CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Legal Entity/Other than Individual										
Met BANUS'										
 A) Fields marked with ^{**} are mandatory fields. B) Tick 'v' 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. H) Please read section update, please tick 'v' 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 (Mandatory for KYC update request)										
1. ENTITY DETAILS (Please refer instruction A at the end)										
□ Name*										
Entity Constitution Type* Others (Specity) (Please refer instruction B at the end)										
Date of Incorporation / Formation* D - M - Y Y Y Date of Commencement of business D - M - Y Y Y										
Place of Incorporation / Formation*										
PAN* Form 60 furnished										
TIN / GST Registration Number										
2. PROOF OF IDENTITY (Pol)* (Please refer instruction B at the end)										
Officially valid document(s) in respect of person authorised to transact										
Certificate of Incorporation / Formation										
Memorandum and Articles of Association Partnership Deed Trust Deed										
Resolution of Board / Managing Committee Power of Attorney granted to its manager, officers or employees to transact on its behalf										
Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)										
□ 3. Address* (Please refer instruction C at the end)										
☐ 3.1 Registered Office Address / Place of Business*										
Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document										
Line 1*										
Line 2										
Line 2 City / Town / Village*										
Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*										
Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*										
Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 1* Line 1*										
Line 2										
Line 2										
Line 2										
Line 2										
Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 1* Line 1* Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 3 District* Distr										
Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 1* Line 1* Line 2 District* Pin/Post Code* State/U.T. Code										
Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 1* Line 2 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 3 District* FAX Fel (Off.) FAX Fel (Off.) FAX Fenail ID Fe										
Line 2 Line 3 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Line 1* Line 1* Line 2 District* Pin/Post Code* State/U.T. State/U.T. Code* State/U.T. Code* State/U.T. Code* State/U.T. State/U.T. Code* State/U.T. State/U.T										
Line 2 District* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code* Iso 31										

7. APPLICANT	DECLARATION		
	e details furnished above are true and correct to t of any changes therein, immediately. In case any		
	nisrepresenting. I am aware that may be held liable for eceiving information from Central KYC Registry throut		
email address.			
Date : DD-M	M – Y Y Y Y Place :		Signature / Thumb Impression of Authorised Person(s)
8. ATTESTATIO	N / FOR OFFICE USE ONLY		
Documents Receive	d Certified Copies Equivaler	nt e-document	
KVC D	OCUMENT VERIFIED CARRIED OUT BY	IN	STITUTION DETAILS
			HUBALI STOCK BROKING LTD.
Identity Verification	Done Date D D - M M -	Y Y Y Code I N 1 1 4	
Emp. Name			
Emp. Code			
Emp. Designation Emp. Branch			
Emp. Dianon			[Institution Stamp]
	[Employee Signature]		
CENTRAL KYC R	EGISTRY Instructions / Check List	t / Guidelines for filling Legal Entity / Othe	er than Individuals KYC Application Form
A Clarification / Guide	elines for filing Entity Details section		
1 Entity Constitut	ion Type		
A - Sole Proprie B - Partnership		H - Trust I - Liguidator	O - Artificial Jurisdical Person P - International Organisation or Agency /Foreign
C - HUF		J - Limited Liability Partnership	Embassy or Consular Office etc.
D - Private Lim E - Public Limit		K - Artificial Liability Partnership L - Public Sector Banks	Q - Not Categorized R - Others
F - Society	of Persons (AOP) / Body of Individuals (BOI)	M - Central/State Government Department or Ager N - Section 8 Companies (Companies Act, 2013)	ncy S - Foreign Portfolio Investors
	The second	s mandatory. In case of other entitites, FORM 60 may	be obtained if PAN is not available.
	elines for filling 'Proof of Identity[Pol]' section		
		counts in case of proprietorship firms. Please refer to	o relevant instructions issued by the Reserve Bank of
India in this reg 2 Please refer to	5	ator regarding applicable documents for the legal en	tity.
		/D obtained through Digital KYC process to be subm	
documents iss	ued to the digital locker account of the client	a document, issued by the issuing authority of such as per rule 9 of the Information Technology (Preserv	
	al Locker Facilities) Rules, 2016. ocess' has to be carried out as stipulated in t	the PML Rules 2005	
•		I be as specified by the concerned regulator from tim	e to time.
	elines for filling 'Proof of Address [PoA]' section		
	de and Pin / Post Code will not be mandatory of document or equivalent e-document to be		
D Clarification / Guide	lines for filling 'Contact Details' section		
	n two- digit country code and 10 digit mobile in the beginning of Mobile number.	number (e.g. for Indian mobile number mention 91-9	9999999999).
E Clarification / Guide	lines for filling 'Related Person Details' section	on	
1 Personal Deta			
The name s Proof of Addre		Proof of Identity submitted failing which the applicatio	n is liable to be rejected.
PoA to be s	submitted only if the submitted Pol does not h	nave an address or address as per Pol is invalid or n	ot in force.
	Code and Pin / Post Code will not be manda leemed PoA such as utility bill, the document		
 REs may us 	se the Self Declaration check box where Aad	haar authentication has been carried out successful	
		nformation available in the Central Identities Data Re	
		ails except 'Person Type' and 'Name of the Related F haar number from Aadhaar related data and docume	
while uploading			
F Provision for captur	ing signature of multiple authorised persons	is to be made by the RE.	

STATE BAHUR										
BAHUBALLO CENTRAL KYC REGISTRY	Know Your Customer (KYC) Application Form Related Person									
Merenning 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 'V' in the box available before the section number and strike off the sections not required to be updated. 									
For office use only Application Type* (To be filled by financial institution) KYC Number	New Update Delete (Mandatory for KYC update and delete request)									
(To be fined by financial institution) RTC Number										
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 availabe only 'Related Person Type' & 'Name' is mandatory									
Related Person Type* Director Promote	er 🗌 Karta 🔲 Trustee 🗌 Partner 🗌 Court Appointment Official 🗌 Proprietor									
🗌 Beneficiary 🗌 Authoris	sed Signatory 🗌 Beneficiary Owner 🔹 Other (Please Specify 👘 Other (Please Specify									
DIN (Director Identification Number)	(Mandatory if Related Person Type is Director)									
1.1 PERSONAL DETAILS (Please refer instruction	on E at the end)									
Prefix	First Name Middle Name Last Name									
□ Name* (Same as ID proof)										
Maiden Name										
Father / Spouse Name										
Mother Name										
Date of Birth*										
Gender* M- Male	F- Female T-Transgender									
Nationality* IN- Indian	Others (IS) 3166 Country Code)									
PAN*	Form 60 furnished									
1.2 PROOF OF IDENTITY AND ADDRESS* (PI	ease refer instruction E at the end)									
I. Certified copy of OVD or equivalent e-document of OV	D or OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)									
A- Passport Number	П РНОТО*									
B- Voter ID Card										
C- Driving Licence	Affix recent									
D- NREGA Job Card	passport size									
E- National Population Register Letter	Photograph and									
F- Proof of Possession of Aadhar	Sign across it									
II. E-KYC Authentification										
III. Offline verification of Aadhar	Signature / Thumb									
Address										
Line 1*										
Line 2										
Line 3	City / Town / Village*									
District*	ost Code* State/U.T. Code* ISO 3166 Country Code*									
1.3 CURRENT ADDRESS DETAILS (Please refer instru-	uction E at the end)									
Same as above mentioned address (in such cases a I. Certified copy of OVD or equivalent e-document of OVD	ddress details as below need not be provided) D or OVD obtained through digital KYC process needs to be submitted (any one 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 Aadhar										
II E-KYC Authentification										
III Offline verification of Aadhar										
IV 🗌 Deemed PoA										

Address									
Line 1*									
Line 2									
Line 3				City /	Town / Village*				
District*		Pin/Post Code*		State/U.T. Code*	ISO 3166 Country Code	*			
1.4 Contact Details (All communications will be sent to Mobile number / Email-ID (Please refer instruction D at the end)									
Tel (Off)		Tel (Res)			Mobile				
Email ID									
2. APPLICANT DE	ECLARATION								
 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 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/ [Signature / Thumb Impression] email address. 									
Date : DD-M	Μ-ΥΥΥΥ	Place :			Signature / Thumb Impression of App	licant			
3. ATTESTATION	/ FOR OFFICE USE ON	ILY							
Documents Receive	d Certified Copies	E-KYC dat	a received from UID	AI 🗌 Data receiv	red from Offline verification				
	Digital KYC proces	ss 🗌 Equivalent	e-document						
KYC D	OCUMENT VERIFIED CAR	RIED OUT BY	Nama	1	STITUTION DETAILS				
Date	D D — M M — Y Y	YY	Name Code	SHREE BA I N 1 1 4	AHUBALI STOCK BROKING LTD.				
Emp. Name									
Emp. Code						_			
Emp. Designation						_			
Emp. Branch					[Institution Stamp]				
	[Employee Signature]								
	[Employee Signature]								
	[Employee Signature]								
	[Employee Signature]								
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