

FATCA, CRS & UBO Declaration

Systematix ARN: 64917 EUIN: E-029678



FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Entities

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PART – A			
PAN			
Name			
Address Type <small>[for KYC address]</small>	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business	
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	
Place of Incorporation		Country of Incorporation	
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Net Worth in INR in Lacs	_____
		Net Worth as of	dd/mmm/yyyy
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning	Any other information <small>[if applicable]</small>	<i>[Please specify]</i>

Is your [Entity] Country of Tax Residency other than India– Yes No

If 'Yes', please specify the ~~add~~ list of all countries where you [Entity] hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency	Tax Payer Identification Number/ <small>Functional Equivalent / Company Identification Number or Global Entity Identification Number</small>	Identification Type <small>[TIN or other, please specify]</small>
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____ (Refer Instructions o)

FATCA, CRS & UBO Declaration

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize India Infoline Asset Management Company Limited/ India Infoline Mutual Fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to India Infoline Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at youFund'send. As may be required by domestic or overseas regulators/ tax authorities, I authorize India Infoline Asset Management Company Limited/ IndiaInfoline Mutual Fund to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons
(Mandatory for Non-individual Investor s)

I: Investor details:

Name of the Investor:																				
PAN*																				

* If PAN is not available, specify Folio No. (s)

II: Category

- Our company is a Listed Company listed / Subsidiary or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details]*
- Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Public Charitable Trust Private Trust
- Religious Trust Trust created by a Will Others *[please specify]* _____

UBO / Controlling Person(s) details

S No	Name of UBO#	Country of Tax Residency #	Taxpayer Identification Number / PAN / Equivalent ID Number#	Identification Type#	% of beneficial interest#	CP/UBO Code# <small>(Refer Instructions E)</small>	Place & Country of Birth#	Date of Birth [dd - mmm - yyyy] \$	Address\$, Address Type* & Contact details <small>[include City, Pincode, State, Country]</small>	Gender \$ <small>[Male, Female, others]</small>	Father's Name\$	Nationality\$	Occupation <small>[Service, Business, Others]</small>

FATCA, CRS & UBO Declaration

Mandatory fields

* Address Type should either Residence or Business

or Registered Office

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory

*** Note that some of the Mutual Funds may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may to have provide the same as and when solicited**

Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to India Infoline Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Place: _____

Date: ___/___/___



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Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

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Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Place: _____

Date: ___/___/___



AADHAAR Number Updation Form for Non Individuals

IIFL Asset Management Ltd.
(Formerly India Infoline Asset Management Company Ltd.)
Registered Office: IIFL Centre, 6th Floor,
Kamala City, S.B. Marg, Lower Parel,
Mumbai - 400 013 • www.iiflmf.com

Systematix ARN: 64917 EUIN: E-029678

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.

We, at IIFL Mutual Fund have enabled several easy modes of Aadhaar number linking across all IIFL Mutual Fund investments.

Please fill in your details below:

Folio No.

OR Application No.

Applicant Name: _____

Authorised Signatories Names	PAN	AADHAAR
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Consent by unit holders for collection, storage, using/sharing of Aadhaar data

I/We 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 Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

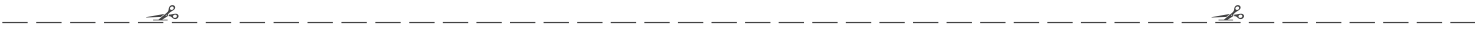
I/We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.


Signature _____

DATE

DD MM YYYY

Place _____





ACKNOWLEDGEMENT SLIP - AADHAAR UPDATION

(To be filled by Applicant)

DATE

DD MM YYYY

Folio Number _____ OR Application No. _____

Investor's Name _____

Please retain this Acknowledgement Slip for future reference

Official Acceptance Point Stamp & Sign