







2. 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 :

[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]

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 (9:30 am to 6:30 pm – Mon to Sat) | Tel.: 022-7196 6200 | Fax: 022-7196 2811

Email: customer-care@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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We mean life!



ANNEXURE C2

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Controlling Person

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="checkbox"/>	<input type="checkbox"/>
			<input type="text"/>
			<i>(Mandatory for KYC update request)</i>

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)

Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (if any*)				
Father / Spouse Name*				
Mother Name*				
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"/> 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 Categorised			
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)

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

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"/>				
City / Town / Village*	<input type="text"/>				
State / U.T Code*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>

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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

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[Signature / Thumb Impression]
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Date : -- Place :

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