

# Central Registry of Securitisation Asset Reconstruction and Security Interest of India

## Institution Registration Form

- Instructions:
1. All fields marked with (\*) are mandatory. Institution should ensure that no mandatory field is left blank and all details are complete and correct.
  2. All pages of the application form and supporting documents needs to be duly attested by Compliance Officer/Nodal Officer/Authorised Signatory.

To,

CERSAI - Central Registry of Securitisation Asset Reconstruction and Security Interest of India

Tower – 1, Office Block, 4th Floor, Plate-A,

(Adjacent to Ring Road), NBCC, Kidwai Nagar East, New Delhi –110023



Dear Sir / Madam,

**Subject: CKYC Registration reference -** *(Please enter the Registration reference number/ Institution code)*

We are desirous of registering with Central KYC Registry and are furnishing the details as under:

Institution Details			
Name of the Institution*	<i>(Please refer footnote - instruction A)</i>		
Regulator*	<input type="checkbox"/> RBI	<input type="checkbox"/> SEBI	<input type="checkbox"/> IRDA <input type="checkbox"/> PFRDA
Institution Type*	<i>(Please refer footnote - instruction B)</i>		
Registration Number*	<i>(Please refer footnote - instruction C)</i>		
CIN (if available*)	<i>(Please refer footnote - instruction D)</i>		
PAN*			
Website			
Registered Address*	Line 1		
	Line 2		
	Line 3		
	City/Town		
	State/U.T	PIN Code	
	Country		
	Correspondence Address* <input type="checkbox"/> same as registered address	Line 1	
Line 2			
Line 3			
City/Town			
State/U.T		PIN Code	
Country			
Head of the Institution*		Name	
	Designation		
	Email-Id		
	Tel- No.	Fax No.	

Details of Nodal Officer *	Name	
	Designation	
	Email-Id	
	Tel- No.	Fax No.
	Mobile No.	

Remarks if any	

**Footnotes:**

- A) Invoice will be generated in the name provided by the institution.
- B) Institution type :
  - a. Registered under RBI - PSU Bank /Foreign Bank /Cooperative Bank /Regional Rural Bank /Private Bank /Housing Finance Company /Foreign Exchange Business /Full Fledged Money changer/ Non-Bank – PPI/ Non-Banking Financial Company/ Payment Bank / Payment System Operator/All India Financial Institutions
  - b. Registered under SEBI –Trading Member /Depository Participant /Mutual Fund /Venture Capital Funds /Alternative Investment Funds/ Custodian/ Clearing Member/ Investment Advisor/ Portfolio Management Service
  - c. Registered under IRDA – Life Insurance/General Insurance
  - d. Registered under PFRDA – POP /NPS Trust/CRA
- C) Registration number and identification number issued by regulator/Central Govt. /State Govt.
- D) CIN is mandatory if available.

CKYC User Administrator - 1			
Name* (as per Pol & DSC)			
Date of Birth*	Gender*		
Nationality*			
Proof of Identity* (any one)	<input type="checkbox"/> PAN	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar
Employee Code*	<i>Certified copy of photo identity card issued by the institution needs to be submitted</i>		
Department*	Specialization (if any)		
Designation*			
Office Address*	Line 1		
	Line 2		
	Line 3		
	City/Town		
	PIN Code	State/U.T	
	Country		
	Email-Id		
	Mobile No.		
	Tel- No.	Fax No.	
Any other information	<hr/> <hr/> <hr/> <hr/> <hr/>		
Date*	Place*		
Signature*	[Signature]		

CKYC User Administrator - 2		
Name* (as per Pol & DSC)		
Date of Birth*	Gender*	
Nationality*		
Proof of Identity* (any one)	<input type="checkbox"/> PAN <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar	
Employee Code*	<i>Certified copy of photo identity card issued by the institution needs to be submitted</i>	
Department*	Specialization (if any)	
Designation*		
Office Address*	Line 1	
	Line 2	
	Line 3	
	City/Town	
	PIN Code	State/U.T
	Country	
	Email-Id	
	Mobile No.	
	Tel- No.	Fax No.
Any other information		
Date*	Place*	
Signature*	[Signature]	

**Declaration by Compliance Officer/Nodal Officer/Authorised Signatory\***

I Shri/Smt. \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ holding the position of \_\_\_\_\_ have been authorized by the institution vide order/resolution dated \_\_\_\_\_ and 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 on their occurrence. 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 same and the consequences thereof.

Date*	Place*
[Signature*]	[Institution Official Seal*]

<p>Document Checklist*</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Duly Signed institution registration form</li> <li><input type="checkbox"/> Regulator License/Certificate/Notification</li> <li><input type="checkbox"/> PAN Card of the entity</li> <li><input type="checkbox"/> Corporate Identification Number (in case regulator issues multiple licenses to an entity)</li> <li><input type="checkbox"/> Registration Certificate (In case of Co-operative Banks/societies)</li> <li><input type="checkbox"/> Authorization letter by Competent Authority for Admin users (should be signed by the authorized signatory/director etc.)</li> <li><input type="checkbox"/> Certified copy of the proof of the identity of the Admin users</li> <li><input type="checkbox"/> Certified copy of photo identity card of the Admin users issued by the institution (in case photo ids are not issued by the institution to employees, a letter duly signed by the authorized signatory mentioning the same would be required along with the photographs of the admin users)</li> </ul> <p>Please send the complete document set to CERSAI, Delhi. The login credentials will be sent to the registered email ids of admin user-1 and 2 after the completion of the document verification and the testing phases.</p> <p>Note: In case, the present registered office address is different from the one mentioned on the licence /certificate/registration copy, provide the latest CIN copy or an address proof with the present address.</p>
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**CERSAI Official Use**

Uploaded On	Received On	Verified By	Authorised By
FI Code Allotted	Virtual Account No.	Admin credentials	Archival details
		Admin 1 :	
		Admin 2 :	