

CKYC & KRA KYC Form



Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with ** are mandatory fields

Application New

Systematix ARN: 64917 EUIN: E-029678

Type* Update KYC Number*

KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* - -

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others - Country Country Code

Residential Status* Resident Individual Non Resident Indian

Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector Government Sector
 O-Others Professional Self Employed Retired Housewife Student
 B-Business X-Not Categorized

Photo

Signature/
Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID
Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)
Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* Country of Birth* Country Code as per ISO 3166
Address
Line 1*
Line 2
Line 3 City / Town / Village*
District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

A- Passport Number Passport Expiry Date - -
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date - -
 E- Aadhaar Card
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant 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. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
• I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

Date: - - Place:

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date - -
Emp. Name
Emp. Code
Emp. Designation
[Employee Signature]

Institution Details

Name
Code
Emp. Branch
[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date - -
Emp. Name
Emp. Code
Emp. Designation
[Employee Signature]

Institution Details

Name
Code
Emp. Branch
[Institution Stamp]



Mafatlal Centre, 5th Floor, Nariman Point,
Mumbai - 400 021 | Website: www.idbimutual.co.in

FATCA & CRS Declaration & Supplementary Information

Declaration Form for Individuals

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

NAME:									
PAN					OR PAN Exempt KYC Ref No. (PEKRN)				
Place of Birth					Country of Birth				
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)					Tax Residence Address [for KYC address] <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business				

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes No

If 'No' please proceed for the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- **Reason A** → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- **Reason B** → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- **Reason C** → Others; please state the reason thereof.

Declaration:

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities.

Date :

Place :

Signature:



Systematix ARN: 64917 EUIN: E-029678

(Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance)

FIRST / SOLE APPLICANT / GUARDIAN

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Name

Gender Male Female Other PAN Occupation Type Service Business Others

Father's Name

Type of address given at KRA Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth Nationality

SECOND APPLICANT

Name

Gender Male Female Other PAN Occupation Type Service Business Others

Father's Name

Type of address given at KRA Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth Nationality

THIRD APPLICANT

Name

Gender Male Female Other PAN Occupation Type Service Business Others

Father's Name

Type of address given at KRA Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth Nationality

FATCA INFORMATION / FOREIGN TAX LAWS (for Individual Including Sole Proprietor) (Self Certification) This information is required for all applicant(s)/guardian

Is the applicant(s)/guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No If Yes, please provide the following information [mandatory]
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Number below:

Category	First Applicant	Second Applicant	Third Applicant
Country of Tax Residency - 1**			
Tax Payer Ref. ID No.^ - 1			
Tax Identification Type - 1			
Country of Tax Residency - 2**			
Tax Payer Ref. ID No.^ - 2			
Tax Identification Type - 2			
Country of Tax Residency - 3**			
Tax Payer Ref. ID No.^ - 3			
Tax Identification Type - 3			

(**) To also include USA, where the individual is a citizen / green card holder of the USA. (^) In case Tax Identification Number is not available, kindly provide its functional equivalent. 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.

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

Signatures

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Date Place

INFORMATION TO INVESTORS

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.

We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds / AIF.

Please fill in your details below:

PAN	<input type="text"/>	Aadhaar No.	<input type="text"/>
FOLIO	<input type="text"/>		
NAME	<input type="text"/>		Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> O
CKYC number [KIN]	<input type="text"/>		

“Please submit these details separately for All Holders”

Consent

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) 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 / our folios with my / our PAN.

I have updated my CKYC record with Aadhaar and request you to seed it across my Mututal Fund folios. I have already completed Aadhaar based EKYC in one of the Karvy serviced funds. Please use the same details and request you to seed it across my Mututal fund / AIF folios.

Signature

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place	<input type="text"/>						

For investor convenience, Karvy Computershare is collecting this mandatory information for authentication and seeding across all participating Karvy Serviced Mutual Funds / AIFs where you are already an investor or would become an investor in future.

Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to -

**Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B
Unit – CPZ - Aadhaar Updation
Plot Nos. 31 & 32 | Financial District | Nanakramguda
Serilingampally Mandal | Hyderabad - 500032 | India**

ACKNOWLEDGEMENT

PAN

Date

From Mr/Mrs/Ms:

Signature of Karvy Branch Official