

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity / Other than Individuals**



**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 or 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 / instruction 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  (Mandatory for KYC update request)

**1. ENTITY DETAILS\*** (Please refer instruction A at the end)

Name\*

Entity Constitution Type\*  Others (Specify)  (Please refer instruction B at the end)

Date of Incorporation / Formation\*  Date of Commencement of Business

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

PAN\*   Form 60 furnished

TIN/ GST Registration Number

**2. PROOF OF IDENTITY (PoI)\*** (Please refer instruction B at the end)

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

Certificate of Incorporation / Formation   Registration Certificate  Regn Certificate No.

Memorandum and Articles of Association  Partnership Deed  Trust Deed

Resolution of Board / Managing Committee  Power of attorney granted to its manager, officers of employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only)  Activity Proof - 2 (For Sole Proprietorship Only)

**3. ADDRESS\*** (Please see 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 3  City / Town / Village\*

District\*  PIN / Post Code\*  State / U.T.  Country

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.  Country

**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)  FAX

Mobile  Email ID

Mobile  Email ID

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

<b>6. REMARKS (If any)</b>

<b>7. APPLICANT DECLARATION</b> (Please refer Instruction <b>G</b> at the end)
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- 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
- I hereby give an explicit consent to download records from CKYCR.

(Signature / Thumb Impression)
Signature / Thumb Impression of Authorised Person(s)

Date : 

D	D
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M	M
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Y	Y	Y	Y
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 Place: 

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<b>7. ATTESTATION / FOR OFFICE USE ONLY</b>
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Documents Received  Certified Copies  Equivalent e-document

KYC VERIFICATION CARRIED OUT BY											
Identity Verification	<input type="checkbox"/> Done      Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y		
D	D										
M	M										
Y	Y	Y	Y								
Emp. Name	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td><td style="width: 20px; height: 15px;"> </td></tr></table>										
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(Employee Signature)											

INSTITUTION DETAILS
<b>Name : MSB E-TRADE SECURITIES LIMITED</b>
<b>Code : IN0534</b>
 [Official 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 or 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 / instruction 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  
 Guardian of Minor  Assignee  Authorised Representative  Other (Please specify \_\_\_\_\_)

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

Please tick if applicable  Politically Exposed Person (PEP)  Related to Politically Exposed Person (RPEP)  No

**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

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

 **1.3. CURRENT ADDRESS DETAILS** (Please refer instruction B at 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  City / Town / Village\*

District\*  Pin / Post Code\*  State / U.T.  Country

**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

**REMARKS (IF ANY)**

**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

(Signature / Thumb Impression)

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Signature / Thumb Impression of Applicant

I hereby give an explicit consent to download records from CKYCR.

Date :   -   -     Place:

**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  Video Based KYC

**KYC VERIFICATION CARRIED OUT BY**

Identity Verification  Done Date   -   -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

**INSTITUTION DETAILS**

**Name : MSB E-TRADE SECURITIES LIMITED**

**Code : IN0534**



MSB E-Trade Securities Ltd. Delhi Institution Stamp

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- 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)

Please tick if applicable  Politically Exposed Person (PEP)  Related to Politically Exposed Person (RPEP)  No

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Line 1\*

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District\*  Pin / Post Code\*  State / U.T. \_\_\_\_\_ Country \_\_\_\_\_

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Email ID

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**3. ATTESTATION / FOR OFFICE USE ONLY**

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- Equivalent e-document  Video Based KYC

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Identity Verification <input type="checkbox"/> Done Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Emp. Name <input type="text"/> Emp. Code <input type="text"/> Emp. Designation <input type="text"/> Emp. Branch <input type="text"/>  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">(Employee Signature)</div>	<b>Name : MSB E-TRADE SECURITIES LIMITED</b> <b>Code : IN0534</b>  <div style="text-align: center;">              [Institution Stamp]         </div>