

Authentication/e-KYC User Agency (AUA/KUA) Application

Organisation Details						
Application for Authentication User Agency (AUA) / e-KYC User Agency (KUA) (Please select one)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">AUA</td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">AUA & KUA both</td> <td style="padding: 2px;"></td> </tr> </table>	AUA		AUA & KUA both		
AUA						
AUA & KUA both						
Organisation Name						
Registered office address						
Correspondence address						
Category Type (Select any one option – value to be selected based on Aadhaar (Authentication) Regulation, 2016 Schedule A under which the organization qualifies)	Category : Sub-Category :					
Contact Details						
Management Point of Contact						
Contact Name						
Designation						
Email Address						
Mobile Number						
Office Number						
Technical Point of Contact						
Contact Name,						
Designation						
Email Address						
Mobile Number						
Office Number						
AUA/KUA Infrastructure Details						
Proposed location(s) of AUA/KUA servers, hardware, equipment etc used for Aadhaar authentication (Please specify multiple districts/states in case of	District – State –					

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Primary, Secondary, DR etc sites)	Country –
Grievance Redressal Contact Details	
Webpage link	
Email Address	
Helpdesk Number	
ASA Engagement	
Name of ASA (An AUA/KUA may connect multiple ASAs)
Authentication Requirements	
Scope/Usage of authentication (Can select multiple options), Target Beneficiary Numbers and Mode of Authentication	As per Annexure - I
Geographies Catered to (Please specify states)	<ul style="list-style-type: none"> • Pan India • Name of State(s)
Will financial transactions be carried out based on authentication?	<ul style="list-style-type: none"> • Yes • No
Device form factor (Can select multiple options)	<ul style="list-style-type: none"> • Handheld device • Kiosk • Laptop / PC • Mobile phone • Others (please specify) _____
Authentication environment (Can select multiple options)	<ul style="list-style-type: none"> • Kiosks • Operator assisted • Operator authenticated • Others (Pl. specify)
Connectivity supported between AUA/KUA & ASA (Can select multiple options)	<ul style="list-style-type: none"> • VPN • Leased line • Others (pls. specify) _____

(Organization name) intend to be appointed as Authentication /e-KYC User Agency and is fully aware and understand the provisions of The Aadhaar (Targeted Delivery of Financial And Other Subsidies, Benefits and Services) Act, 2016 and its Regulations made thereunder and further warrants that it shall at all times abide by the same.

We certify that (Organization name) fulfills the financial/technical requirement as

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per Schedule A of Aadhaar (Authentication) Regulation, 2016.

That the information filled up in the application form and supplied therewith was placed before the board of directors / partners of the (_____ Organization name _____) in their meeting dated _____ and has been read over and verified to be true and correct to their personal knowledge and belief and is verified by them from the documents available with (_____ Organization name _____). No particulars have been concealed and upon verification of the application, the board / partners have approved the same for submission at the hands of _____. Any change in the name, contact details, addresses etc. as filled up in this application form shall also be immediately conveyed to UIDAI.

The board resolution / minutes of the meeting dated _____ approving the application form and authorizing _____ to submit the same is/are being annexed herewith as Document No. 1.

That the application form being duly filled up and all its particulars being verified by all the directors / partners each one of them shall be jointly and severally liable for any discrepancy in the information supplied herein above and as may be found by the authority.

Submitted By

(Authorized signatory)

Signature: _____

Name: _____

Designation: _____

Organization: _____

Date: _____

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Annexure-I

S.No.	Scope/Usage of authentication	Target Beneficiary Numbers	Mode of Authentications (Demographic, OTP, Fingerprint, Iris)
1	Cleaning existing beneficiary database		
2	Adding new beneficiaries		
3	Confirming beneficiary presence		
4	Financial transactions		
5	Access control		
6	Address verification		
7	Demographic data verification		
8	Attendance management		
9	Accountability tracking		
10	Others (pls. specify)		