

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
 2nd Floor, Rear Block, Jeevan Vihar Building
 3, Parliament Street, New Delhi – 110001.



Dear Sir / Madam,

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

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

Footnotes:

- Invoice will be generated in the name provided by the institution.
- Institution type :
 - Registered under RBI - PSU Bank/Foreign Bank/Cooperative Bank/Regional Rural Bank/Private Bank/Payment Bank/NBFC
 - Registered under SEBI – Broker/Trading Member/Depository Participant/Mutual Fund/Stock Exchange
 - Registered under IRDA – Life Insurance/General Insurance/Third Party Assurance
 - Registered under PFRDA – Pension Fund House
 - Registered under NHB – Housing Finance Company
- Registration number and identification number issued by regulator/Central Govt. /State Govt.
- CIN is mandatory if available.

CKYC User Administrator - 1			
Name*			
Date of Birth*	Gender*		
Citizenship*			
Proof of Identity* (any one)	<input type="checkbox"/> PAN	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving Licence
Employee Code*	<i>Certified copy of photo identity card issued by the institution needs to be submitted</i>		
Department*	Designation*		
Specialization (if any)			
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/>		
Date*	Place*		
Signature*	[Signature]		

CKYC User Administrator - 2			
Name*			
Date of Birth*	Gender*		
Citizenship*			
Proof of Identity* (any one)	<input type="checkbox"/> PAN	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving Licence
Employee Code*	<i>Certified copy of photo identity card issued by the institution needs to be submitted</i>		
Department*	Designation*		
Specialization (if any)			
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/>		
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*]

Document Checklist*	<input type="checkbox"/> Duly Signed institution registration form <input type="checkbox"/> Regulator License/Certificate/Notification <input type="checkbox"/> PAN Card of the entity <input type="checkbox"/> Corporate Identification Number (in case regulator issues multiple licenses to an entity) <input type="checkbox"/> Registration Certificate (In case of Co-operative Banks/societies) <input type="checkbox"/> Authorization letter by Competent Authority for Admin users <input type="checkbox"/> Certified copy of photo identity card of the user administrators issued by the institution <input type="checkbox"/> Certified copy of one of the proof of the identity of the user administrators
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CERSAI Official Use

Uploaded On	Received On	Verified By	VAN allotted	Authorised By
FI Code Allotted	Admin Created	Co-Admin Created	Testing Signoff	Archival details