

By email/Post

NHB(ND)/DRS/Pol. Circular No. 59/2013-14
January 24, 2014



All Registered Housing Finance Companies

Dear Sir/Madam,

Central Know Your Customer Registry

As you may be aware, Central Registry of Securitisation, Asset Reconstruction and Security Interest of India (CERSAI), a Section 25 Company of Government of India has been assigned the function of the Central Know Your Customer Registry (CKYCR), pursuant to the Hon'ble Finance Minister's announcement in the Union Budget 2012-13 that a Central Know Your Customer (KYC) depository will be developed to avoid multiplicity of registration and data upkeep. The CKYCR is envisaged to be the central depository for electronic KYC information with facility of back-end verification of documents. The branches of various banks, financial institutions and intermediaries will be required to upload their KYC data, documents and information on the CKYCR. Under the proposed arrangements, the reporting entity will be responsible for client due diligence, including enhanced due diligence measures, and the physical data and documents will continue to be maintained by the concerned financial institutions and intermediaries.

2. In this context, in order to have Common KYC Templates for central depository for CKYCR, the Ministry of Finance, Department of Financial Services (DFS) advised that the said template will be finalized in consultation with all regulators and the Ministry of Finance, with RBI taking a lead role in the same. Such Common KYC Templates would help the customers and the lenders as the benefit of centralized information of the CKYCR will be available to them on common shared portal. Common KYC templates (Individual and Non-Individual) designed for HFCs are enclosed as Annexure 1 and Annexure 2. HFCs are requested to furnish their comments/ suggestions, if any, on the Common KYC Templates by 10-02-2014.

3. The final Common KYC Templates and other modalities of availing the services of CKYCR will be intimated to HFCs in due course, in accordance with the final decision in the matter. Further, HFCs are requested to take necessary steps and measures required to be in a state of preparedness for on-line uploading of the KYC particulars and documents on the CKYCR portal/website, as and when, the same is advised by NHB.

Please acknowledge receipt.

Yours faithfully,

(V. Rajan)

Deputy General Manager

Encl. : As above.

भारतीय रिजर्व बैंक के संपूर्ण स्वामित्व में
कोर 5-ए, चतुर्थ तल, इंडिया हैबिटेट सेंटर, लोधी रोड, नई दिल्ली-110003
दूरभाष नं. पी. बी. एक्स-011-2464 9031-35 फैक्स : 011-2464 6988, 2464 9041
वेबसाइट : www.nhb.org.in ई-मेल : ho@nhb.org.in तार निवास बैंक

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“बैंक हिन्दी में पत्राचार का स्वागत करता है”

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM
(For Individual: Applicant/Co-Applicant (separate form to be filled-in for each))

Please fill this form in ENGLISH in BLOCK LETTERS or in HINDI

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

A. IDENTITY DETAILS	
1.	Name
2.	Father's/Spouse's Name
3.	Date of Birth (DD/MM/YYYY)
4.	Gender Male/Female/Other
5.	Marital Status Married/Unmarried/Widow
6.	Nationality
7.	Status Resident / Non Resident / Others (To be specified)
8.	Proof of identity submitted (a) Voter's ID Number (b) Unique Identification Number (UID/Aadhaar) (c) Others (Pl. Specify)
9.	PAN
B. ADDRESS DETAILS	
1.	Residence Address PIN Code : _____ State : _____ Country : _____
2.	Contact Details Tel. (Office) : _____ Tel. (Residence) : _____ Mobile No. _____ FAX No. _____ Email Id. _____
3.	Proof submitted for Residence Address (To be specified)
4.	Permanent Address (if different from above or overseas address, mandatory for Non-Resident Applicant) PIN Code : _____ State : _____ Country : _____

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.

Signature of the Applicant: _____

Date: _____(DD/MM/YYYY)

FOR OFFICE USE ONLY

- Original verified) True copies of the documents received
 Self -Attested) Self Certified Documents copies received

(_____) Signature of the Authorised Signatory
Date: _____

Seal/Stamp of the intermediary

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

(For Non-Individual: Company / Body Corporate / Partnership / Trust / Charities/ NGOs / FI / FII / HUF / AOP / Bank / Government Body / Non-Government Organisation / Defence Establishment/BOI / Society / LLP / Others _____)

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Please fill this form in ENGLISH in BLOCK LETTERS or in HINDI

A. IDENTITY DETAILS	
1.	Name of the Applicant
2.	Date of Incorporation (DD/MM/YYYY)
3.	Place of Incorporation
4.	Date of Commencement of Business (DD/MM/YYYY)
5.	Registration No. (eg. CIN)
6.	Proof of identity (eg. MOA&AOA)
7.	PAN
8.	TAN
B. ADDRESS DETAILS	
1.	Address for Correspondence _____ _____ PIN Code : _____ State : _____ Country : _____
2.	Contact Details Tel. (Office) : _____ Tel. (Residence) : _____ Mobile No. _____ FAX No. _____ Email Id. _____
3.	Proof submitted for Correspondence Address (To be specified)
4.	Registered Address (if different from above) _____ _____ PIN Code : _____ State : _____ Country : _____
5.	Proof submitted for Registered Address (To be specified)
C. OTHER DETAILS	
1.	Name, PAN, residence address and photograph of Promoters/ Partners/ Karta/Trustee&Whole-Time Directors
2.	DIN/UID of Promoters/ Partners/ Karta & Whole-Time Directors
3.	Name of the Authorized Signatory, PAN, Residence Add. & Photograph (Certified copy of the Resolution to be attached)

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 am/we are aware that I/we may be held liable for it.

Name & Signature of the Authorised Applicant

Date: _____(dd/mm/yyyy)

FOR OFFICE USE ONLY

- (Original verified) True copies of the documents received
 (Self -Attested) Self Certified Documents copies received

(_____)_____
Signature of the Authorised Signatory
Date: _____

Seal/Stamp of the intermediary