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 '\$\sigma'\$ 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. C) 216 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 (\$\sigma'\$) in the box available before the section number and strike off the sections not required to be updated.		
For office use only (To be filled by financial institution) Application Type* New Update (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 a the end)		
Date of Incorporation / Formation* D D - M M - Y Y Y Y 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 (Pol)* (Please refer instruction B at the end)		
☐ Officially void 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 or 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*		
Line 1*		
Line 2		
Line 3 City / Town / Village*		
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 communication will be sent to Mobile number / E-mail ID provided may be used) (Please refer instruction D at the end)		
Tel. (Off) FAX		
Mobile Email ID		
Mobile Email ID Email ID		
5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)		

6 REMARKS (If any)		
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 changes therein, immediately. In case any of the above information is found to be false or untrue or misleading of l/we may be held liable for it. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above regist 	r misrepresenting, I/we am/are aware that [Signature / Thumb Impression]	
	Signature / Thumb Impression of Authorised Person(s)	
Date: DD - MM - YYYY Place:		
8. ATTESTATION / FOR OFFICE USE ONLY		
Documents Received ☐ Certified Copy ☐ Equivalent e-document		
KYC / IN-PERSON VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS	
Date D M M Y Y Y Place	Name ISF SECURITIES LIMITED	
Emp. Name	Code	
Emp. Code		
Emp. Designation		
Emp. Branch		
[Employee Signature]	[Institution Stamp]	