

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



Place for
Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

Systematix ARN: 64917 EUIN: E-029678

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).

[Grid for Name of Applicant]

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

[Grid for Address for Correspondence]

City / Town / Village State Country Postal Code

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)

[Grid for Registered Address]

City / Town / Village State Country Postal Code

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)**

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

FOR OFFICE USE ONLY

AMC/Intermediary name OR code

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received



Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

PAN

Date of Incorporation DD / MM / YYYY

City of Incorporation

Country of Incorporation

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)

Country	Tax Identification Number ^	Identification Type (TIN or Other, please specify)

^ In case Tax Identification Number is not available, kindly provide its functional equivalent⁵

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global 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 _____

Please refer to para 3(vii) Exemption code for U.S. person under Part D of FATCA Instructions & Definitions.

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

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

1. We are a
 Financial Institution³ **Global Intermediary Identification Number (GIIN)** _____
 or
 Direct reporting NFE⁴ 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
 (Please tick as appropriate) Name of sponsoring entity _____

GIIN not available (Please tick as appropriate) **Applied for**
 If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰
 Not obtained - Non-participating FI

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) No Yes (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) No Yes (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 Subsidiary of the Listed Company or Controlled by a Listed Company
 Name of stock exchange _____

3. Is the Entity an active¹ non-financial Entity (NFE) No Yes
 Name of Business _____
 Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)

4. Is the Entity a passive² NFE No Yes (If yes, please fill UBO declaration in the next section)
 Name of Business _____

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D |

If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name and PAN / Any other Identification Number (PAN, Adhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - County of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India

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

^ In case Tax identification Number is not available, kindly provide functional equivalent

The Central Board of Direct Taxes has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account 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.

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.

⁵ 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.

PART C : CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I / We also confirm that I / We have read and understood that FATCA & CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Date

Signature	Signature	Signature
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PART D : FATCA INSTRUCTIONS & DEFINITIONS

(Note : The Guidance Note / notification issued by the CBDT shall prevail in respect to Interpretation of the terms specified in the form)

- 1(i) **Financial Institution (FI)** - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
- 1(ii) **Depository institution:** is an entity that accepts deposits in the ordinary course of banking or similar business.
- 1(iii) Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
 - (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less.
- 1(iv) Investment entity is any entity:
 - (a) The primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or Individual and collective portfolio management; or
 - (ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
 - (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:
 - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 - (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - (refer point 2c.)
- 1(v) **Specified Insurance Company:** Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contracts or an Annuity Contract.
- 1(vi) FI not required to apply for GIIN: Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDT in this regard"
 - A. Reasons why FI not required to apply for GIIN:

Code	Sub-Category
01	Government Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Government Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI society because it is an Investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executive Brokers
07	Exempt collective investment vehicle
08	Trust
09	Non-registering local banks
10	FFI with only Low-Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle

- 2 **Active Non-financial entity (NFE)** : (any one of the following): Refer Explanation (A) to 114F(6) of Income Tax Rules, 1962 for details.

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market
03	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;



PART I : APPLICANT / INVESTOR DETAILS :

Investor Name																							

PAN

PART II : APPLICABLE FOR LISTED COMPANY / ITS SUBSIDIARY COMPANY ONLY

(i) I / We hereby declare that -

Our Company is Listed Company listed on recognized stock exchange in India
 Our Company is a subsidiary of the Listed Company
 Our Company is controlled by a Listed Company

(ii) Details of Listed Company^A
 Stock Exchange on which listed _____ security ISIN _____

^A The details of holding / parent Company to be provided in case the applicant / investor is a Subsidiary Company.

PART III : APPLICABLE FOR NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

(i) Category [Please tick (✓) applicable category]:

Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Public Charitable Trust
 Religious Trust Private Trust Private Trust created by a Will Others (Please specify) _____

(ii) Details of Ultimate Beneficiary Owner
 (In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

	1	2	3	4
Name of UBO [Mandatory] Along with Designation / Position wherever applicable				
UBO Code [Refer instruction 3]				
PAN or any other valid ID proof for those where PAN is not applicable ¹				
KYC (Yes/No) ²				
Taxpayer Identification Number ³				
Country of Tax Residency [CTR]				
CP / UBO Code [Refer Instruction E]				
Country of Birth [COB]				
Date of Birth [dd-mm-yyyy]				
Country of Permanent Address [CPA]				
Gender [Male, Female, others]				
Father's Name				
Occupation [Service, Business, Others]				
Percentage of Holding (%) ⁴				

¹ 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.

² If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to SBFS / Fund. Attach valid address proof

³ If UBO is resident / citizen of 'other than India' or citizen/tax resident/green card holder of USA, please provide Taxpayer ID Number / US Social Security Number [SSN]

⁴ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

PART IV: DECLARATION

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place _____ Date

D	D	M	M	Y	Y	Y	Y
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DATE : / /

1. UNIT HOLDER INFORMATION

a. EXISTING UNIT HOLDER INFORMATION

PAN

Any information provided at PAN level, will be updated in all the Folios where the PAN is Registered.

b. NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

Application Form No.

2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

a. Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual

- Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company FIs Minor through guardian BOI OCI
 Body Corporate LLP Society / Club FPI Sole Proprietorship Non Profit Organisation Others _____ (please specify)

b. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others _____ (please specify)

c. Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lakh 1 - 5 Lakhs 5 - 10 Lakhs 10 - 25 Lakhs >25 Lakhs - 1 Crore >1 Crore
OR

c. Net-worth (Mandatory for Non-Individuals) Rs. _____ **as on** DD MM YYYY (Not older than 1 year)

d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

e. Investors involved/ providing any of the mentioned services

- Wholesalers **OR** Retailers in Precious metals (in particular buying-selling gold) and gems Wholesalers **OR** Retailers in Luxury cars
 Wholesalers **OR** Retailers in Boats Wholesalers **OR** Retailers in Race-horses Wholesalers **OR** Retailers in Jewellery
 Money Service Businesses (MSB) & their agents (excluding Banks) Currency dealers or exchanges Sellers or redeemers of traveler's cheques
 Money orders / remittance services
 Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-door sales companies Taxi Bars Night-clubs
 Second-hand goods sales Second-hand vehicle dealers (excluding automobile franchise)
 Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art dealers Auctioneer Art expert

3. DETAILS OF SECOND APPLICANT, If any

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others _____ (please specify)

b. Gross Annual Income (Rs.) Below 1 Lakh 1 - 5 Lakhs 5 - 10 Lakhs 10 - 25 Lakhs >25 Lakhs - 1 Crore >1 Crore **OR** Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

d. Investors involved/ providing any of the mentioned services

- Wholesalers **OR** Retailers in Precious metals (in particular buying-selling gold) and gems Wholesalers **OR** Retailers in Luxury cars
 Wholesalers **OR** Retailers in Boats Wholesalers **OR** Retailers in Race-horses Wholesalers **OR** Retailers in Jewellery
 Money Service Businesses (MSB) & their agents (excluding Banks) Currency dealers or exchanges Sellers or redeemers of traveler's cheques
 Money orders / remittance services
 Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-door sales companies Taxi Bars Night-clubs
 Second-hand goods sales Second-hand vehicle dealers (excluding automobile franchise)
 Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art dealers Auctioneer Art expert



4. DETAILS OF THIRD APPLICANT, If any

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others _____ (please specify)

b. Gross Annual Income (Rs.) Below 1 Lakh 1 - 5 Lakhs 5 - 10 Lakhs 10 - 25 Lakhs >25 Lakhs - 1 Crore >1 Crore **OR** Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

d. Investors involved/ providing any of the mentioned services

- Wholesalers **OR** Retailers in Precious metals (in particular buying-selling gold) and gems Wholesalers **OR** Retailers in Luxury cars
- Wholesalers **OR** Retailers in Boats Wholesalers **OR** Retailers in Race-horses Wholesalers **OR** Retailers in Jewellery

- Money Service Businesses (MSB) & their agents (excluding Banks) Currency dealers or exchanges Sellers or redeemers of traveler's cheques
- Money orders / remittance services

- Pawn shops Street market stall Hotels Restaurants Internet cafés Door-to-door sales companies Taxi Bars Night-clubs
- Second-hand goods sales Second-hand vehicle dealers (excluding automobile franchise)

- Casinos Lotteries Gaming clubs Slot machines Antiques Art galleries Art dealers Auctioneer Art expert

DECLARATION

I 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. 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 it.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

INSTRUCTIONS

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP)* status mentioned under section 2 & 3 which was forming part of uniform KYC form will now be captured in the application form of the Fund. Also, the detail of nature of services viz. Foreign Exchange/Gaming/Money Lending, etc., (applicable for all applicants) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

*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.

Systematix ARN: 64917 EUIIN: E-029678

FORM FOR AADHAAR SEEDING FOR AUTHORIZED SIGNATORIES



To
Sundaram BNP Paribas Fund Services Limited

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 for sharing the information with Sundaram BNP Paribas Fund Services Limited / participating MFs by signing the enclosed form and also for validating the same with UIDAI wherever warranted.

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my Aadhaar number in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folio/s with my PAN.

Regards

For <Name of the Non-Individual>

Signature of Company Secretary / Competent Authority (Name & Sign with Stamp & Company Seal)

Enclosed: List of Authorized Signatories along with their Aadhaar

ANNEXURE – LIST OF AUTHORIZED SIGNATORIES

PAN

S. No.	Name of the Authorized Signatory (AS)#	Date of Birth (as per Aadhaar Card)#	Gender (M-Male, F-Female & T-Transgender)	PAN of AS#	Aadhaar of AS#	Signature (Consent for sharing Aadhaar information, au- thentication with UIDAI and sharing with MFs/RTAs)

Note: Where Aadhaar Number in fav our of authorised person not assigned, please submit proof of application for enrolment of Aadhaar

If the authorised person is not eligible to be enrolled for Aadhaar Number, he / she shall submit PAN or Form 60.

Signature of Company Secretary / Competent Authority (Name & Sign with Stamp & Company Seal)