

TIN/GST Registration Number

□ 2. PROOF OF IDENTITY (POI)*

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

☐ 3. ADDRESS*

☐ 3.1 Registered Office Address / Place of Business*

Proof of Address*

☐ Certificate of Incorporation / Formation
 ☐ Registration Certificate
 ☐ Landline / Tel. Bill

☐ Latest Electricity Bill
 ☐ Registered Rent / Lease / Sale Agreement of office premises

☐ Any other (Please specify) _____

Line 1*

Line 2

Line 3

District*

PIN / Post Code

State / U.T Code*

ISO 3166 Country Code*

☐ 3.2 Local Address in India (Separate proof of address to be taken)*

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)

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 ☐ ☐

□ 6. NAME OF RELATED PERSONS (Seperate Individual client form to be taken)

(Seperate Individual client form to be taken)

[illegible]

□ 7. APPLICANT DECLARATION (Please refer instruction G at the end)

- I / we 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 / We am / are aware that I/We may be held liable for it.
- My / our personal KYC details may be share with CKYCR
- I / we hereby consent to receiving information from CKYCR through SMS / Email on the above registered number / email.

[illegible]

Please affix a
latest passport
size colour
photograph
here

Please affix a
latest passport
size colour
photograph
here

Please affix a
latest passport
size colour
photograph
here

Stamp / Signature

Stamp / Signature

Stamp / Signature

Name : _____ Name : _____ Name : _____

8. For Branch Use Only :

Profession Code Profession / Occupation : _____

Customer Risk Category ☐ High ☐ Medium ☐ Low

Documents Received -

Sr. No.	Document Name	Document Number

KYC VERIFICATION CARRIED OUT BY

Identity Verification ☐ Done Date

D	D	M	M	Y	Y	Y	Y
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[illegible][illegible][illegible][illegible]

INSTITUTION DETAILS

Name _____

[illegible]

KYC VERIFICATION APPROVED BY

Identity Verification ☐ Approved Date

D	D	M	M	Y	Y	Y	Y
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[illegible][illegible][illegible][illegible]

(Employee Signature)

INSTITUTION DETAILS

Name _____

[illegible]

Institution Stamp