MEGHALAYA RURAL BANK

BRANCH .....

KYC UPDATION FOR NON-INDIVIDUAL

1. ENTITY DETAILS*

NAME OF THE ENTITY:

(IN BLOCK LETTERS)

DATE OF COMMENCEMENT OF BUSINESS: DATE OF INCORPORATION/FORMATION:

PLACE OF INCORPORATION/FORMATION:

CIN/LLPIN:

GSTN:

LEI ID: LEI ID EXPIRY DATE:

PAN: OR FORM 97 (FOR ENTITIES OTHER THAN COMPANIES AND PARTNERSHIPS) TAN:

(FOR ENTITIES TAX RESIDENT OF INDIA ONLY, PAN IS EQUIVALENT TO TIN)

COUNTRY OF INCORPORATION/FORMATION : ENTITY CONSTITUTION TYPE : .....

IDENTIFICATION TYPE: .....

2. PROOF OF IDENTITY (POI)*

CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE PARTNERSHIP DEED TRUST DEED

MEMORANDUM AND ARTICLE OF ASSOCIATION OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANSACT

RESOLUTION OF BOARD / MANAGING COMMITTEE POWER OF ATTORNEY GRANTED TO ITS MANAGER, OFFICERS OR EMPLOYEES TO TRANSACT ON ITS BEHALF

OTHER _____ IDENTITY NUMBER:

3. DETAILS OF RELATED PERSON / BENEFICIAL OWNER*

NUMBER OF RELATED PERSONS: (A related person can be Director, Promoter, Karta, Trustee, Partner, Authorised Signatory, Beneficiary, Beneficial Owner, Court Appointed Official)

NUMBER OF BENEFICIAL OWNERS: (Though a Beneficial Owner is a related person, the number of Beneficial Owner should be determined separately out of number of related person. Beneficial Owner is a part/subset of related person)

4. PROOF OF ADDRESS (POA)* (Copies of the document, as applicable, need to be submitted) (Please refer General Instruction 'E')

4.1 BUSINESS / OFFICE REGISTERED ADDRESS DETAILS*

PROOF OF ADDRESS: REGISTRATION CERTIFICATE OTHER _____

IDENTITY NUMBER:

LINE 1:

LINE 2: CITY/TOWN/VILLAGE:

DISTRICT: PIN/POST CODE:

STATE/UT NAME*:

STATE/UT NAME CODE: COUNTRY CODE: COUNTRY:

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

SAME AS BUSINESS ADDRESS DETAILS

PROOF OF ADDRESS: REGISTRATION CERTIFICATE OTHER _____

IDENTITY NUMBER:

LINE 1:

LINE 2: CITY/TOWN/VILLAGE:

DISTRICT: PIN/POST CODE:

5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID)

TELE (RES.): TELE (OFF.): FAX:

Mobile No. Email ID

6. NATURE OF BUSINESS

MANUFACTURER TRADER RETAILER SERVICE PROVIDER EXPORT / IMPORT OTHERS: _____

ANNUAL TURNOVER: Rs. _____ FY -

SOURCES OF FUND: BUSINESS INCOME DONATION / GRANT FROM GROUP COMPANY EQUITY INVESTMENT OTHER: _____

MLM UNDERTAKING:

☐ "I declare that my Proprietorship Firm is not a MLM (Multi Level Marketing) Firm" ☐ "I declare that my Proprietorship Firm is a MLM (Multi Level Marketing) Firm"

Firm is doing business of Multi-Level Marketing and has given an undertaking to the Department of Consumer Affairs that the Firm is in compliance with Direct Selling Guidelines, 2016 issued by the Government of India, Ministry of Consumer Affairs, Food & Distributions as also any direct selling guidelines issued by the State Government, where the registered office of the Firm is located. Further, the Firm is not in violation and I undertake not to violate the provisions of Prize Chit and money circulation act 1978.

7. OTHER ENTITY DETAILS

Determine whether the entity is 'FI' or 'NFE' (An entity can be either an 'FI' or 'NFE', it cannot be both)

☐ FINANCIAL INSTITUTION (FI) (If Financial Institution (FI) is ticked, please also fill necessary section for all the related person) (Banks, Insurance Agencies, NBFCs etc.)

☐ NON FINANCIAL ENTITY (NFE) If entity is NFE, whether it is: ☐ ACTIVE NFE OR ☐ PASSIVE NFE (An entity can be either an 'Active NFE' or a 'Passive NFE', it cannot be both)

Number Of Controlling Person(S): ☐☐ (Applicable only in case of Passive NFE, fill the necessary section for each controlling person)

Direct Reporting Non Financial Foreign Entity (NFFE): ☐ YES ☐ NO (If yes please provide GIIN of Direct Reporting NFFE: ☐

LEGAL ENTITY IDENTIFIER (L.E.I CODE NO.): ☐ (As & when applicable)

Tax Resident of India only and Not of any other country outside India : ☐ YES ☐ NO (If ticked no ' then need to fill FACTA & CRS form)

BENEFICIAL OWNER/CONTROLLING NATURAL PERSONs/ OFFICE BEARERS

*Personal details of beneficial owner/controlling natural persons /Office Bearers to be obtained as per current customer due diligence standard in case of change in beneficial owner/controlling natural persons/ Office Bearers.

Name		Photo	
address			
Controlling ownership/Position			
Contact no.			Signature
Name		Photo	
address			
Controlling ownership/Position			
Contact no.			Signature
Name		Photo	
address			
Controlling ownership/Position			
Contact no.			Signature

D. DECLARATION

1. I/we hereby consent to the collection and verification of my/our identity and address details for KYC purpose as per Rbi guidelines.
2. I/we voluntarily consent to Aadhaar- base E-KYC authentication. I/we understand that submission of Aadhaar is not mandatory.
3. I/we consent to sharing my/our KYC details with the central KYC registry (CKYCR).
4. I/we consent to the institution obtaining my credit information from credit bureaus(if applicable).
5. I/we agree that my personal information may be used for risk assessment, fraud prevention and Anti-money Laundering (AML) compliance.
6. I/we understand that my data will be stored and processed in accordance with applicable laws and any regulatory regulations.
7. I/we Consent to receive communication via SMS, Email, phone calls or other modes for service- related updates

***I/We hereby declare that the KYC details submitted by me/us are true to the best of my knowledge and belief, I/we authorize the bank to update KYC details/address as per information provided by me/us, and I/We undertake the responsibility to declare and disclose the bank immediately if any future change occur in the information provided herein as well as in the documentary evidence provided by me. In case the above information is found to be false or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it"**

Date ☐

Place ☐

Signature / Thumb Impression of the applicants

OFFICE USE ONLY

*KYC Verified& Updated in the CBS [ ] *Customer signature match bank record[ ] *Verified Documents Received [ ] *Risk Category: [ ] Low [ ] Medium [ ] High

*KYC documents of the Customer (Entity)available with the bank as per Current Customer Due Diligence standard [ ] *Threshold limit:

*Beneficial owner/controlling persons/ Office Bearers details verified and KYC available with the bank as per current customer due diligence standard.[ ]

MAKER	CHECKER	
SIGNATURE: NAME : …… DATE…… DESIGNATION :…… EMPLOYEE ID/SS.NO:……	SIGNATURE: NAME : …… DATE…… DESIGNATION :…… EMPLOYEE ID/SS.NO:……	BRANCH SEAL