

CIRCULAR

Ref:IRDAI/SDD/CIR/MISC/016/01/2021

January 22, 2021

All Life and General Insurers (Including Standalone Health Insurers)

<u>Sub: Centralized KYC Registry - Roll out of Legal Entity Template & other changes</u>

Reference is drawn to the circular of the Authority relating to Operationalisation of Central KYC Registry (CKYCR) dated July 12, 2016 through which Reporting entities (REs) were advised to upload the KYC data pertaining to all individual accounts on to CKYCR in terms of the provisions of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005. Changes to the template, as and when required are released by CERSAI.

- 2. As the CKYCR is now fully operational for individual customers, it has been decided to extend the CKYCR to Legal Entities (LEs). Accordingly, REs shall upload the KYC data pertaining to accounts of LEs opened on or after April 1, 2021, on to CKYCR in terms of Rule 9 (1A) of the PML Rules.
- 3. The LE Template and the Annex thereof are attached as **Annex "A"** and **Annex "B"** respectively to this circular. The LE Template module would be made available by CERSAI well in advance so that REs start using it from the notified date.
- 4. REs shall also ensure that in case of accounts of LEs opened prior to April 1, 2021, the KYC records are uploaded on to CKYCR during the process of periodic updation by/ before the next transaction. REs shall ensure that during periodic updation, the customers' KYC details are migrated to current Customer Due Diligence (CDD) standards.

5. Where a customer submits a "KYC identifier" for KYC, the RE shall retrieve the KYC records from CKYCR. In such case, the customer shall not submit the KYC records unless there is a change in the KYC information required by RE.

However, for the purpose of proper due diligence, RE may seek the other necessary documents.

- 6. If third party KYC is done basis the "KYC identifier" and the RE is satisfied with KYC as per Rule 9 of PML Rules, no KYC records requires to be uploaded by the REs, unless there is any change in KYC information provided by the customer.
- 7. At the time of periodic updation, it is to be ensured that all existing KYC records of individual customers are incrementally uploaded by /before the next transaction on to CKYCR. REs shall upload the updated KYC data pertaining to inforce/ paid-up individual policies against which "KYC identifier" are yet to be allotted/ generated by the CKYCR.
- 8. Once "KYC Identifier" is generated/ allotted by CKYCR, the REs shall ensure that the same is communicated immediately to the respective policyholder in a confidential manner, mentioning its advantage/ use to the individual/legal entity, as the case may be.

Member (Life)

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

5. NUMBER OF RELATED PERSONS

CENTRAL RIC REGISTRI	Trillow rour Gustonie	er (ICTO) Ap	pilcation	OIIII L	egai Lii	uty/ Ou	ici tilai	E ATRICAL	viduais							
Important Instructions: A) Fields marked with " are man B) Tick 's' wherever applicable. C) Please fill the date in DD-MM D) Please fill the form in English E) KYC number of applicant is n	-YYYY format. and in BLOCK letters.	G) H) I)	List of Sta List of two Please re- For partic section no	characte ad section ular section	er ISO 3° n wise do on updat	66 count etailed gree, please	itry code uidelines e tick (<	s is a s / ins) in th	vailable tructions e box av	at the e at the ailable	nd. end. before t		end.		CERS	AI d
For office use only	Application Type*	□ New	☐ Update													
(To be filled by financial institution) KYC Number						(Ma	ndator	y for KYC	update i	equest)					
☐ 1. ENTITY DETAILS* (Ple	ase refer instruction	A at the end)													
□ Name*																
Entity Constitution Type*	Others (Specify)			(Ple	ase refe	er instru	ction B	at th	e end)							
Date of Incorporation / Form	nation* DD-M	M - Y Y	YY			Date o	of Comr	nenc	ement	of Bus	iness	D D	- M	M -	-[Y]	YYY
Place of Incorporation / Form	mation*			Cou	intry of I	ncorpor	ation / F	orma	ition*	Т	N or Ed	uivale	nt Issu	ina (Countr	vIII
PAN *		Form 60 furni	abad		,			011110						5		
		-onii oo iumi	sneu													
TIN / GST Registration Numb	er L		SAKERI KARANGANI MA	NIXUNE PENCHUA	dente consumer			USB 1996	SHORE SHOWING			STURFES VISUALIA			GHEWEINISWEI	
2. PROOF OF IDENTITY (I	Pol)* (Please refer inst	ruction B at t	he end)													
Officially valid document(s) Certificate of Incorporation Memorandum and Articles Resolution of Board / Mana Activity Proof - 1 (For Sole	/ Formation of Association aging Committee		Partnersh Power of Activity P	attorney	granted	to its m		Deed office	ers or e			n Certi			alf	
3. ADDRESS* (Please se 3.1 Registered Office Addre		COLOR SOURCES CONTROL OF THE SECOND CONTROL											*			
Proof of Address*	☐ Certificate of Incor	poration / For	mation	Ē	Regis	tration (Certifica	ite	C	Oth	er Docu	ment		120		nety.
Line 1*			lelale					Pal	Heli	Hale	HI			H		
Line 2			19/1 Lise 1:3													
Line 3									City / To	wn / V	llage*	0			47 Jun 1	
District*		PIN	/ Post Cod	de*		le A	State /					ISO 3	166 Cc	ountr	v Cod	e*
3.2 Local Address in India	(If different from Above															
	(II dillerant inon second in)	·/						1			Marzonse T		HEGELDANI		Walter Lines	
Line 1*																
Line 2																
Line 3									City / To	1	illage*					
District*		PIN	/ Post Cod	de*			State	e / U.	T Code			ISO 31	66 Cc	ountr	y Cod	e*
4. CONTACT DETAILS (AI	communications will b	e sent to Mo	bile numb	er/ Emai	I-ID prov	vided" m	ay be u	sed)	(Please	refer i	nstructio	on D at	the e	nd)		
Tel. (Off)		FAX														
Mobile		Ema	ail ID			12 21		T		H	H					
Mobile			ail ID					T								
		Ema	all ID					1			1 1					

(Please refer instruction E at the end)

☐ 6. REMARKS (If	any)										1																
															1												
7. APPLICANT D	ECLARATION	N (Please	refer In	structi	on G	at the	e end	d)																			
I hereby declare that undertake to inform yo or misleading or misrep I/we hereby conser registered number/em	of any changes bresenting, I am a at to receiving	therein, im aware that I	mediatel may be h	y. In ca leld liab	se any ole for it	of the	abov	e info	ormat	ion is f	ound	to b	e fal	se c	run	true				[Sig	ralli	e/11	uinsb	linpre	ເຮຣາດກ		
Date: DD - M	M - Y Y Y	Y	Pl	ace:														Sig	natur	o/Thu	ımb Ir	mpresi	sion of	Autho	rised P	erson	(s)
8. ATTESTATION	/ FOR OFFIC	E USE C	NLY																								
Documents Received	☐ Certified	Copies		Equiv	alent	e-do	cume	ent																			
KYC	VERIFICATION	ON CARF	IED OU	IT BY											IN	STI	וטד	101	I DE	TAI	LS						
Identity Verification Emp. Name Emp. Code	□ Done	Date [Nai						I I	1								1			
Emp. Designation Emp. Branch					1 1												[Ins	titutio	n Sta	imp]							
	(Emplo	yee Signatur	9]		of the son of we	VM solida zain	THE SHALL HAVE										ursuma.	1727334	0000000	Control of the Contro	200						

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

- Clarification / Guidelines for filing Entity Details section
 - 1 Entity Constitution Type

A - Sole Proprietorship

B - Partnership Firm

C - HUF

D - Private Limited Company

E - Public Limited Company

F - Society

G - Association of Persons (AOP) / Body of Individuals (BOI) N - Section 8 Companies (Companies Act, 2013)

H - Trust I - Liquidator

J - Limited Liability Partnership K - Artificial Liability Partnership

2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entitities, FORM 60 may be obtained if PAN is not available.

L - Public Sector Banks

Embassy or Consular Office etc.

P - International Organisation or Agency /Foreign

Q - Not Categorized R - Others

O - Artificial Jurisdical Person

M - Central/State Government Department or Agency S - Foreign Portfolio Investors

Clarification / Guidelines for filling 'Proof of Identity[Pol]' section

- Activity Proof 1 and Activity Proof 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted. 3
- '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 4 Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
- Clarification / Guidelines for filling 'Proof of Address [PoA]' section C
 - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - Certified copy of document or equivalent e-document to be submitted.
- D
- Clarification / Guidelines for filling 'Contact Details' section

 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).

 Do not add '0' in the beginning of Mobile number.
- Clarification / Guidelines for filling 'Related Person Details' section E
 - Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected
 - - PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
 - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - 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.
 - 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
 - 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.
- Provision for capturing signature of multiple authorised persons is to be made by the RE.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State / U.T	Code		Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country	Country	Country	Country	Country	Country	Country
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miguelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	Al	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji Teres Sarada Alberta Berline	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritlus	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX		GS
Bangladesh	BD	Georgia	GE	Micronesia. Federated States of	FM	South Georgia and the South Sandwich Islands	
Barbados	BB	Germany	DE			South Sudan	SS
				Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	Gl	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	вт	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Nambia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	MZ	Talwan province of china	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hongkong	HK	Niue	NU	Trinidad and Tobago	
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	IIV	Oman	OM		
	KY	Iran, Islamic Republic of	IR.			Turks and Calcos Islands	TC
Cayman Islands Central African Republic	CF		IR IQ	Pakistan	PK	Tuvalu	TV
		Iraq		Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica,	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan (2)	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	OA	Virgin Islands, British	VG
Cote d'Ivoire lCote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion IReunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curação ICuração	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint BartheJemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia Lettia	LV		SH		ZW
				Saint Helena, Ascension and Tristan da Cunha		Zimbabwe	ZVV
Denmark Diibouti	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
DIDOU	DJ	Lesotho	LS	Saint Lucia	LC		

Annexure A2 | Legal Entity / Other than Individuals

□ Self Declaration

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person Important Instructions: A) Fields marked with '*' are mandatory fields. F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 B) Tick '\' wherever applicable. is available at the end. C) Please fill the date in DD-MM-YYYY format. G) List of two character ISO 3166 country codes is available at the end. Please fill the form in English and in BLOCK letters. Please read section wise detailed guidelines / instructions at the end. For particular section update, please tick (<) in the box available before KYC number of applicant is mandatory for update the section number and strike off the sections not required to be updated application. 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) ☐ Update Related Person Details Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory ☐ Promoter ☐ Karta ☐ Partner ☐ Court Appointment Official ☐ Proprietor Related Person Type* Director ☐ Trustee ☐ 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) Maiden Name Father / Spouse Name Mother Name Date of Birth Gender* M- Male ☐ F- Female ☐ T-Transgender Others (ISO 3166 Country Code D) ☐ IN- Indian Nationality PAN* 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 □ РНОТО* B-Voter ID Card C- Driving Licence D-NREGA Job Card E- National Population Register Letter F - Proof of Possession of Aadhaar 11 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) 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 ☐ E-KYC Authentication ☐ Offline verification of Aadhaar ☐ Deemed PoA IV

Address							337																														
Line 1*							30	I										T	I		1						T					\Box	T				
Line 2						T		I												Т											T		T				
Line 3			III			T			T			T	T	T	Π	П			Τ	T		1	City	//T	ow	n/V	/illa	ge*		T	T	T	T	T	T	П	
District*						,	F	in.	/ Po	st C	Code	e* [Ī	T					S	tate	e/L	T.T (Cod	e*				1	so	316	66 (Cour	ntry	y Co	de*		
							4																														
1. 4 CONTACT DE	ETAILS	(All co	nmuni	cat	ion v	vill	be s	sen	it on	pro	ovide	ed m	nobi	ile n	0./	Em	ail-l	D) (Ple	ase	e re	er i	nstr	ucti	on	D at	the	e end	d)								
Tel. (Off)]-[]	-	Tel.	(Re	s)	Ι		Ι]-[T	I	Ι	T	Ė		Ň	Иol	ile [-[I				
Email ID								I																													
2. APPLICANT DE	ECLAR	ATION					1213																														
 I/we hereby conse registered number 			omatic	,,,,	i Oilii i	CCI	ili ai i		J 110	gisu	y un	ougi	II OIV	/IO/L	IIIai	1011	1116	αυυν	C																		
5			Y Y USE	ROBERT L			Pla	ace				E-k	KYC	dat	ta r	ecei	ved	froi	m l	אַסונ	ΑI				E									of A		icant	
Date: DD - 1	/ FOR	☐ Cei		Cop	oies	es		ace						c dat					m l	אסוע	ΑI				C												
Date: DD - 1	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3												m l	אסוע	ΑI		INS	□ STI		ata	rec		d fro								
Date: DD - 1	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3								e-(ıme		m U	<i>א</i> סוע	ΑI		INS	STI		ata	rec	eive	d fro								
Date: DDD — 13. ATTESTATION Documents Rece	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3								e-(docu	ime		m U	JIDA	AI .		INS	STI		ata	rec	eive	d fro								
Date: DDD — TO DO	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3								e-(docu Nam	ime		m U	JIDA	AI		INS	STI"		ata	rec	eive	d fro								
Date: DDD - 1 3. ATTESTATION Documents Rece Date Emp. Name	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3								e-(docu Nam	ime		m U	JIDA	Al		INS	STI		ata	rec	eive	d fro								
Date: DDD - TO DOCUMENTS Rece Date Emp. Name Emp. Code	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3								e-(docu Nam	ime		m l	JIDA	Al ·		INS	STI		ata	rec	eive	d fro								
Date: DDD - TO DO	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3								e-(docu Nam	ime		m U	JIDA	AI		INS	STIT		ata	rec	eive	d fro								
Date: DDD - TO DO	/FOR	☐ Cei	tified (tal KY	Cop C I	oies oroc		3								e-(docu Nam	ime		m U	JIDA	AI ,		INS	STI		ata	rec	eive	d fro								
Date: DDD - TO DO	/FOR	Cel	tified (tal KY	Cot	CAR	RR	3								e-(docu Nam	ime		m (JIDA	Al		INS	STIT	TU'	ata	N DI	ETAI	d fro								
Date: DDD - TO DO	/FOR	Cel	tified (Cot	CAR	RR	3								e-(docu Nam	ime		m U	JIDA	AI		INS	STIT	TU'	eata	N DI	ETAI	d fro								