



**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)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	



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

## 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 case 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.

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 Institutions or Direct Reporting NFEs)

1. We are a,  Financial institution<sup>3</sup> or  Direct reporting NFE<sup>4</sup> (please tick as appropriate)

**Global Intermediary Identification Number (GIIN)**

**Note :** If you do not have GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of Sponsoring Entity

**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-category<sup>10</sup>  
 Not obtained - Non-participating FI

#### PART B (Please fill any one as appropriate "to be filled by NFE 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)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____ No <input type="checkbox"/>
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active <sup>2</sup> Non-financial entity (NFE)	Yes <input type="checkbox"/> No <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4. Is the Entity an passive <sup>2</sup> NFE	No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business _____

<sup>1</sup>Refer 2 of Part D | <sup>2</sup>Refer 3(ii) of Part D | <sup>3</sup>Refer 1(i) of Part D | <sup>4</sup>Refer 3(vi) of Part D

**# If passive NFE, please provide below additional details for each of Controlling person.**

(Please attached additional sheets if necessary)

Name and PAN / Any other Identification Number <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, 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	
1. Name & PAN		Occupation Type		DOB	D D M M Y Y Y Y
City of Birth		Nationality		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name			Others <input type="checkbox"/>
2. Name & PAN		Occupation Type		DOB	D D M M Y Y Y Y
City of Birth		Nationality		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name			Others <input type="checkbox"/>
3. Name & PAN		Occupation Type		DOB	D D M M Y Y Y Y
City of Birth		Nationality		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name			Others <input type="checkbox"/>

# 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 ownder information and certain certifications and doucmentation 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 withholding 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 : 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.

Date : / /

Name	
Designation	

Signature	Signature	Signature
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## Details of Ultimate Beneficial Owner (For Non Individual)

Systematix ARN: 64917 EUIN: E-029678

### IDBI Asset Management Limited

CIN: U65100MH2010PLC199319

Registered Office: IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005. Corporate Office: 5th Floor, Mafatlal Centre, Nariman Point, Mumbai - 400 021.

Tel: (022) 66442800 Fax: 66442801 Website: [www.idbimutual.co.in](http://www.idbimutual.co.in) Email: [contactus@idbimutual.co.in](mailto:contactus@idbimutual.co.in)

Name of the entity

- Category** (Please tick applicable category)
- Listed Company (Need not provide UBO details sought under)  Unlisted Company  Partnership Firm
- Unincorporated association / body of individuals  Limited Liability Partnership Company  Public Charitable Trust  Religious Trust
- Private Trust  Others \_\_\_\_\_

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Name - Beneficial owner / Controlling person	Tax ID No - TIN or Other, please specify	Address - Include State, Country, PIN/ ZIP Code & Contact Details
Country - Tax Residency*	Beneficial Interest - In percentage	Address Type -
Tax ID No - Or functional equivalent for each country*	Type Code <sup>3</sup> - of Controlling person	

1. Name _____	Tax ID Type _____	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Country _____	Beneficial Interest _____	Address _____
Tax ID No.* _____	Type Code _____	ZIP <table border="1" style="display: inline-table; width: 40px; height: 15px;"></table> State: _____ Country: _____

2. Name _____	Tax ID Type _____	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Country _____	Beneficial Interest _____	Address _____
Tax ID No.* _____	Type Code _____	ZIP <table border="1" style="display: inline-table; width: 40px; height: 15px;"></table> State: _____ Country: _____

3. Name _____	Tax ID Type _____	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Country _____	Beneficial Interest _____	Address _____
Tax ID No.* _____	Type Code _____	ZIP <table border="1" style="display: inline-table; width: 40px; height: 15px;"></table> State: _____ Country: _____

Note: If passive NFE, please provide below additional details.

(Please attached additional sheets if necessary)

PAN / Any other Identification Number - (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others)	Occupation Type - Service, Business, Others	DOB - Date of Birth
City of Birth - Country of Birth	Nationality	Gender - Male, Female, Other
	Father's Name - Mandatory if PAN is not available	

1. PAN <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Occupation Type <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	DOB <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>
City of Birth <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Nationality <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Father's Name <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	<input type="checkbox"/> Others

2. PAN <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Occupation Type <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	DOB <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>
City of Birth <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Nationality <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Father's Name <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	<input type="checkbox"/> Others

3. PAN <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Occupation Type <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	DOB <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>
City of Birth <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Nationality <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	Father's Name <table border="1" style="display: inline-table; width: 100%; height: 15px;"></table>	<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

Name

Designation

First / Sole Applicant / Guardian Signature	Second Applicant Signature	Third Applicant Signature
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Place : \_\_\_\_\_

Date : \_\_/\_\_/\_\_\_\_



# Common Aadhaar linking form across Karvy Serviced Mutual Funds / AIF

Systematic ARN: 64917 EUJN: E-029678

Name of the Non-Individual										
PAN of the Non-Individual										

## Consent of Individual Authorized Signatories

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 (iii) 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.

Details of Authorized Signatories as available in Aadhaar (Kindly use another form in case of > 6 signatories)

S. No.	Name of the Authorized Signatory	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Date of Birth of the Authorized Signatory (DD/MM/YYYY)	Mobile Number of the Authorized Signatory	Pin code of the Authorized Signatory	Gender of the Authorized Signatory (M/F/Others)	Signature of the Authorized Signatory
1.								
2.								
3.								
4.								
5.								
6.								

## Certificate from Company Secretary / any other competent authority of the Organization

I, \_\_\_\_\_, Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above specified list of personnel covers all authorized signatories on behalf of our organization and this list will supersede all our earlier ASL. We will let you know the changes / modifications from time to time, if any, through appropriate means to KARVY / participating Mfs / AIFs. Above signatories have consented for sharing the above information with KARVY / participating MFs in corporate & individual capacity and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose.

Regards  
For

Company Secretary / Authorized Signatory (ies)

Company Seal