Please fill in ENGLISH and in						nterme			Curet.	met	, ^ n		1017	ELV		\sim
A Identity Dataily (view		1000							Syste	emati	x AR	IN: 64	+917	EUI	N: E-	-0
A. Identity Details (please se	-			1.5			,				D.1				•••	
1. Name of Applicant (Please write co	mplete name as per Cer	rtificate of Inc		on / Regis	tration	; leaving	one box	(blank be	tween	2 words	. Please	dono	ot abbre	eviate t	he Nan	ne,
2. Date of Incorporation	/ _m_m_ / _y_y	у у	Place	of Incor	porati	on										
3. Registration No. (e.g. CIN)					Dat	e of co	mmence	ement of	busine	ess d	d	/ m	m	/ v	y	V
4. Status Please tick (✓) ☐ Private Lt ☐ AOP ☐ Bank ☐ Gover Others (Please specify)		td. Co.		Corporate Isation		Partne	rship stablishm	□ Trust ent		ties / N of Indi		-	_ FI _ Societ	FI Iy	I I LLP	
5. Permanent Account Number (PAI	N) (MANDATORY)						Please er	nclose a c	uly atte	sted co	py of y	our PA	AN Caro	ł		
B. Address Details (please se	e auidelines over	rleaf)														_
1. Address for Correspondence																
												_				
City / Town / Village State								Country			Posta	Code				
2. Contact Details						Tel. (Res.	(ICD)	(STD)								
Mobile (ISD) (STD)						Fax	(100)	(STD)								
E-Mail Id. 3. Proof of address to be provid																
 Any other proof of address of *Not more than 3 Months old. Valid 4. Registered Address (If different address) 	ity/Expiry date of proc	of of address			d	/ _ m	m / [у у	у у							em
*Not more than 3 Months old. Valid	ity/Expiry date of proc	of of address			d ,	/ _ m	m / _ _	y y	y y							
*Not more than 3 Months old. Valid 4. Registered Address (If different address) City / Town / Village	ity/Expiry date of proc	of of address			d ,	/ _ m	m /	y y	y y		Posta	Code				
*Not more than 3 Months old. Valid 4. Registered Address (If different address) City / Town / Village	ity/Expiry date of proc erent from above)	of of address	s submit	ted d				y y y		tick (the do		nt at	
 *Not more than 3 Months old. Valid 4. Registered Address (If diffe City / Town / Village City / Town / Village 5. Proof of address to be provid *Latest Telephone Bill (only Latest Telephone Bill (only Lat	ity/Expiry date of proc erent from above) erent from above (from above (from above) erent from above (from above	of of address	s submit	ted d	the fc	llowin	g valid	docum	ents &		√) ag	ainst				tao
*Not more than 3 Months old. Valid 4. Registered Address (If different address (If diff	ity/Expiry date of proc erent from above)	of of address	s submit	ted d	the fc	llowin	g valid tatemen	docum	ents &		√) ag	ainst				tao
 *Not more than 3 Months old. Valid 4. Registered Address (If different address (If different	ity/Expiry date of proc erent from above) erent from above) erent from above) end by Applicant. Ple and Line) T*Latest locument (as listed ov ity/Expiry date of proc	of of address	s submit	ted d	the fc	Illowin count S	g valid tatemen	docum	ents &		√) ag	ainst				tao
*Not more than 3 Months old. Valid 4. Registered Address (if different City / Town / Village State 5. Proof of address to be provid Any other proof of address of *Not more than 3 Months old. Valid C. Other Details (please see 1. Name, PAN, DIN/Aadhaar	ity/Expiry date of proceed of the second sec	of of address ease submit Electricity Bill verleaf).(Pleas of of address af)	s submit	ted d DNE of atest Ba d	the fc nk Acc	Ilowin count S	g valid tatemen	docum nt □Re	ents & gisteree y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
 *Not more than 3 Months old. Valid 4. Registered Address (If different address (If differen address (If different address (If differen a	ity/Expiry date of proceed of the second sec	of of address ease submit Electricity Bill verleaf).(Pleas of of address af)	s submit	ted d DNE of atest Ba d	the fc nk Acc	Ilowin count S	g valid tatemen	docum nt □Re	ents & gisteree y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
*Not more than 3 Months old. Valid 4. Registered Address (If different City / Town / Village State 5. Proof of address to be provid Any other proof of address to be provid Any other proof of address to be revide C. Other Details (please see 1. Name, PAN, DIN/Aadhaar (Please use the Annexure to be address to be add	ity/Expiry date of proceed of the second sec	of of address ease submit Electricity Bill verleaf).(Pleas of of address af)	s submit	ted d DNE of atest Ba d	the fc nk Acc	Ilowin count S	g valid tatemen	docum nt □Re	ents & gisteree y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
*Not more than 3 Months old. Valid 4. Registered Address (If different City / Town / Village State 5. Proof of address to be provid Any other proof of address of *Not more than 3 Months old. Valid C. Other Details (please see 1. Name, PAN, DIN/Aadhaar (Please use the Annexure to 2. Any other information: DECL We hereby declare that the do correct to the best of my/our kno to inform you of any changes th	ity/Expiry date of proc erent from above) erent from above) dent of the second second ed by Applicant. Ple and Line) =*Latest document (as listed ov ity/Expiry date of proc guidelines overlea Number, residenti fill in the details) ARATION letails furnished ak wiledge and belief a erein, immediately.	of of address ease submit Electricity Bil verleaf).(Pleas of of address af) ial address bove are tr and I/we un . In case an	s submit	ted d DNE of atest Ba ted d photog	the fc ink Accord graph	Ilowin count S s of P	g valid tatemen m / _ romote	docum t Re y y ers/Par	y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
*Not more than 3 Months old. Valid 4. Registered Address (If different City / Town / Village State 5. Proof of address to be provid Any other proof of address to be provid Any other proof of address to be address *Not more than 3 Months old. Valid C. Other Details (please see 1. Name, PAN, DIN/Aadhaar (Please use the Annexure to 2. Any other information: DECL We hereby declare that the do correct to the best of my/our knot to inform you of any changes th above information is found to	ity/Expiry date of proc erent from above) erent from above) erent from above ed by Applicant. Ple and Line) =*Latest locument (as listed ov ity/Expiry date of proc guidelines overlex Number, residenti fill in the details) ARATION letails furnished ak wledge and belief a erein, immediately. be false or untrue	of of address ease submit Electricity Bill verleaf).(Pleas of of address af) ial address bove are tr and I/we un . In case an e or mislea	s submit	ted d DNE of atest Ba ted d photog	the fc ink Accord graph	s of P	g valid tatemen m / _ romoto	docum t Re y y y ers/Par TURE ISED	y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
*Not more than 3 Months old. Valid 4. Registered Address (if different City / Town / Village State 5. Proof of address to be provid Any other proof of address to be provid Any other proof of address to be address *Not more than 3 Months old. Valid C. Other Details (please see 1. Name, PAN, DIN/Aadhaar (Please use the Annexure to 2. Any other information: DECLL We hereby declare that the do correct to the best of my/our kno- to inform you of any changes th above information is found to misrepresenting, I am/we are award	ity/Expiry date of proc erent from above) erent from above) erent from above ed by Applicant. Ple and Line) =*Latest locument (as listed ov ity/Expiry date of proc guidelines overlex Number, residenti fill in the details) ARATION letails furnished ak wledge and belief a erein, immediately. be false or untrue	of of address ease submit Electricity Bill verleaf).(Pleas of of address af) ial address bove are tr and I/we un . In case an e or mislea	s submit	ted d DNE of atest Ba ted d photog	the fc ink According graph	s of P	g valid tatemen m / _ romote	docum t Re y y y ers/Par TURE ISED	y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
*Not more than 3 Months old. Valid 4. Registered Address (if diffe City / Town / Village State 5. Proof of address to be provid Any other proof of address of *Not more than 3 Months old. Valid C. Other Details (please see 1. Name, PAN, DIN/Aadhaar (Please use the Annexure to 2. Any other information: DECL We hereby declare that the do correct to the best of my/our kno to inform you of any changes th above information is found to misrepresenting, Iam/we are awa Place:	ity/Expiry date of proc erent from above) erent from above) erent from above ed by Applicant. Ple and Line) =*Latest locument (as listed ov ity/Expiry date of proc guidelines overlex Number, residenti fill in the details) ARATION letails furnished ak wledge and belief a erein, immediately. be false or untrue	of of address ease submit Electricity Bill verleaf).(Pleas of of address af) ial address bove are tr and I/we un . In case an e or mislea	s submit	ted d DNE of atest Ba ted d photog	the fc ink According graph	s of P	g valid tatemen m / _ romoto	docum t Re y y y ers/Par TURE ISED	y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
*Not more than 3 Months old. Valid 4. Registered Address (if diffe City / Town / Village State 5. Proof of address to be provid Any other proof of address of *Not more than 3 Months old. Valid C. Other Details (please see 1. Name, PAN, DIN/Aadhaar (Please use the Annexure to 2. Any other information: DECL We hereby declare that the do correct to the best of my/our kno to inform you of any changes th above information is found to misrepresenting, Iam/we are awa Place:	ity/Expiry date of proc erent from above) erent from above) erent from above ed by Applicant. Ple and Line) =*Latest locument (as listed ov ity/Expiry date of proc guidelines overlex Number, residenti fill in the details) ARATION letails furnished ak wledge and belief a erein, immediately. be false or untrue	of of address ease submit Electricity Bil verleaf).(Pleas of of address of of address af) ial address bove are tr and I/we un . In case an e or mislea held liable	s submit	ted d DNE of atest Ba ted d photog	graph AME OF	s of P AUT PERS	g valid tatemen m / _ romoto	docum t Re y y y ers/Par TURE ISED	y y	d Lease	√) ag ⁄ Sale	ainst Agree	ement	of Off	ice Pre	tai
 *Not more than 3 Months old. Valid 4. Registered Address (If different address (If differen address (If different address (If differen a	ity/Expiry date of proc erent from above) erent from above) erent from above ed by Applicant. Ple and Line) =*Latest locument (as listed ov ity/Expiry date of proc guidelines overlex Number, residenti fill in the details) ARATION letails furnished ak wledge and belief a erein, immediately. be false or untrue	of of address ease submit Electricity Bil verleaf).(Pleas of of address of of address af) ial address bove are tr and I/we un . In case an e or mislea held liable	s submit	ted d DNE of atest Ba ted d photog	graph AME OF	s of P AUT PERS	g valid tatemen m / _ romoto	docum t Re y y y ers/Par TURE ISED	theres/	d Lease	/) ag / Sale	tees/	whole	e tim	e din	ecc

Deta Syste	ils of Promoters/ Partner matix ARN: 64917 EUIN: E-0290	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	ne directors formi	ng a part of Know Your Client	(KYC) Application F	Form for Non-Individuals
Name (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	-	

Place for Intermediary Logo

Date [d | d] / [m | m] / [y | y | y | y

Name & Signature of the Authorised Signatory(ies)

Detai Svstem	ils of Promoters/ Partners/ natix ARN: 64917 EUIN: E-029676	Karta / Trustees and whole tim	ne directors formi	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	(KYC) Application F	orm for Non-Individuals
Name o	Name of Applicant				PAN of the 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
Name 8	Name & Signature of the Authorised Signatory(ies)	(ies) Date [d d] / [m m] / [y y	<u>v</u> v GVL	Place for Intermediary Logo		

	PRDENTIAL Imutual fund J ⁻ TARAKKI KAREINI Syst		Individuals/	S information /Legal Entity								
Na	me of the entity											
Тур	pe of Address given at KF	Residential or Busine	ss Residential	Business Registered Office								
City	ANy of incorporation		Date of incorp	Oration D D / M M / Y Y Y Y Y								
Co	untry of incorporation											
	ease tick the applicable to											
	•	of any country other than which the entity is a resident for tax put										
	Country	Tax Identifie	ation Number [%]	Identification Type (TIN or Other, please specify)								
	[%] In cas 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.											
r	In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, etc. In case the Entity's Country of Incoporation / 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											
	(Please const	FATCA & C	RS Declaration for further guidance on FAT	TCA & CRS classification)								
P/	ART A (to be filled by Financia	l Institution or Direct Reporting N	IFEs)									
1.												
	. We are a, Financial institution ³ or	Note: If you do not he	ary Identification Nu ave a GIIN but you are spo above and indicate your sp	nsored by another entity, please provide								
	Financial institution ³	Note: If you do not he	ave a GIIN but you are spo above and indicate your sp	nsored by another entity, please provide								
	Financial institution ³ or Direct reporting NFE ⁴ (Please tick as appropriate) GIIN not available (ple	Note: If you do not here your sponsor's GIIN a Name of sponsoring ase tick as applicable)	ave a GIIN but you are spo above and indicate your sp g entity Applied for	nsored by another entity, please provide onsor's name below								
	Financial institution ³ or Direct reporting NFE ⁴ (Please tick as appropriate)	Note: If you do not he your sponsor's GIIN a Name of sponsoring ase tick as applicable) Assistitution, Not required to the provide the provided to the	ave a GIIN but you are spo above and indicate your sp g entity Applied for o apply for - please spe	nsored by another entity, please provide								
PA	Financial institution ³ or Direct reporting NFE ⁴ (Please tick as appropriate) GIIN not available (ple <i>If the entity is a financial in</i>	Note: If you do not here your sponsor's GIIN and the your sponsor's GIIN and the your sponsor's GIIN and the your sponsor of the your s	ave a GIIN but you are spo above and indicate your sp g entity Applied for o apply for - please spe - Non-participating Fl	nsored by another entity, please provide onsor's name below ecify 2 digits sub-category ¹⁰								
P <i>A</i> 1.	Financial institution ³ or Direct reporting NFE ⁴ (Please tick as appropriate) GIIN not available (ple <i>If the entity is a financial in</i>	Note: If you do not here your sponsor's GIIN a Name of sponsoring ase tick as applicable) Image: A stitution, Not required t Image: Not obtained ppropriate "to be filled by NFEs of ed company (that is, a e regularly traded on an	ave a GIIN but you are spo above and indicate your sp g entity Applied for o apply for - please spe - Non-participating FI ther than direct reporting	nsored by another entity, please provide onsor's name below ecify 2 digits sub-category ¹⁰ NFEs") ecify any one stock exchange on which the stock is								
	Financial institution ³ or Direct reporting NFE ⁴ (Please tick as appropriate) GIIN not available (ple <i>If the entity is a financial in</i> ART B (please fill any one as a) Is the Entity a publicly trade company whose shares are	Note: If you do not he your sponsor's GIIN a Name of sponsor's GIIN a Name of sponsorin ase tick as applicable) Image: A nstitution, Not required t Not obtained Not obtained opropriate "to be filled by NFEs c ed company (that is, a e regularly traded on an set) v of a publicly traded se shares are regularly	ave a GIIN but you are spon above and indicate your sp g entity Applied for o apply for - please spe - Non-participating FI ther than direct reporting Yes (If yes, please sp regularly traded) Name of stock exchan Yes (If yes, please sp exchange on wh Name of listed compar	nsored by another entity, please provide onsor's name below ecify 2 digits sub-category ¹⁰ <i>WFEs"</i>) ecify any one stock exchange on which the stock is ge ecify the name of listed company and one stock ich the stock is regularly traded) my diary of the listed company OR controlled by a listed company								
1.	Financial institution ³ or Direct reporting NFE ⁴ (Please tick as appropriate) GIIN not available (ple <i>If the entity is a financial in</i> ART B (please fill any one as appropriate) Is the Entity a publicly tradic company whose shares are established securities mark Is the Entity a related entity company (a company who	Note: If you do not here your sponsor's GIIN at your sponsor at the properties of the sponsor at the properties of the sponsor at the properties market at your sponsor at your sponsor at the properties market at your sponsor at your sponsor at your sponsor at the properties market at your sponsor at your sponso	ave a GIIN but you are spon above and indicate your sp g entity Applied for o apply for - please spe - Non-participating FI ther than direct reporting Yes (If yes, please sp regularly traded) Name of stock exchan Yes (If yes, please sp exchange on wh Name of listed compar Nature of relation: subsi Name of stock exchan Yes Name of stock exchan	nsored by another entity, please provide onsor's name below ecify 2 digits sub-category ¹⁰ <i>NFEs"</i>) <i>NFEs"</i>) <i>ecify any one stock exchange on which the stock is</i> ge <i>ecify the name of listed company and one stock</i> <i>ich the stock is regularly traded</i>) <i>ny</i> diary of the listed company OR controlled by a listed company								
1.	Financial institution ³ or Direct reporting NFE ⁴ (Please tick as appropriate) GIIN not available (ple <i>If the entity is a financial in</i> ART B (please fill any one as ap Is the Entity a publicly trade company whose shares are established securities mark Is the Entity a related entity company (a company who traded on an established securities of	Note: If you do not here your sponsor's GIIN at your sponsor	ave a GIIN but you are spon above and indicate your sp g entity Applied for o apply for - please spe - Non-participating FI ther than direct reporting Yes (If yes, please sp regularly traded) Name of stock exchan Yes (If yes, please sp exchange on wh Name of listed compar Nature of relation: subsi Name of stock exchan Yes Name of stock exchan Yes Please specify the sub	Ansored by another entity, please provide onsor's name below								

# If passive NFE, please provide below addition	onal details for each of Controlling persor	. (Please attach additional sheets if necessary)											
Name and PAN / Any other Identification Num (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA City of Birth - Country of Birth		DOB - Date of Birth											
1. Name & PAN	Occupation : Type	DOB DD/MM/YYYY											
City of Birth Country of Birth	Nationality Father's Name	Gender 🔄 Male 🔄 Female											
2. Name & PAN	Occupation : Type	DOB DD/MM/YYYY											
City of Birth Country of Birth	Gender 🔄 Male 🔄 Female												
3. Name & PAN	DOB DD/MM/YYYY												
City of Birth Country of Birth	Gender 🔛 Male 🔛 Female												
Country of Birth Father's Name Others #Additional details to be filled by controlling persons with tax residency / permanent residencey / Citizensip / 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 • To include US, where controlling person is a US citizen or green card holder													
The Central Board of Direct Taxes has notified Rules 114 the Bank to seek additional personal, tax and beneficial cases, information will have to be reported to tax author institutions such as with holding agents for the purpose Should there be any change in any information provided If any controlling person of the entity is a US citizen or re the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent been issued, please provide an explanation and attach the	I owner information and certain certifications and o orities/ appointed agencies. Towards compliance, of ensuring appropriate withholding from the acco d by you, please ensure you advise us promptly, i.e esident or green card holder, please include United if the country in which you are tax resident issues	documentation from all our account holders. In relevant we may also be required to provide information to any unt or any proceeds in relation thereto. . within 30 days States in the foreign country information field along with											
PART C : Cerification I / We have understood the information require that the information provided by me/us on this the FATCA & CRS Terms and Conditions below Date: / / /	Form is true, correct and complete. I/We al												
Name													
Designation													
Signature	Signature	Signature											

FORM FOR UPDATION OF AADHAAR (NON-INDIVIDUAL)

(Please fill in all column in BLOCK CAPITAL LETTERS.) Systematix ARN: 64917 EUIN: E-029678 **PRUDENTIAL**

То																							J' IAF	<i>AKKI</i>	KARE	:IN!
ICICI Prudential Mutual Fund																										
		1				-																				
Name:																										
															1		1									
PAN																										
											_															
l hereby usage (i made th	i) val	datin	ig/aut	henti	catiı	ng a	and (ii) updat	ting n	ny/ou	dhaar ir Aa	^r Act, dhaai	r num	and	regu											
made thereunder) and Prevention of Money Laundering Act (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.																										
same in my/our folios. I have read, understood and agree to abide by the guidelines.																										
	I,, Company Secretary / Competent Authority (to issue this certification on behalf of the organization) hereby confirm that enclosed list (Annexure 1) of personnel covers all authorized signatories(associated with MF investments and allied activities) on behalf of the organization.																									
				SI	gna	TUR	ξE																			
																	P	lace:								
																	C)ate:	D	D	MI	/I Y	Y	Υ	Y	
0	latio	ns an	d prov	visior	n of t	the	said d	Aadhaa ata is r ance w	nand	mbe atory	r incl as p	uding er ap	plicat	nogr ble la	aphic ws/ru	info iles/re	egula	tions	s. Pos	t obta	aining	g the	Aadh	iaar n	umb	er,we
usec 2. Upd								aws/ru and cre		0			upda	ted i	n the	Folio	will	be au	uthen	ticate	ed for	aadl	naar s	seedi	ng. lı	ncase
of m	isma	tch, r	eque	st is I	iable	e to	be re	jected																	U	
3. For (AS								ir and and Au					bmitt	ed fo	or all i	ndivi	duals	s forr	ning	part o	of Au	thoriz	zed S	ignat	tory l	.ist
4. Whil			0														0				0			,		
5. Plea Inve								ntial N				ave b	een p	orovi	ded.	All fo	orms	shou	ild be	e sub	mitte	d on	ly at	the c	lesigi	nateo
6. Inve									-			-														
7. Subi data								arrant . Pleas															nticat	ion v	vith l	JIDA
	- 🖌	<				_																		->	<u>)</u>	
	0-^	\$																						~ Q	,	
Acknow	wled	gemo	ent o	f For	m fo	or U	Jpdat	ion of	AAD	HAA	R ar	nd e-	KYC (To be	filled i	n by tl	ne inv	estor)						PRUC	ENTIA	
Receive	d, su	bject	to ve	rifica	tion	For	rm foi	Upda	tion o	of AA	DHA	AR a	nd e-	күс									(UAL F AKKI KA	
from M	r/ Mr s	s/ Ms	:																_							
PAN No	:																		_			ICICI P Stamp				
					F	OR /	ANY	ASSIS	TANC	E OR	FUR	THER		RM/		I PLE	ASE	CON	таст						-	
TOL	Centr L FRE	al Ser	vice C IMBEF	ffice, 180	2nd)0 22	Floo 2 99	or, Bloc	ICICI F k B-2, M NL/BSN	Virlon	Know	/ledge	e Park,	West	ern E	xpres	s High	way,	Gore	gaon (ic.com	East), • WEB	Mum BSITE	bai-4 ww	100 06 w.icici	3. Inc ipruar	lia. nc.cor	n

				haar
natory List (ASL)	Signature ***			regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar thereunder) and PMLA. er(s) including demographic information with the asset management companies of SEBI registered mutual fund and their ay/our folios. se of this form.
E-029678 Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)	Aadhaar No. (Refer Instruction No. 4)			i) collecting, storing and usage (ii) valid nation with the asset management corr
Annexure 1	PAN			and regulations made thereunder, for (ade thereunder) and PMLA. umber(s) including demographic inforr i m my/our folios. everse of this form.
Systematix ARN: 64917 EUIN: E-029678 Details of All Directors/Company Se	Name			*** 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 (ii) updating my/our Aanumber(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.
Systemati	Sr. No.			*** I hereby pr number(s) I hereby pr Registrar a I have read