

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).

Name input grid

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

Address for Correspondence input grid with labels for City/Town/Village, State, Country, Postal Code

2. Contact Details

Contact Details input grid with labels for Tel. (Off.), Mobile, E-Mail Id., Tel. (Res.), Fax

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)

Registered Address input grid with labels for 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)

Signature box

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

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 EIJN: E-029678

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for
Intermediary Logo

Name & Signature of the Authorised Signatory(ies) Date [d | d] / [m | m] / [y | y] [y | y] [y | y]

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

Systematic ARN: 64917 EUIIN: E-029678

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for
Intermediary Logo



Name & Signature of the Authorised Signatory(ies) Date [d | d] / [m | m] / [y | y] [y | y]



Details of FATCA & CRS information For Non-Individuals/Legal Entity

Systematix ARN: 64917 EUIN: E-029678

Name of the entity											
Type of Address given at KRA	Residential or Business	Residential	Business	Registered Office							
PAN	Date of incorporation										
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 cas 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 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 _____

Please refer to para 3(vii) Exemption code for U.S. persons 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 Institution or Direct Reporting NFEs)

1. We are a, **Global Intermediary Identification Number (GIIN)**
 Financial institution³ **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
 or
 Direct reporting NFE⁴ Name of sponsoring entity
 (Please tick as appropriate)
GIIN not available (please tick as applicable) **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 <input type="checkbox"/>	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) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify the name of 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 active ¹ non-financial Entity (NFE) No <input type="checkbox"/>	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 D
4.	Is the Entity a passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes please fill UBO declaration in the next section) Nature of Business _____

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 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 <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</small>	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
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1. Name & PAN	Occupation : Type	DOB DD/MM/YYYY
City of Birth Country of Birth	Nationality Father's Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

2. Name & PAN	Occupation : Type	DOB DD/MM/YYYY
City of Birth Country of Birth	Nationality Father's Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

3. Name & PAN	Occupation : Type	DOB DD/MM/YYYY
City of Birth Country of Birth	Nationality Father's Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

#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 with holding 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. 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 : Cerification

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 the FATCA & CRS Terms and Conditions below and hereby accept the same.

Date: / /

Name	
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Designation	
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Signature

Signature

Signature

Systematix ARN: 64917 EUIN: E-029678

Annexure 1

Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)

Sr. No.	Name	PAN	Aadhaar No. (Refer Instruction No. 4)	Signature ***

I hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my/our consent for sharing/disclosing of my 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/our folios.

I have read, understood and agree to abide by the guidelines as on the reverse of this form.