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Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Systematix ARN: 64917 EUIN: E-029678

Name of Applicant

PAN of the Applicant					

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals *(contd.)*

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	

Name & Signature of the Authorised Signatory(ies)

***PEP:** Politically Exposed Person ***RPEP:** Related to Politically Exposed Person



Escorts Mutual Fund

[For Non Individual Investor only] Systematix ARN: 64917 EUIN: E-029678

FATCA & CRS : DETAILS / I	DECLARATION FORM
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[Mandatory for Non Individual Investor] Application No.: (If applicable) 15/																				
APPLICANT DETAILS																				
Applicant Name																				
Folio No.			İ		•					PAI	N					Ť				
PART A. ADDITIONAL KYC INFORMATION																				
Gross Annual Income (Rs.) [Please tick (✓)]	0	Belo	w 1 lac	0	1-5 la	acs	O 5-:	10 lacs		0 >	25	lacs -1	crore	9	() >	> 1 cr	ore		
Net-worth Rsas on D D M Y																				
Politically Exposed Person (PEP) Status * (Also signatories/ Promoters/ Karta/ Trustee/ Whole				ed		🗌 la	im PEP		🗌 I a	m rela	atec	d to PE	Р		N	ot A	Applio	able		
* PEP are defined as individuals who are or have b				inent p	ublic f	unctions i	n a for	eign cou	intry, e.	g. Hea	ds c	of state	s or o	f Go	overnn	nent	ts, se	nior		
Government/Judicial/military officers, senior execu																				
Non Individual investors involved/providing a of the mentioned services	ny 🗌		ign Exch ey Lend			ey change g	er serv	ices				iambli e abov		otte	ery / C	asii	no Se	ervice	S	
			-	-			DET	AILS (N				0 0.001								
Place of Incorporation:		r –	untry of								te d	of Inco	rpora	atio	n:	DD	/ 1	MM /	YYYY	(
Is Entity a tax resident of any	No					e country			he enti	ty is a	res	ident j	for ta	х рі	irpose	25				
Country other than India? Yes S.No Country of Tax Residency	NU	1	and the or Equi			Tax ID nu	mber k	elow)		Ide	nti	ficatio	n Tur							
1.			UI LYUI	valent	Num	Jei				iue		licatio								
2.																				
In case the Entity's Country of Incorporation / T	ax resider	ice is	U.S. but	Entity	is not	а				1										
Specified U.S. Person (as per definition E5), ple	ase menti								(re	efer de	efini	ition D	4)							
FATCA and CRS DETAILS (Mandatory) PART B. (To be filled by financial institutions or Direct Reporting NFEs)																				
]	GIIN at	oove a of spa	and india onsoring	cate yo entity Not ob	ur spo : [otaine	ut you ar onsor's no d – Non-j	oartici	oating F	1	her en	tity	, pleas						~'s		
	-	-		-	-			_	-				(i	erei	r defir	intio	,ii C)			
PART C. (Please fill any one as appropriate	-								-			11 -		1		(1)				
Is the Entity a publicly traded company? (that is, a company whose shares are regularly	Yes	(if yes, pi	ease sp	ресіју	any one	STOCK E	exchang	e on wi	nich tr	ne s	tock is	regu	iari	y traa	ea)				
traded on an established securities market)	Name	of st	ock exca	ahange																
Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) 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 Name of listed company Subsidiary of the Listed Company or Controlled by a Listed Company																			
Is the Entity an Active NFE?	Yes					Form		ature of			ion	code -	refei	r D3	:)					
Is the Entity a Passive NFE? (Refer definition E2)	Yes					orm		ture of							,					
I/We acknowledge ad confirm that the information of my/our knowledge and belief and provided as I/We have understood the information require requirements, terms and conditions (read along hereby confirm that the information provided by Place :	fter neces ments of f g with ins y me/us o	sary the ap tructi	consulta oplicatic ons and	ation w on form schem	ith tax i, inclu ne rela	x profess uding FAT ated docu	ionals. CA an iments	d CRS s) and		orized		gnator]	ies [v	vith	comp	any	//Tru	st/Fir	m/Boo	dy

Definitions/Instructions / Guidance

A. Financial Institution (FI)- The term FI means any financial institution that is a:

- 1. Depository institution: Accepts deposits in the ordinary course of banking or similar business
- 2. Custodial institution: An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross 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-
 - (a) The three year period ending on December 31 of the year preceding the Year in which the determination is made;

(b) The period during which the entity has been in existence before the determination is made

- 3. Investment entity: Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency, etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] 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 herein. 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 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.
- 4. Specified Insurance Company: Entity issuing insurance products i.e. life insurance or cash value products.



Escorts Mutual Fund

Ultimate Beneficial Ownership [UBO] Declaration Form

(Mandatory for Non indiv	idual Applican	t/Investor)		Application No.: (If applicable) 15/									
APPLICANT DETAILS													
Applicant Name					PAN								
PART A. (tick applicable c	ategory)												
We hereby declare that Our company is a listed C Others Our company is a subsid	iary of a Listed C		E	 Our company is controlled by a Listed Company None of the above if 'None of the above' option is selected, the following information [Part III] shall be provided mandatorily as applicable 									
PART B. (tick applicable ca Unlisted Company Pa Private Trust / Trust creat	rtnership Firm						able Trust Religi Please \$						
PART C. (DETAILS OF ULT Please list below each controlling controlling person. If the given re Signatories.	g person, confirmir	ng ALL countries of	tax residency /	permanent addre	ess / citizenship a	ind ALL Tax Ide	entification Numbers	for EACH					
S.No Name of UBO Mandatory Along with Designation/Position wherever app	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]	Country of Birth [COB]	Country of Permanent Address [CPA]	Percent age of Holding (%)⁴					
1.													
2.													
3.													
4.													
¹ - If UBO is KYC compliant, K Director / Settlor of Trust / Pi					roof must be at	tached. Posit	ion / Designation l	ike					

² - If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to CAMS /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 D 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. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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 as may be required at your end.

Place :		
Date :		Authorized Signatories [with company/Trust/Firm/Body corporate seal]