

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.

(Mandatory for KYC update request)

☐ Name*Date of Incorporation / Formation*

D	D	—	M	M	—	Y	Y	Y	Y
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Date of Commencement of Business - -

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

PAN *

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 Form 60 furnished

TIN / GST Registration Number

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

<input type="checkbox"/> Certificate of Incorporation / Formation	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Registration Certificate	Regn Certificate No.
<input type="checkbox"/> Memorandum and Articles of Association	<input type="checkbox"/> Power of attorney granted to its manager, officers or employees to transact on its behalf	<input type="checkbox"/> Trust Deed	
<input type="checkbox"/> Resolution of Board / Managing Committee	<input type="checkbox"/> Activity Proof - 2 (For Sole Proprietorship Only)		
<input type="checkbox"/> Activity Proof - 1 (For Sole Proprietorship Only)			

3.1 Registered Office Address / Place of Business*

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate ☒ Other Document

[illegible][illegible]

Line 3

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)

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 FAX

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Mobile - Email ID

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

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

Date : DD - MM - YYYY Place: _____

Documents Received ☐ Certified Copies ☐ Equivalent e-document

INSTITUTION DETAILS

Name _____
Code _____