

CENTRAL KYC REGISTRY | Know your Customer (KYC) Application Form | Legal Entity
Important Instructions:

- A) Fields marked with '**' are mandatory fields.
 B) Please fill the form in English and in BLOCK letters.
 C) List of two character ISO 3166 country code is available at the end.
 D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 E) KYC number of entity is mandatory for update application.



For office use only (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update	Application No.:	<input type="text"/>
	Account Holder Type*	US Reportable <input type="checkbox"/>	Other Reportable <input type="checkbox"/>	(Please refer instruction A at the end)
	Nature of Business / Entity Constitution Type*	(Please refer instruction B at the end)		

 1. ENTITY DETAILS (Please refer instruction C at the end)

Name*

Date of Incorporation* DD - MM - YY YY Date of Commencement of Business* DD - MM - YY YY

Place of Incorporation* Country of Incorporation* Country of Residence as per Tax laws*

Identification Type Tax Identification Number (TIN) TIN Issuing Country

PAN

Number of controlling person(s) resident outside India for tax purposes
 (Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')

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

 (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

- Certificate of Incorporation / Formation Registration Certificate
 Resolution of Board / Managing Committee Memorandum and Article of Association / Partnership Deed / Trust Deed
 Officially valid document(s) in respect of person authorised to transact

 3. PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted) (Please see instruction E at the end)

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS*

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Certificate of Incorporation / Formation Registration Certificate

Line 1*

Line 2

Line 3 City / Town / Village*

State / U.T. Code* Pin / Post Code* ISO 3166 Country Code*

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*
 Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A2')

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Certificate of Incorporation / Formation Registration Certificate

Line 1*

Line 2

Line 3 City / Town / Village*

State / U.T. Code* Pin / Post Code* ISO 3166 Country Code*

3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*
 Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Certificate of Incorporation / Formation Registration Certificate

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

 4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction F at the end)

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

FAX - Email ID

 5. DETAILS OF RELATED PERSON* (In case of additional related persons, please fill 'Annexure B2') (Please refer instruction G 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' and 'Name' is mandatory.

Related Person Type* Director Promoter Karta Trustee Partner
 Authorised Signatory Court Appointed Official Beneficiary

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector: 30A of IIP, Vashi, Navi Mumbai - 400 703.

Toll Free No.: 1800 266 8833 (7:00 am to 9:00 pm - Mon to Sat)

 Email: customercare@sudlife.in • Website: www.sudlife.in | IRDAI Regn. No. 142 • C.I.N.: U66010MH2007PLC174472

5.1 PERSONAL DETAILS (Please refer instruction **G.I** at the end)

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	DD - MM - YYYY		Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code)	
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

5.2 TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **G.II** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 5.2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

5.3 PROOF OF IDENTITY (PoI)* (Please refer instruction **G.III** at the end)

 (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	

5.4 PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

5.4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **G.IV** at the end)

Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence
Address	<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others please specify
Line 1*	
Line 2	
Line 3	City / Town / Village*
State / U.T Code*	Pin / Post Code* ISO 3166 Country Code*

 6 REMARKS (If any)

7. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

8. ATTESTATION / FOR OFFICE USE ONLY
Documents Received Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY
INSTITUTION DETAILS

Identity Verification	<input type="checkbox"/> Done	Date	DD - MM - YYYY
Emp. Name			
Emp. Code			
Emp. Designation			
Emp. Branch			

Name	
Code	

[Institution Stamp]

[Employee Signature]

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

General Instructions:

- 1 Fields marked with '**' are mandatory.
- 2 Tick '✓' wherever applicable.
- 3 Please fill the form in English and in BLOCK letters.
- 4 Please fill all dates in DD-MM-YYYY format.
- 5 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 6 KYC number of applicant is mandatory for update application.
- 7 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

A Clarification / Guidelines for filling 'Account Holder' type section

US Reportable

- F1 - Owner-Documented FI with specified US owner(s)
- F2 - Passive Non-Financial Entity with substantial US owner(s)
- F3 - Non-Participating FFI
- F4 - Specified US Person
- F5 - Direct Reporting NFFE
- XX - Not Applicable

Other Reportable

- C1 - Passive Non-Financial Entity with one or more controlling person that is a Reportable Person
- C2 - Other Reportable Person
- C3 - Passive Non-Financial Entity that is a CRS Reportable
- XX - Not Applicable

B Clarification / Guidelines for filling 'Nature of Business / Entity Constitution' type section

Entity Constitution Type:

- | | |
|--|-----------------------------------|
| A - Sole Proprietorship | H - Trust |
| B - Partnership Firm | I - Liquidator |
| C - HUF | J - Limited Liability Partnership |
| D - Private Limited Company | K - Artificial Juridical Person |
| E - Public Limited Company | Z - Others |
| F - Society | X - Not Categorized |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | |

C Clarification / Guidelines for filling 'Entity Details' section

Identification Type:

- T-TIN
- C- Company Identification Number
- G- US GIIN
- E- Global Entity Identification Number (EIN)
- O- Other

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

- 1 One certified copy of any one of the mentioned Proof of Identity [PoI] needs to be submitted.

E Clarification / Guidelines for filling 'Proof of Address [PoA]' section

- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 In case of multiple correspondence / local addresses, please fill 'Annexure A2'

F Clarification / Guidelines for filling 'Contact Details' section

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

G Clarification / Guidelines for filling 'Related Person Details' section

I Personal Details

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Resident outside India for tax purposes

- 1 **Jurisdiction(s) of Residence:** It may be mentioned that since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 **Tax Identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification ("Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

III Proof of Identity [PoI]

- 1 If driving license number or passport is provided as PoI then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

IV Proof of Address [PoA]

- 1 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.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

H Clarification / Guidelines for filling 'Details of Controlling Person' section

I Personal Details

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the PoI submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

II Proof of Identity [PoI]

- 1 If driving license number or passport is provided as PoI then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

III Proof of Address [PoA]

- 1 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.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.

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

State / U.T	Code	State / U.T	Code	State / U.T	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 Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	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	GQ	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	AI	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	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, 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	IO	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	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
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	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	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	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	QA	Virgin Islands, British	VG
Cote d'Ivoire Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, 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
Curacao Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

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ANNEXURE A2

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Correspondence / Local address

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) List of two character ISO 3166 country code is available at the end.
- D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- E) KYC number of entity is mandatory for update application.



For office use only <i>(To be filled by financial institution)</i>	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update	Application No.: <input type="text"/>
	<input type="text"/>		<i>(Mandatory for KYC update request)</i>

1. PROOF OF ADDRESS (PoA)* *(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)* (Please see instruction E at the end)

1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

Same as Current / Permanent / Overseas Address details

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Certificate of Incorporation / Formation		<input type="checkbox"/> Registration Certificate		
Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>				
State / U.T. Code*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>

2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction F at the end)

Tel. (Off)	<input type="text"/>	Tel. (Res)	<input type="text"/>	Mobile	<input type="text"/>
FAX	<input type="text"/>	Email ID	<input type="text"/>		

3. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We 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 :

4. ATTESTATION / FOR OFFICE USE ONLY

<p>Documents Received <input type="checkbox"/> Self-Certified <input type="checkbox"/> True Copies <input type="checkbox"/> Notary</p> <p style="text-align: center;">IN PERSON VERIFICATION CARRIED OUT BY</p> <p>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"/></p> <p>Emp. Name <input type="text"/></p> <p>Emp. Code <input type="text"/></p> <p>Emp. Designation <input type="text"/></p> <p>Emp. Branch <input type="text"/></p> <p style="text-align: center;">[Employee Signature]</p>	<p>Risk Category <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low</p> <p style="text-align: center;">INSTITUTION DETAILS</p> <p>Name <input type="text"/></p> <p>Code <input type="text"/></p> <p style="text-align: center;">[Institution Stamp]</p>
--	---

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- My/Our personal KYC details may be shared with Central KYC Registry.
- 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]

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY
Documents Received Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

 Identity Verification Done Date - -

 Emp. Name

 Emp. Code

 Emp. Designation

 Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

 Name

 Code

[Institution Stamp]

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Protecting Families, Enriching Lives!

ANNEXURE C2
CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Controlling Person
Important Instructions:

- A) Fields marked with '*' are mandatory fields.
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 C) List of two character ISO 3166 country code is available at the end.
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For office use only (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update	Application No.: <input type="text"/>
			(Mandatory for KYC update request)

1. DETAILS OF CONTROLLING PERSON* (Please refer instruction H at the end)

- Addition of Controlling Person Deletion of Controlling Person Update Controlling Person details
- KYC Number of Controlling Person (if available*)
- Related Person Type*
 Director Promoter Karta Trustee Partner
 Authorised Signatory Court Appointed Official Beneficiary

1.1 PERSONAL DETAILS (Please refer instruction H.I 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 (If any*)	<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	
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)	
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised	<input type="checkbox"/> Government Sector)	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
ISO 3166 Country Code of Jurisdiction of Residence*	<input type="text"/>	Tax Identification Number or equivalent (If issued by jurisdiction)*	<input type="text"/>	
Place / City of Birth*	<input type="text"/>	ISO 3166 Country Code of Birth*	<input type="text"/>	

1.2 PROOF OF IDENTITY (PoI)* (Please refer instruction H.II at the end)

 (Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

- A- Passport Number Passport Expiry Date
- B- Voter ID Card
- C- PAN Card
- D- Driving Licence Driving Licence Expiry Date
- F- NREGA Job Card
- Z- Others (any document notified by the central government) Identification Number

1.3 PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)
1.3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction H.III at the end)

Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence
Address	<input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others <input type="text"/>
Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
State / U.T Code*	<input type="text"/> Pin / Post Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

Star Union Dai-ichi Life Insurance Company Limited
Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

 Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction F at the end)

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

3. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

 Date : --

 Place :

4. ATTESTATION / FOR OFFICE USE ONLY
Documents Received Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

 Identity Verification Done Date --

 Emp. Name

 Emp. Code

 Emp. Designation

 Emp. Branch

INSTITUTION DETAILS

 Name

 Code

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