

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
(To be filled by financial institution) KYC Number

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(Mandatory for KYC update request)

<input type="checkbox"/> Name*			
Entity Constitution Type*		<input type="checkbox"/> Others (Specify) _____ (Please refer instruction B at the end)	
Date of Incorporation / Formation*		Date of Commencement of Business	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place of Incorporation / Formation*		Country of Incorporation / Formation*	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> TIN or Equivalent Issuing Country	
PAN *		<input type="checkbox"/> Form 60 furnished	
TIN / GST Registration Number			

<input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact	
<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Registration Certificate
<input type="checkbox"/> Memorandum and Articles of Association	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Resolution of Board / Managing Committee	<input type="checkbox"/> Trust Deed
<input type="checkbox"/> Activity Proof - 1 (For Sole Proprietorship Only)	<input type="checkbox"/> Power of attorney granted to its manager, officers or employees to transact on its behalf
<input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship Only)	<input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship Only)

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

District*

PIN / Post Code*

State / U.T Code*

City / Town / Village*

ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3

District*

PIN / Post Code*

State / U.T Code*

City / Town / Village*

ISO 3166 Country Code*

Tel. (Off)	<input type="text"/>	–	<input type="text"/>	FAX	<input type="text"/>	–	<input type="text"/>
Mobile	<input type="text"/>	–	<input type="text"/>	Email ID	<input type="text"/>		
Mobile	<input type="text"/>	–	<input type="text"/>	Email ID	<input type="text"/>		

☐ 5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

- [Signature / Thumb Impression]
- Signature / Thumb Impression of Authorised Person(s)

Signature / Thumb Impression of Authorised Person(s)

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS