Systematix ARN: 64917 EUIN: E-029678 **Know Your Client (KYC)** Application New Application Form (For Individuals only) Type* ☐ Update KYC Number* (Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields 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 Prefix First Name Middle Name Last Name Name* (same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name* DD - MM - YYYYDate of Birth* **Photo** Gender* M- Male ☐ F- Female ☐ T-Transgender Marital Status* Married Unmarried Others Citizenship* ☐ IN- Indian Country Code ☐ Others – Country Residential Status* Resident Individual ■ Non Resident Indian Foreign National Person of Indian Origin Occupation Type* S-Service Private Sector Public Sector Government Sector Student O-Others Professional Self Employed Retired Housewife **B-Business** X-Not Categorised 2. Proof of Identity (Pol)* (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 [Pol] needs to be submitted) ☐ A- Passport Number Passport Expiry Date □ B- Voter ID 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 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 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 Residential Address Type* Residential / Business Business Registered Office Unspecified (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Proof of Address* ☐ Passport Number Passport Expiry Date ☐ Voter ID Card ☐ Driving Licence Driving Licence Expiry Date ☐ Aadhaar Card ☐ NREGA Job Card Others (any document notified by the central government) Identification Number ☐ 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 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

4. Contact Details (All communications will be sent on provided Mobile no. / Em	ail-ID) (Please refer instruction F at the end)			
	all 15) (I lease refer instruction F at the end)			
Email ID				
Mobile Tel. (Off)	Tel. (Res)			
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax F	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 Bir	th* 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 Country Code as per ISO 3166			
State/UT* Country*	Country Code as per ISO 3166			
6. Details of Related Person (Optional) (please refer instruction G at the end) (i	n case of additional related persons, please fill 'Annexure B1')			
	er 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 se	ection 6 are optional)			
☐ Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the e	nd)			
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted	0			
A- Passport Number	Passport Expiry Date			
B- Voter ID Card				
C- PAN Card				
☐ D- Driving Licence	Driving Licence Expiry Date DD - MM - Y Y Y Y			
☐ E- Aadhaar Card				
☐ F- NREGA Job Card				
Z- Others (any document notified by the central government)				
7. Remarks (If any)				
9. Applicant Declaration				
 8. Applicant Declaration I hereby declare that the details furnished above are true and correct to the best of my knowledge and be 	slief 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 o liable for it. I hereby declare that I am not making this application for the purpose of contravention of	of any Act. Rules. Regulations or any statute of			
legislation or any notifications/directions issued by any governmental or statutory authority from time to tir I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above re-				
Date: Place: Place:	Signature / Thumb Impression of Applicant			
9. Attestation / For Office Use Only	33			
Documents Received ☐ Certified Copies				
KYC Verification Carried Out by (Refer Instruction I)	Institution Details			
Date DD-MM-YYYY	Name			
Emp. Name	Code			
Emp. Code	Emp. Branch			
Emp. Designation				
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details			
Date DD-MM-YYYY	Name			
Emp. Name	Code			
Emp. Code	Emp. Branch			
Emp. Designation				

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Annexure A1 - Addition/Modification/Change of Address - Correspondence/Local Address



Fields marked with '*' are mandatory fields.

Please fill the form in English and in BLOCK letters.

1. Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof Same as Current / Permanent / Overseas Address details Line 1*	For office use only (To be filled by financial institution)	Application Type* KYC Number	New See instructi	Update/Cha			recet	
Line 1* Line 2 Line 3 District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT Code Tel. (Off) Tel. (Res) 3. Applicant Declaration 1. Ihereby 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 may 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. 1. Ihereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.				on E at the end) Ei	iciose relevant	documentary	proor	
District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT Code Country Code as per Indian Motor Vehicle Act, 1988 Country Code as per Iso 3166 Country Code Tel. (Res) Tel. (Res) Tel. (Res) 1 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 misingeriesenting, 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. Thereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.		I I I I I I I I I I I I I I I I I I I						
District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988	Line 2							\vdash
State/UT Country* Country Code as per IISO 3166 2. 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. (Off) Tel. (Res) 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.	Line 3					City / To	wn / Village*	
2. 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) 3. 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.	District*	Zip	/ Post Code*		Sta	ate/UT Code	as per Indian Motor Vehicle Act, 1988	В
Email ID Mobile Tel. (Off) Tel. (Res) 3. 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.	State/UT Country* Country Code as per ISO 3160						66	
Mobile Tel. (Off) Tel. (Nes) Tel. (Res)	☐ 2. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)							
3. 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.	Email ID							
3. 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.	Mobile Tel. (Off) Tel. (Res) Tel. (Res)							
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]	Fax							
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.	3. Applicant Declaration							
Date: Signature / Thumb Impression of Applicant	therein, immediately. In case any of the above information is found to be false or unfrue 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. [Signature / Thumb Impression]							
Dutc. D D M M T T T T T T T T T T T T T T T T	Date: DD-MM-YY	Plac	e:				Signature / Thumb Impression of Applicant	

Systematix ARN: 64917 EUIN: E-029678

Annexure B1 - Addition/Deletion of Related Persons

Fields marked with '*' are mandatory fields.

Please fill the form in English and in BLOCK letters.



For office use only (To be filled by financial institution	– –	Update/Change (Mandatory for KYC update request)				
1. Details of Related	Person (In case of additional related persons, plea	se fill 'Annexure B1') (please refer instruction G at the end)				
Addition of Related Pe	erson Deletion of Related Person KYC Nu	mber of Related Person (if available*)				
Related Person Type*	☐ Guardian of Minor ☐ Assignee					
Name*	Prefix First Name (If KYC number and name are provided, below details	Middle Name Last Name of section 6 are optional)				
Proof of Identity [Pol] of	Related Person* (Please see instruction (H) at the e	nd)				
A- Passport Number		Passport Expiry Date				
☐ B- Voter ID Card						
C- PAN Card						
D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY				
E- Aadhaar Card						
F- NREGA Job Card						
☐ Z- Others (any docur	ment notified by the central government)	Identification Number				
2. Applicant Declaration	1					
therein, immediately. In case a liable for it. I hereby declare legislation or any notifications/o	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.					
Date: DD-MM-	Place:	Signature / Thumb Impression of Applicant				
3. Attestation / For Office	ce Use Only					
Documents Receive	d ☐ Certified Copies					
K	YC Verification Carried Out by	Institution Details				
Date	DD-MM-YYYY	Name				
Emp. Name Emp.		Code				
Code						
Emp. Designation]				
Emp. Branch						
	[Employee Signature]	[Institution Stamp]				

Systematix ARN: 64917 EUIN: E-029678

Supplementary CKYC Form

Know Your Client (KYC) Application Form

For Individuals Only

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

(To be additionally filled by customers using old KYC form)

KYC Type: \square Normal (PAN is mandatory) \square PAN Exempt Investors



1. Identity Details (Please	efer instruction A at the end)			
1. Identity Details (Please refer instruction A at the end) PAN Please enclose a duly attested copy of your PAN Card				
17.11			Loot Norma	
Name* (same as ID proof)	Prefix First Nan	ne Middle Nam	e Last Name	
, ,		++++		
Maiden Name (If any*)				
Mother Name*				
Residential Status*	Resident Individual	☐ Non Resident Indian		
O	Foreign National	Person of Indian Origin	-10-11	
Occupation Type*	S-Service Private Sector O-Others Professional	☐ Public Sector☐ Government☐ Self Employed☐ Retired	Thousewife Student	
	B-Business	☐ Self Employed☐ X-Not Categorised	Housewife Student	
2. FATCA/CRS Information	(Tick if Applicable)	sidence for Tax Purposes in Jurisdiction(s)	Outside India (Please refer instruction B at the end)	
Additional Details Require	ed* (Mandatory only if above opti	on is ticked)		
Country of Jurisdiction of	Residence*	Country Code of Juriso	liction of Residence as per ISO 3166	
Tax Identification Numbe	or equivalent (If issued by juriso	liction)*		
Place / City of Birth*		Country of Birth*	Country Code as per ISO 3166	
Address				
Line 1*				
Line 2			Oity / Town / Villa na *	
Line 3	7: (P		City / Town / Village*	
District*	Zip / Post C	- Ciaro	UT Code as per Indian Motor Vehicle Act, 1988	
State/UT*		Country*	Country Code as per ISO 3166	
3. Details of Related Person	n (Optional) (please refer instruction	G at the end) (in case of additional related p	persons, please fill 'Annexure B1')	
Related Person	☐ Deletion of Related Person	KYC Number of Related Person (if ava	ilable*)	
Related Person Type*	Guardian of Minor	Assignee Authorized I		
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 instru	ction (H) at the end)		
· · · · · · · · · · · · · · · · · · ·	he following Proof of Identity[Pol] nee	,		
A- Passport Number		Passport E	xpiry Date	
☐ B- Voter ID Card				
☐ C- PAN Card				
☐ D- Driving Licence		Driving Lic	ence Expiry Date DD — MM — Y Y Y Y	
E- Aadhaar Card		<u> </u>		
☐ F- NREGA Job Card				
Z- Others (any docume	nt notified by the central governm	nent)	ification Number	
4. Remarks (If any)				
5. Applicant Declaration				
I hereby declare that the details fur		my knowledge and belief and I undertake to inform you o		
liable for it. I hereby declare that legislation or any notifications/direct	I am not making this application for the purportions issued by any governmental or statutory a	untrue or misleading or misrepresenting, I am aware that ose of contravention of any Act, Rules, Regulations or uthority from time to time. Email on the above registered number/email address.		
Date: DD - MM -	Y Y Y Y Place:	Sir in above registered frumber/email address.	Signature / Thumb Impression of Applicant	

Systematix ARN: 64917 EUIN: E-029678 Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts (Form 1A) (Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency) (Fields marked with * are mandatory for all and * are mandatory for PAN exempt cases)



FIRS [*]	T / SOLE APPLICAN	IT						
Name								
PAN		or PAN Exempt	KYC Ref No. (PERN)					
Place of	f Birth		Country of Birth					
Nationa	ality Indian U.S.	Others	Tax Residence Address (for KYC address)	Residential Registered Business				
If 'NO'	please proceed for the signa	(other than India) in which you		o es i.e. where you are a Citizen / Resident /				
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√the reason A, B or C (as defined overleaf				
1.				→Reason □A □B□ C				
2.				→Reason □A □ B □ C				
3.				→Reason □A □ B □ C				
SECC	OND APPLICANT							
Name								
PAN		or PAN Exempt	KYC Ref No. (PERN)					
Place of	f Birth		Country of Birth					
Nationa	ality Indian U.S.	Others	Tax Residence Address Residential Registered Business Office					
If 'NO'	please proceed for the signa	(other than India) in which you		o es i.e. where you are a Citizen / Resident /				
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√the reason A, B or C (as defined overleaf)				
1.				→Reason				
2.				→Reason				
3.				→Reason □A □B □ C				
THIR	D APPLICANT							
Name								
PAN		or PAN Exempt	KYC Ref No. (PERN)					
Place of	f Birth		Country of Birth					
Nationa	ality Indian U.S.	Others	Tax Residence Address Residential Registered Office Business					
If 'NO'	please proceed for the signa							
	<u>, please fill for ALL countries (</u> Card Holder / Tax Resident in		are Resident for tax purpos	es i.e. where you are a Citizen / Resident /				
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 ✓ the reason A, B or C (as defined overleaf)				
1.				→Reason				
2.				→Reason □A □ B □ C				
3.				→Reason □A □B □ C				

GUARDIA	N / POA / PROI	PRIETOR						
Name								
PAN		or PAN Exem		f No. (PERN)				
Place of Birth				Country of Birth				
Nationality	Indian U.S.	Others		sidence Addres Caddress)	Residential		egistered Business	
If 'NO' please	proceed for the signate fill for ALL countries (c	sessed for Tax) in any oth ure of declaration other than India) in which y the respective countries				ou are a	Citizen / Resident /	
Sr. No.	Country of Tax Residency	Tax Identification Numb or Functional Equivalen					N is not available, please son A, B or C (as defined overleaf)	
1.					→Reason	→Reason □A□B□C		
2.					→Reason	A DB	C	
3.					→Reason [AB	_ c	
➢ Reason B →➢ Reason C →	No TIN required. (select others, please state the r	Account Holder is liable to pay this reason Only if the authori reason thereof First Applicant	ities of the re	espective country	y of tax residence do	not requ	ire the TIN to be collected)	
	KYC Information*	(Including Minor)		d Applicant	Third Applica		Guardian/POA/Proprietor	
Gross Annual I Categories *	ncome (Rs.) 5 Lac, 5 Lac - 10 Lac,	Gross annual Income (Rs.) Please write from options given	Please	ual Income (Rs.) e write from ions given	Gross annual Incor	om	Please write from options given	
	c, 25 Lac - 1 Cr, 1 Cr - 5 Cr,	Rs. as on	Rs.	as on	Rs.	as on	Rs. as on	
Net-worth (Mandatory for Non-Individuals) (Rs.)		(Not older than 1 year)	D D M (Not older the	M Y Y Y Y Y Anan 1 year)	D D M M Y Y (Not older than 1 year	Y Y	(Not older than 1 year)	
Source of Wea	alth							
Occupation - Categories* Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer & Others		Please write from options given		e write from ions given	Please write from options given		Please write from options given	
	ness / profession, indicate cluding nature of goods/ in)							
(Also applicable	osed Person (PEP) Status* le for authorised omoters/Karta/	I am PEP	I am Pl	EP	☐ I am PEP☐ I am a relative	/	I am PEP	
	e time Directors)	associate of PEP None of these	associa	ate of PEP	associate of PEP None of these		associate of PEP None of these	
Any other KYC which you wish	related information n to provide							
politicians, senior go *Under Rule 9 of PMI DECLARATION I/We hereby ackno information is four changes/modificat share, remit in any fi its Sponsor, Asset judicial authorities, CERTIFICATION I / We have underst	evernment/judicial/military officers. LA Rules, 2005, investments in MF every large and confirm that the intended to be false or untrue or military in the above information in form, mode or manner, all / any of Management Company, Trustee / agencies, the tax/revenue authough the information requirement tood the information requirement.	as Individuals who are or have been s, senior executives of state-owned co schemes of upto Rs. 50,000/- per invitive and also undertake to provid future and also undertake to provid fit he information provided by me/ tas, their employees, agents / serviciorities and other investigation ager	proporations, imprestor per Mutual rue, correct and e shall be liable de any other ad us, including all de providers, of nncies without a me FATCA, Addi	ortant political party of IFund per Financial your complete to the body of the form it. I/We also ditional information Ichanges, updates to ther SEBI registered my obligation of advitional KYC & CRS Instituted To the complete	officials, etc. ear shall be exempted from east of my/our knowledge undertake to keep you as may be required at yo o such information as anc d intermediaries or any Ir ising me/us of the same. structions) and hereby co	and beliefinformed ur end. I/W when providian or for	int of Additional KYC information. i. In case any of the above specific immediately in writing about at the hereby authorise you to disclost vided by me/us to the Mutual Fun reign governmental or statutory the information provided by me/	
	Applicant / Guardian / norised Signatory	Second Applic	ant	Third	Applicant		POA Holder	

Date

Place



KYC Details Change form Systematix ARN: 64917 EUIN: E-029678 (For Individuals Only) Application No. :

CAMSKRA

	Please fill this update / modification form in ENGL	ISH and in BLOCK LETTER:	S (Please strike off		KYC Services www.camskra.com
	PAN PAN Exe	empt Ref. No.		UID/Aadhaar, if any:	
	(please see guidelines of 1. New Name (As appearing in supporting identification document)	•			
	4. Father's / Spouse's Name	on Resident (Passport Copy Manda lease enclose a duly attested copy	,	n Nationals)	
	S. Marital Status Please tick (✓) ☐ Single ☐ Married B. Nationality Please tick (✓) ☐ Indian ☐ Others ☐	Please specify			
	C. New Address Details (please see guidelines	overleaf)			
	1. New Address for Correspondence				
	City / Town / Village		Country	Pin Code	
	2. New Contact Details Tel. (Off.) (ISD) (STD)		Tel. (Res.) (ISD) (ST		
	Mobile (ISD) (STD) E-Mail Id. 3. Proof of address to be provided by Applicant. Please s	submit ANY ONE of the following		tick (✓) against the document a	attached.
	□ Passport □ RationCard □ Registered Lease/Sale Agree □ *Latest Telephone Bill (only Land Line) □ *Latest Electri *Not more than 3 Months old. Validity/Expiry date of proof o 4. New Permanent Address of Resident Applicant if di	icity Bill	ers (Please specify) d / m m / y	y y y	
	City / Town / Village			Pin Code	
	State	Agreement of Residence Drivilectricity Bill *Latest Gas Bill	ving License ☐ Voter☐ Others (Please spe	Identity Card : *Latest Bank A/o	
	D. Other Details (please see guidelines overlea				
	Gross Annual Income Details Please tick (✓) Net-worth in ₹(* Net worth should not be of	() Below 1 Lac		cs	5 Lacs
	2. New Occupation (Please tick (✓) any one and g ☐ Private Sector Service ☐ Public Sector ☐ ☐ Housewife ☐ Student ☐ Forex Dealer	give brief details): Government Service	Business DP	rofessional	Retired
	3. Please tick, if applicable: Politically Export For definition of PEP, please refer guideline ove 4. Any other information:		o a Politically Expo	osed Person	
	DECLARATIO)N		SIGNATURE OF APP	PLICANT
	I hereby declare that the details furnished above are true and con I undertake to inform you of any changes therein, immediately. In false or untrue or misleading or misrepresenting, I am aware that am not making this application for the purpose of contravention of legisation or any notifications directions issued by any governmental authorise sharing of the information furnished on this form with a SEBI Registered Intermediaries	rect to the best of my knowledge ar case any of the above information is t I may be held liable for it. I hereby of any Act, Rules, Regulations or a	found to be leclare that I ny statute of		2.07.111
	Place:	Date			
nber 2012	FOR OFFICE AMC/Intermediary name OR code	Seal/Stamp of the intermed	iary should contain	Seal/Stamp of the interme	diary should contain
1.3-Noven	(Originals Verified) Self Certified Document copies received	Emp.No./ARN Designati	l. No on	Emp.No./AF Designa	RN. No tion
Version	(Attested) True copies of documents received Main Intermediary	Name of the Orga Signature		Name of the Org	

Versi

Signature Date

Form for Aadhaar Updation (Individuals) Systematix ARN: 64917 EUIN: E-029678



To, IDFC Mutual Fund
PAN Refer instructions# 1 Name Self attested copy of OR Letter issued by UIDAI containing Aadhaar Enrolment No. (wherever physical Aadhaar Card Aadhaar Card not received / official Aadhaar card number is issued)
Consent & Signature
I hereby provide my 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 consent for sharing/disclosing of my Aadhaar number 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 folios. I have read, understood and agree to abide by the Instructions/guidelines.
Thave read, understood and agree to ablae by the instructions/galdennes.
Place Date D D M M Y Y Y Y Signature
Instructions & Guidelines
1. This form should be submitted seprately for each PAN.
2. Not applicable for NRIs, Non-Individuals, HUFs
3. 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.
4. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios", sign on the copy with date.
5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.
6. Submit duly filled and signed form to your nearest AMC / CAMS branches.
7. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.
ACKNOWI FDGEMENT of Form for Undation of Aadhaar (To be filled in by Investor)
Received from Mr. / Ms. IDFCAMC Stamp & Signature, Date
PAN PAN
Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.

IDFC Asset Management Company Ltd. Tower 1, 6th Floor, One India Bulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road (West), Mumbai - 400 013.

For Non Financial Queries/Requests Toll free 1-800-300-66688 Available between 8.00 am to 7.00 pm on business days only.

Please note our investor service email id investormf@idfc.com

www.idfcmf.com