

*Annexure 2*

**FORMAT OF KYM (Know Your Member) DECLARATION**

*(Pursuant to Clause 9 of the ICSI Chapter Management Guidelines, 2024)*

## FORMAT OF KYM DECLARATION

(Pursuant to Clause 9 of the ICSI Chapter Management Guidelines, 2024)

*[To be submitted online-Login with Personal Email id]*

1. Region/Chapter [to be selected]:
2. Name of Member (First Name, Middle Name, Last Name):
3. Membership Type: [ACS/FCS]
4. Membership Number:
5. CoP Number (if any):
6. Designation with ICSI Regional/Chapter (like Chairman, Secretary, Member etc.):
7. Mobile Number:
8. Status of Occupation (Employed / CoP Holder/ Business/Any other Practice/others):
9. Particulars of Occupation [Name of the Firm/Organization]:
10. Professional Address or Residential Address (in the absence of Professional Address)  
City:  
State:  
Pin code:
11. **UPLOAD** the Self Attested copy of proof of Professional Address or Residential Address (in the absence of Professional Address).

**Note:** Members are requested to provide Self Attested copy of proof of Professional Address or Residential Address (in the absence of Professional Address) as per details given below:

Members in Employment	:	Office Id-card having address/ letter from the HR Department of the Employer / eCSIN details.
Members having Certificate of Practice	:	Electricity / Telephone bill (not older than 02 months) of the premises/Rent agreement / GST Registration Certificate
Members in other Practice/ Business:	:	Electricity / Telephone bill (not older than 02 months) of the premises/Rent agreement.
Members not covered above	:	1. Electricity / Telephone bill (not older than 02 months) of the residential premises/Rent agreement; AND 2. A self-declaration, duly signed, stating that the Member is not engaged in any business or professional work.

### **DECLARATION**

I, [.....] having ACS/FCS Number [.....] do hereby declare that the information provided in the Format of KYM Declaration is true and correct to the best of my knowledge and belief and nothing relevant has been concealed thereof.

Verified on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

**Signature :**

**Place :**