

ANNEXURE - B

NOTE: Please complete in BLOCK Letters and tick wherever appropriate. All fields are mandatory

RELATED PERSON DETAILS

Application Type : Addition of Related Person Deletion of Related Person Update Related Person Details

CKYC Number (Related Person) :

Related Person Type : Director Promoter Karta Trustee Partner

Beneficiary Authorised Signatory Beneficial Owner Court Appointment Official

Proprietor Power of Attorney holder Others (Please specify) _____

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

Personal Details

Name of Related Person (Same as ID Proof) :

Father/ Spouse Name :

Mothers Name :

Date of Birth : - -

Gender : Male Female Transgender

Nationality : IN Others (Please specify)

PAN :

Applied for PAN (Form 60 Attached). We undertake to advise you the PAN on receiving advice of its allotment

Proof of Identity and Permanent Address of Related Person

I Certified Copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (Please select one)

<input type="checkbox"/> Passport	Passport Number	<input type="text"/>
<input type="checkbox"/> Voter ID Card	Voter ID Card Number	<input type="text"/>
<input type="checkbox"/> Driving License	Driving License Number	<input type="text"/>
<input type="checkbox"/> NREGA Job Card	NREGA Job Card Number	<input type="text"/>
<input type="checkbox"/> National Population Register (NPR) Letter	NPR Number	<input type="text"/>
<input type="checkbox"/> Proof of possession of ADHAAR	ADHAAR Number	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication		<input type="text"/>
III <input type="checkbox"/> Offline Verifaicon of ADHAAR		<input type="text"/>

Please affix
recent
passport size
photograph

Permanent Address

Line 1 :

Line 2 :

Line 3 :

City/Town/ Village : District : Postal Code :

State/ UT Code : Country of Incorporation : India Others (Please specify) _____

Proof of Identity and Current Address of Related Person

Current Address : Please specify if same as above YES NO (If Yes, then below address details 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 (Please select one)

<input type="checkbox"/>	Passport	Passport Number	<input type="text"/>
<input type="checkbox"/>	Voter ID Card	Voter ID Card Number	<input type="text"/>
<input type="checkbox"/>	Driving License	Driving License Number	<input type="text"/>
<input type="checkbox"/>	NREGA Job Card	NREGA Job Card Number	<input type="text"/>
<input type="checkbox"/>	National Population Register (NPR) Letter	NPR Number	<input type="text"/>
<input type="checkbox"/>	Proof of possession of ADHAAR	ADHAAR Number	<input type="text" value="XXXXXXXXXX"/>

II E-KYC Authentication

III Offline Verificaiton of ADHAAR

IV Deemed PoA (Example Utility Bill)

V Self Declaration

Line 1 :

Line 2 :

Line 3 :

City/Town/ Village : District : Postal Code :

State/ UT Code : Country of Incorporation : India Others (Please specify)

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 provide our/my consent for receiving information from Central KYC Registry (CKYCR) through SMS/Email on the above registered number/email address. I/we further provide our consent to the bank and/ or to the regulated entity to retrieve KYC records online from CKYCR using the KYC Identifier provided by us in the event if there is a change in our information (as existing in the records of CKYCR), change in our current address which is required to be verified or in the event if the bank/the regulated entity considers it necessary to verify our identity/ address or to perform an enhanced due diligence or to build an appropriate risk profile (as applicable) whereby we undertake to provide the relevant refreshed KYC documents and or such other details as required by the bank/the regulated entity.

Date : Place :

Name and Signature of Authorised Person