), and Vanuatu (<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/>)

<sup>11</sup>In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>1</sup>Refer 3(v) (A) of Section 6

### 4 FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Marcellus Investment Managers Pvt Ltd or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

<sup>11</sup>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

## 5 Certification

- a) I/We also agree that our failure to disclose any material known to us, now or in future, may invalidate our application and Marcellus Investment Managers Pvt Ltd or its group entities would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI)/SEBI for the purpose or take any other action as may be deemed appropriate by Marcellus Investment Managers Pvt Ltd or its group entities if the deficiency is not remedied by us within the stipulated period.
- b) I/We hereby accept and acknowledge that Marcellus Investment Managers Pvt Ltd or its group entities shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to Marcellus Investment Managers Pvt Ltd or its group entities.
- c) It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- d) I/We also agree to furnish such information and/or documents as Marcellus Investment Managers Pvt Ltd or its group entities may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- e) I/We shall indemnify Marcellus Investment Managers Pvt Ltd or its group entities for any loss that may arise to Marcellus Investment Managers Pvt Ltd or its group entities on account of providing incorrect or incomplete information.

Name	F	I	R	S	T							M	I	D	D	L	E												L	A	S	T
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Designation	Place	Date
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## 6 FATCA Instructions & Definitions

1. Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
- (i) Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- (ii) Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
- a) The three financial years preceding the year in which determination is made; or
- b) The period during which the entity has been in existence, whichever is less.
- (iii) Investment entity is any entity:
- a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
- (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
- (ii) Individual and collective portfolio management; or
- (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
- or
- b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.
- An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:
- (i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) the period during which the entity has been in existence.
- The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)
- In case the entity confirms it is an FI and a tax resident outside India, an additional CRS declaration will need to be filled. Refer Annexure A
- (iv) Specified Insurance Company: The term is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Indian trust where the trustee is a reporting FI
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI (if you select this category, please provide Owner Reporting Statement or an Auditor's Letter with required details as mentioned in Form W8-BENE)

2. **Non-financial entity (NFE)** - Any entity that is not a financial institution  
Types of NFEs that are regarded as excluded NFE are:

<p>a. Publicly traded company (listed company)  A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)</p>	
<p>b. Related entity of a publicly traded company  The NFE is a related entity of an entity of which is regularly traded on an established securities market;</p>	
<p>c. Active NFE : (is any one of the following):</p>	
Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of and such Related Entities is primarily engaged in a business other than that of a Financial Institution;

07	<p>Any NFE that fulfills all of the following requirements:</p> <ul style="list-style-type: none"> <li>It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>It is exempt from income tax in India;</li> <li>It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> <li>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</li> </ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation. For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <p>(I) an Investor Protection Fund referred to in clause (23EA);</p> <p>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</p> <p>(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</p>
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### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) Passive NFE

The term passive NFE means

- (a) an y non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (b) an investment entity defined in clause 1 (iii)(b) of these instructions which is not located in any of the jurisdictions specified by the Central Board of Direct Taxes in this behalf vide Notification No. 78/2018 dated 5 November 2018
- (c) not a withholding foreign partnership or withholding foreign trust; (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

#### (iii) Passive income

The term passive income includes income by way of: (1) (1) Dividends,

- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

#### (iv) Controlling persons

Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of/entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, all the beneficiaries in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

"As per CBDT clarification dated 30 July 2020 on the Guidance Note on FATCA and CRS, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ("BO")"

(A) Controlling Person Type:	
Code	Sub-category
C01	CP of legal person-ownership
C02	CP of legal person-other means
C03	CP of legal person-senior managing official
C04	CP of legal arrangement-trust-settlor
C05	CP of legal arrangement--trust-trustee
C06	CP of legal arrangement--trust-protector
C07	CP of legal arrangement--trust-beneficiary
C08	CP of legal arrangement--trust-other
C09	CP of legal arrangement-Other-settlor equivalent
C10	CP of legal arrangement-Other-trustee equivalent
C11	CP of legal arrangement-Other-protector equivalent
C12	CP of legal arrangement-Other-beneficiary equivalent
C13	CP of legal arrangement-Other-other equivalent
C14	Unknown

#### (v) Specified U.S. person- A U.S person other than the following:

- (a) a corporation the stock of which is regularly traded on one or more established securities markets;
- (b) any corporation that is a member of the same expanded affiliated group, as defined in section 1471 (e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (c) the United States or any wholly owned agency or instrumentality thereof;
- (d) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (e) any organization exempt from taxation under section 501 (a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701 (a)(37) of the U.S. Internal Revenue Code;
- (f) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (g) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (h) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (i) any common trust fund as defined in section 584 (a) of the U.S. Internal Revenue Code;
- (j) any trust that is exempt from tax under section 664 © of the U.S. Internal Revenue Code or that is described in section 4947 (a)(1) of the U.S. Internal Revenue Code;
- (k) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (l) a broker as defined in section 6045 © of the U.S. Internal Revenue Code; or
- (m) any tax-exempt trust under a plan that is described in section 403 (b) or section 457 (g) of the U.S. Internal Revenue Code.

#### (vi) Owner documented FFI

An FFI meets the following requirements:

- (A) The FFI is an FFI solely because it is an investment entity;
- (B) The FFI is not owned by or related to an y FFI that is a depository institution, custodial institution, or specified insurance company;
- (C) The FFI does not maintain a financial account for any nonparticipating FFI;
- (D) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (E) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FFI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

#### (vii) Direct reporting NFE

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

(ix) Exemption code for Other Reportable persons

Code	Sub-category
A	a corporation, the stock of which is regularly traded on one or more established securities markets
B	any corporation that is a related entity of a corporation mentioned in item
C	a Governmental entity
D	an International organisation
E	a Central bank
F	a financial institution







Place: \_\_\_\_\_

Signature / Thumb Impression of Authorised Person(s)

## CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

### A Clarification / Guidelines for filing Entity Details section

#### 1 Entity Constitution Type

A - Sole Proprietorship	H - Trust	O - Artificial Jurisdical Person
B - Partnership Firm	I - Liquidator	P - International Organisation or Agency /Foreign Embassy or Consular Office etc.
C - HUF	J - Limited Liability Partnership	Q - Not Categorized
D - Private Limited Company	K - Artificial Liability Partnership	R - Others
E - Public Limited Company	L - Public Sector Banks	S - Foreign Portfolio Investors
F - Society	M - Central/State Government Department or Agency	
G - Association of Persons (AOP) / Body of Individuals (BOI)	N - Section 8 Companies (Companies Act, 2013)	

- 2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.

### B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

### C Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.

### D Clarification / Guidelines for filling 'Contact Details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

### E Clarification / Guidelines for filling 'Related Person Details' section

- 1 Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
  - PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
  - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

### F Provision for capturing signature of multiple authorised persons is to be made by the RE.

**List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988**

State/U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

**List of ISO 3166 two digit Country Code**

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of china	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hongkong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire ICote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion IReunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao ICuracao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ISaint BartheJemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

## 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 of 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 / instructions 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 ☐ 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 ☐ Other (Please specify)

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

## 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

☐ PHOTO\*



## Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

## 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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)

- ☐ 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   
 II ☐ Offline verification of Aadhaar   
 IV ☐ Deemed PoA  
 V ☐ Self Declaration



**Address**

Line 1\*

Line 2

Line 3

District\*

Pin / Post Code\*

State / U.T Code\*

City / Town / Village\*

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

**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 : DD - MM - YYYY

Place:

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**KYC VERIFICATION CARRIED OUT BY**

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

**INSTITUTION DETAILS**

Name

Code

[Employee Signature]

[Institution Stamp]

## 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 of 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 / instructions 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 ☐ 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 ☐ Other (Please specify)

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

## 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

☐ PHOTO\*



## Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

## 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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)

- ☐ 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   
 II ☐ Offline verification of Aadhaar   
 IV ☐ Deemed PoA  
 V ☐ Self Declaration

Address

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

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 : DD - MM - YYYY

Place:

Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

<b>Documents Received</b>	<input type="checkbox"/> Certified Copies	<input type="checkbox"/> E-KYC data received from UIDAI	<input type="checkbox"/> Data received from Offline verification
	<input type="checkbox"/> Digital KYC process	<input type="checkbox"/> Equivalent e-document	
<b>KYC VERIFICATION CARRIED OUT BY</b>		<b>INSTITUTION DETAILS</b>	
Date		Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			
[Employee Signature]		[Institution Stamp]	

## 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 of 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 / instructions 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 ☐ 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 ☐ Other (Please specify)

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

## 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

☐ PHOTO\*



## Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

## 1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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)

- ☐ 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   
 II ☐ Offline verification of Aadhaar   
 IV ☐ Deemed PoA  
 V ☐ Self Declaration

Address

Line 1*																											
Line 2																											
Line 3																											
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																																					

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 : 

D	D	–	M	M	–	Y	Y	Y	Y
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Place: 

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Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

<b>Documents Received</b>	<input type="checkbox"/> Certified Copies	<input type="checkbox"/> E-KYC data received from UIDAI	<input type="checkbox"/> Data received from Offline verification
	<input type="checkbox"/> Digital KYC process	<input type="checkbox"/> Equivalent e-document	

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date	Name
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	
<div>Employee Signature]</div>	<div>[Institution Stamp]</div>