

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.

- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- H) List of two character ISO 3166 country codes may be obtained from our office.
- I) KYC number of applicant is mandatory for update application.
- J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.



<b>For office use only</b>	Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	
(To be filled by financial institution)	KYC Number	(Mandatory for KYC update request)		
	Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Minor	<input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

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

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> 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	
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

**2. PROOF OF IDENTITY AND ADDRESS\*** (Please refer instruction B 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



**Address**

Line 1*					
Line 2					
Line 3					
District*		Pin/Post Code*	State/U.T Code*	City / Town / Village*	ISO 3166 Country Code*

**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
- III  Offline verification of Aadhaar
- IV  Deemed Proof of Address - Document Type code
- V  Self Declaration

**Address**

Line 1*					
Line 2					
Line 3					
District*		Pin / Post Code*	State/U.T Code*	City / Town / Village*	ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -  
 Email ID

5. REMARKS (If any)

6. 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 hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]  
 Signature / Thumb Impression of Applicant

Date : -- Place:

7. 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

IPV and KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date --  
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch

Name **MLB SECURITIES LIMITED**  
 Code **IN1282**

[Employee Signature]

[Institution Stamp]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

A Clarification / Guidelines on filling 'Personal Details' section

- Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- One of the following is mandatory : Mother's name, Spouse's name, Father's name.

B Clarification / Guidelines on filling 'Current Address details' section

- In case of deemed PoA such as utility bill, etc., or self declaration, the document need not be uploaded on CKYCR
- PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- List of documents for 'Deemed Proof of Address':

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

C Clarification / Guidelines on filling 'Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

D Clarification / Guidelines on filling 'Related Person details' section

- Provide KYC number of related person, if available.

E Clarification on Minor

- Guardian details are optional for minors above 10 years of age for opening of bank account only
- However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.



**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 may be obtained from our office.
- G) List of two character ISO 3166 country codes may be obtained from our office.
- H) Please read sectionwise detailed guidelines / instructions 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 (Pol)\*** (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 or 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 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 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)



**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 of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- 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 (✓) 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     Other (Please specify)  
 DIN (Director Identification Number)     (Mandatory if Related Person Type is Director)

**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



**Address**

Line 1\*   
 Line 2   
 Line 3       City / Town / Village\*   
 District\*       Pin / Post Code\*       State / U.T Code\*       ISO 3166 Country Code\*

**1.3. CURRENT ADDRESS DETAILS** (Please refer instruction E and 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 Code\*  ISO 3166 Country Code\*

**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

**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.

Date :   -   -     Place:

Signature /Thumb Impression of Applicant

**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

**IPV and KYC VERIFICATION CARRIED OUT BY**

Date  -  -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

**INSTITUTION DETAILS**

Name **MLB SECURITIES LIMITED**

Code **IN1282**

Employee Signature

[Institution 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 of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 may be obtained from our office.
- 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 (✓) 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     Other (Please specify)  
 DIN (Director Identification Number)     (Mandatory if Related Person Type is Director)

**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



**Address**

Line 1\*   
 Line 2   
 Line 3       City / Town / Village\*   
 District\*       Pin / Post Code\*       State / U.T Code\*       ISO 3166 Country Code\*

**1.3. CURRENT ADDRESS DETAILS** (Please refer instruction E and 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 Code\*  ISO 3166 Country Code\*

**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

**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.

Date :   -   -     Place:

Signature /Thumb Impression of Applicant

**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

**IPV and KYC VERIFICATION CARRIED OUT BY**

**INSTITUTION DETAILS**

Date  -  -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

Name **MLB SECURITIES LIMITED**

Code **IN1282**

[Employee Signature]

[Institution Stamp]