

Know Your Client (KYC) Application Form (For Non-Individuals Only)



Place for
Intermediary Logo

Application No. :
Systematix ARN: 64917 EUIN: E-029678

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. Date of Incorporation | d | d | / | m | m | / | y | y | y | y | Place of Incorporation

3. Registration No. (e.g. CIN) | | | | | | | | | | Date of commencement of business | d | d | / | m | m | / | y | y | y | y |

4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs FI FII HUF
 AOP Bank Government Body Non-Government Organisation Defence Establishment Body of Individuals Society LLP
 Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY) | | | | | | | | | | Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village | | | | | | | | | | Postal Code
 State | | | | | | | | | | Country

2. Contact Details

Tel. (Off.) (ISD) (STD) | | | | | | | | | | Tel. (Res.) (ISD) (STD) | | | | | | | | | |
 Mobile (ISD) (STD) | | | | | | | | | | Fax (ISD) (STD) | | | | | | | | | |
 E-Mail Id. | | | | | | | | | |

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf). (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. Registered Address (If different from above)

City / Town / Village | | | | | | | | | | Postal Code
 State | | | | | | | | | | Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf). (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors
 (Please use the Annexure to fill in the details)

2. Any other information: _____

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 am/we are aware that I/we may be held liable for it.

Place: | | | | | | | | | |
 Date: | | | | | | | | | |

NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

 (Originals Verified) Self Certified Document copies received
 (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
 Staff Name
 Designation
 Name of the Organization
 Signature
 Date

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

Systematix ARN: 64917 EUIN: E-029678

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)



Birla Sun Life
Mutual Fund

Name of the entity																											
Type of address given at KRA	<input type="checkbox"/> Residential or Business							<input type="checkbox"/> Residential							<input type="checkbox"/> Business							<input type="checkbox"/> Registered Office					
PAN														Date of Incorporation													
City of incorporation																											
Country of incorporation																											

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac		<input type="checkbox"/> 1 - 5 Lacs		<input type="checkbox"/> 5 - 10 Lacs		<input type="checkbox"/> 10 - 25 Lacs		<input type="checkbox"/> >25 Lacs - 1 Crore		<input type="checkbox"/> >1 Crore					
Net-worth	Rs. _____ as on											D D M M Y Y Y Y		(Not older than 1 year)		
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	<input type="checkbox"/> I am PEP												<input type="checkbox"/> I am Related to PEP		<input type="checkbox"/> Not Applicable	
*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.																
Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services				<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services				<input type="checkbox"/> Money Lending / Pawning				<input type="checkbox"/> None of the above			

FATCA & CRS Declaration

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

* In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN														
	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____														
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for		<input type="checkbox"/> Not obtained – Non-participating FI												
	<input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category				(Refer 1 A of Part C)										

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):
 Unincorporated association / body of individuals Unlisted Company Partnership Firm Limited Liability Partnership Company
 Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FI's should provide FI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN#			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [§]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder

[§]If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

[§]In case Tax Identification Number is not available, kindly provide functional equivalent

[§]Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Birla Sun Life Asset Management Company Limited/Birla Sun Life Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI).

Name	
Designation	

Signature	Signature	Signature	Place _____ Date ____/____/____
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MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund

Form for Aadhar Updation (Non-Individual)

To
Aditya Birla Sun Life Mutual Fund

Name of the Non-Individual

PAN

I/We, _____, Company Secretary / Competent Authority (to issue this certification on behalf of the organization) hereby confirm that enclosed list of personnel covers all authorized signatories (associated with MF investments and allied activities) on behalf our organization. These signatories have consented in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with SEBI registered Mutual Funds and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the corresponding non-individuals folios.

This information is provided to comply with the PMLA requirements including sharing of information with regulatory/statutory authorities and should not be used for any other purpose unless it is required under any law / regulatory purpose. We hereby confirm that given information is true, reliable and also assure you to share the changes / modifications from time to time, if any through appropriate means to Mutual Fund for updates and onward sharing.

Regards

For <Name of the Non-Individual>

<Company Secretary / Competent Authority (Name & Sign with stamp/seal)>

Enclosed: List of Authorized Signatories along with their Aadhaar card copies

Acknowledgement of Form for Updation of Aadhar (To be filled in by Investor)

Received from Mr. / Ms. _____

PAN

Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities

ABSLAMC Stamp & Signature, Date

Annexure – List of Authorized Signatories:

PAN

S. No.	Name of the Authorized Signatory (AS) (as per Aadhaar Card)	Date of Birth (as per Aadhaar Card)	PAN of AS*	Aadhaar Number of AS* (Proof to be enclosed)	Signature* (Consent for sharing Aadhaar information, authentication with UIDAI in accordance with Aadhaar Act, 2016 and sharing with MFs/RTAs as indicated in the covering letter)	Photo of AS (optional) [Stamp Size photo]
		(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>		
		(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>		
		(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>		
		(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>		
		(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>		
		(dd-mm-yyyy)	<input type="text"/>	<input type="text"/>		

*where PAN & Aadhaar is not applicable (in case of Foreign Directors), any other officially valid document (like Passport) to be submitted along with photograph to be affixed

Signature of Company Secretary /
Competent Authority & with Stamp, Seal & date

Instructions & Guidelines

- The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.
- While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios", sign on the copy with date.
- Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.
- Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.
- Submit duly filled and signed form to your nearest AMC / CAMS branches.

