## Know Your Client (KYC) Application Form (For Individuals Only)

Systematix ARN: 64917 EUIN: E-029678

Please fill this form in ENGLISH and in BLOCK LETTERS.

Application No. :

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## **KYC Details Change form** (For Individuals Only)

Main Intermediary



Application No.:

Systematix ARN: 64917 EUIN: E-029678 Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used). A Name of Applicant (As per original KYC records) Title ☐ Mr. ☐ Ms. ☐ Other UID/Aadhaar, if any: Please Provide the new KYC details which should be updated in your KYC records. B. Mandatory fields for KYCs done before 1st January 2012 1. Father's/Spouse Name 3. Current Nationality Indian Other 2. Current Marital status Single Married 4. Current Gross Annual Income Details (Please tick (✓): ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ > 25 Lacs OR Net-worth in ₹. (\*Net worth should not be older than 1 year) as on (date) d d / m m / y y y y "FOR OFFICE USE ONLY" Columns at the bottom of the form is Mandatory-IPV for all KYCs done before 1st January, 2012 & Original Seen and Verified for change in Identity & Address Details. C. Identity Details (please see guidelines overleaf) 1. New Name (As appearing in supporting identification document). Name 2. New Status Please tick (🗸) Resident Individual Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals) Please enclose a duly attested copy of your PAN Card 4. Proof of Identity submitted for PAN exempt cases Please Tick ( ) □ UID (Aadhaar) □ Passport □ Voter ID □ Driving Licence □ Others (Please see guideline 'D' overleaf D. Address Details (please see guidelines overleaf) 1. New Address for Correspondence City / Town / Village State Country 2. Contact Details Tel. (Res.) (ISD) Tel (Off ) (ISD) Fax (ISD) Mobile E-Mail Id. 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick ( v) against the document attached. □Passport □Ration Card □Registered Lease/Sale Agreement of Residence □ Driving License □ Voter Identity Card □\*Latest Bank A/c Statement/Passbook \*Latest Telephone Bill (only Land Line) \*Latest Electricity Bill \*Latest Gas Bill Others (Please specify) d d / m m / \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted 4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant City / Town / Village Pin Code Country 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (/) against the document attached. Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card \*Latest Bank A/c Statement/Passbook □ \*Latest Telephone Bill (only Land Line) □ \*Latest Electricity Bill □ \*Latest Gas Bill □ Others (Please specify) \*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y E. Other Details (please see guidelines overleaf) **2. New Occupation** (Please tick( $\checkmark$ ) any one and give brief details): ☐ Private Sector Service ☐ Public Sector ☐ Government Service Business □ Professional □ Agriculturist Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify) **3. Please tick, if applicable:** 

Politically Exposed Person Related to a Politically Exposed Person For definition of PEP, please refer guideline overleaf 4. Any other information: **DECLARATION** SIGNATURE OF APPLICANT I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it Place: FOR OFFICE USE ONLY IPV Done ☐ on [d | d | / [m | m | / [y | y | y | y AMC/Intermediary name OR code Seal/Stamp of the intermediary should contain Seal/Stamp of the intermediary should contain Staff Name Staff Name (Originals Verified) Self Certified Document copies received Designation Designation Name of the Organization Name of the Organization (Attested) True copies of documents received

Signature

Date

Signature



## **Escorts Mutual Fund**

## KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUAL

[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

Systemati	x ARN: 64917 EUIN:	E-029678	Application No	.: (If applicable) 15/	
PART A. FATCA & CRS	INFORMATION (Self (	Certification)			
Folio No.				PAN	
Applicant Name					
Gender	☐ F ☐ Other	Oc	cupation Service	Business Othe	rs Please Specify
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PART B. ADDITIONAL R	CYC INFORMATION				
Occupation Details [Please tick ( ✓ )]	O Private Sector Service O Retired	Public Sector Service Housewife	O Government Service C Student C	Business Profession Others (Please spec	_
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* PEP are defined as individuals Government/Judicial/military o		·			s or of Governments, senior
PART C. DECLARATION	N				
Instructions) and hereby conf Escorts Asset Management Lt	firm that the information part of the formation to the fo	provided by me/us on this this information promptly.	and Conditions mentioned is Form is true, correct and conditions I/We further agree to abide be Reporting Standards (CRS) on the conditions and the conditions are supported by the conditions and the conditions are supported by the conditions are supporte	nplete. I/We hereby y the provisions of th	agree and confirm to inform as Scheme related documents
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