N

Know Your Client (KYC) Application Form (For Non-Individuals Only)

Please fill in ENGLISH and in BLOCK LETTERS





Application No. :

Systematix ARN: 64917 EUIN: E-029678

Date

A. Identity Details (please see guidelines overleaf)							
1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank	between 2 words. Please do not abbreviate the Name).						
2. Date of Incorporation d d d / m m / y y y y Place of Incorporation							
3. Registration No. (e.g. CIN)	of business d d / m m / y y y y						
	Charities / NGOs						
5. Permanent Account Number (PAN) (MANDATORY)	duly attested copy of your PAN Card						
B. Address Details (please see guidelines overleaf)							
1. Address for Correspondence							
City / Town / Village State Count	Postal Code						
2. Contact Details	uy						
Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)	·						
Mobile (ISD) (STD) Fax (ISD) (STD E-Mail Id.	0)						
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (/) against the document attached.							
	Registered Lease / Sale Agreement of Office Premises						
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y	y y						
4. Registered Address (If different from above)							
City / Town / Village	Postal Code						
State Count							
5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid docur *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement F							
☐ Any other proof of address document (as listed overleaf).(Please specify)							
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted ddd/mm/m//yyyy	<u> </u>						
C. Other Details (please see guidelines overleaf)							
1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Pa (Please use the Annexure to fill in the details)	artners/Karta/Trustees/whole time directors						
2. Any other information:							
DECLARATION							
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake NAME & SIGNATURE(S)							
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 OF AUTHORISED misrepresenting, I am/we are aware that I/we may be held liable for it.							
PERSON(S) Place:							
Date:							
FOR OFFICE USE ONLY							
AMC/Intermediary name OR code	Seal/Stamp of the intermediary should contain						
☐ (Originals Verified) Self Certified Document copies received	Staff Name Designation						
☐ (Attested) True copies of documents received	Name of the Organization						
	Signature						

Systematix ARN: 64917 EUIN: E-029678



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

Declaration Form for Entities

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

				PAI	RT – A					
PAN										
Name			l						l	
Address Type [for KYC		Resid	lential		Resid	ential / Bu	ısiness			
address]		Busin	ess			ered Offic	ce			
Place of Incorporation					Country Incorpo					
Gross Annual Income	_	w 1 Lakh Lacs	☐ 1-5 ☐ 10-2		Net W INR in L	orth in			_	
Details in INR	☐ 25 La	acs - 1 C	r □ > 1	Crore	Net Wor	Vorth as of dd/mmm/yyyy				
Is the entity involved in / providing any of the following services:	Cha Gan Sen synd Mor	inger Ser ning / Ga vices [e. icates]	hange / rvices ambling / g. casinos aunderin	Lottery , betting	Any informat applicable]	other ion [if		[Please	e specify]	
Is your [Entity] Country of Tax Residency other than India— Yes No If 'Yes', please specify the adet of all countries where you [Entity] hold tax residency and its Tax Identification Number & type										
S No C	S No Country of Tax Residency Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Type [TIN or other, please specify]						her,			
1										
2										
3										
In case the Entity mention Entity's								ot a Spec	cified US	Person,

Systematix ARN: 64917 EUIN: E-029678

	<u>P</u>	art B [to be fille	ed by Financial Institutions or Direct Reporting NFFEs]
Ins / F	a ancial titution FI [refer uctions	Note: If you do not ha	mediary Identification Number): ave a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN ar sponsor's name below ponsoring entity
Re NF [refe		Applied Fo	able [tick any one]: or ed to apply for – specify sub-category code fer instructions c.] ned - Non-participating FFI
<u>Pa</u>	rt C [Fill	any one as app	licable - to be filled by NFEs other than Direct Reporting NFFEs]
1	compan	[refer	Yes (Please specify the name of the Stock Exchange(s) where it is traded regularly 1 2
2	Entity' compan shares traded recognize	are regularly on a ed stock e] [refer	Yes (Please specify the n ame of the listed company, name of the Stock Exchange(s) where it is t raded regularly) Name of the listed company: Name of the Stock Exchange:
3	Is the e	entity an Active	Yes - Nature of business
4		ntity a Passive	Yes - Nature of business Also submit UBO Form [provided separately]

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 yourFund'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:		

Systematix ARN: 64917 EUIN: E-029678

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

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I: Investor details:

Name o	Name of the Investor:												
PAN*													
* If PAN is r.	* If PAN is not available, specify Folio No. (s)	· Folio No. (s)	_	-	_	-		_	-]
II: Category	gory												
Our	company is	a Listed Com	pany listed / S	ubsidiary or	r Controlled	by a Listed	Company //	this categor	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]	eed to provid	le UBO detail	[8]	
□ Unlis	ted Company	y 🔲 Partners	☐ Unlisted Company ☐ Partnership Firm / LLP ☐Unincorporated association / body of individuals	Uninco	rporated as	sociation / b	ody of indiv		□Public Charitable Trust	able Trust	□ Pri	☐ Private Trust	
☐ Relig] Religious Trust	☐ Trust cre	☐ Trust created by a Will ☐ Others [please specify]	Other	S [please spec	cify]							
1 17													
UBO / C	Controlling Person(s) details	erson(s) det	ails										
ω 8	Name of UBO#	Country of Tax Residency #	Taxpayer Identification Number / PAN / Equivalent ID Number#	Identificat ion Type#	% of beneficial interest#	CP/UBO Code# (Refer Instructions E]	Place & Country of Birth#	Date of Birth [dd - mmm - yyw] \$	Address\$, Address Type* & Contact details [include City, Pincode	Gender \$ [Male, Female, others]	Father's Name\$	Nationa lity\$	Occupa tion [Service, Busines s, S,
									otary, ocanic 17				

Mandatory fields

* Address Type should either Residence or Business

\$ 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

or Registered Office

*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 or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / update & for other relevant purposes. IWVe 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 (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. me/ us to India Infoline Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized

Signature with relevant seal:

Authorized Signatury

Authorized Signator

Place:

)ate: __/__/__



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

				PAF	RT – A					
PAN										
Name					•	1	1		1	
Address Type [for KYC		Resid				ential / Bu				
address] Place of Incorporation	L				Country	of				
Gross Annual Income Details in INR	□ 5-10		□ 10-2	5 Lacs	Net W INR in L	orth in acs			_	
Is the entity involved in / providing any of the following services:	☐ For Cha☐ Gai Ser	eign Exc anger Ser ming / Ga vices [e.g licates] ney L wning	hange / vices imbling /	Money Lottery betting	Any informat applicable]	other	dd/mmi		e specify]	
Is your [Entity] Country of Tax Residency other than India— Yes No If 'Yes', please specify the adet of all countries where you [Entity] hold tax residency and its Tax Identification Number & type										
S No C	S No Country of Tax Residency Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity I							her,		
1										
2										
3										
In case the Entity mention Entity's o								ot a Spec	ified US	Person,

	<u>P</u>	art B [to be fille	d by Financial Institutions or Direct Reporting NFFEs]
Ins: / F instra a.] Dira Rej NF [reference]	ancial titution FI [refer uctions] ect porting FE	Note: If you do not ha above and indicate you. Name of the sp GIIN not availa Applied Fo	ble [tick any one]: or ed to apply for – specify sub-category code fer instructions c.]
Do	-+ C [E:II]		ed - Non-participating FFI
	rt C [FIII	any one as app	licable - to be filled by NFEs other than Direct Reporting NFFEs]
1	compan	are regularly on a ed stock [refer	Yes [(Please specify the name of the Stock Exchange(s) where it is traded regularly) 1 2
2	Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.]		Yes (Please specify the n ame of the listed company, name of the Stock Exchange(s) where it is t raded regularly) Name of the listed company: Name of the Stock Exchange:
3	Is the e	ntity an Active	Yes - Nature of business Please specify sub-category of Active NFE
4		ntity a Passive	Yes - Nature of business Also submit UBO Form [provided separately]

Declaration:

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Date:		
Place:		

Systematix ARN: 64917 EUIN: E-029678

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

I: Investor details:

Name	Name of the Investor:	.:. 											
PAN*													
* If PAN	* If PAN is not available, specify Folio No. (s)	ify Folio No. (s)											
ວິ ∷	II: Category												
	ur company is	a Listed Cor	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]	Subsidiary or	r Controlled	by a Listed	Company ∄	f this catego	ry is selected, no	need to provi	de UBO detail:	[S	
5 	listed Compar	ıy 🗀 Partneı	Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals	- Uninco	orporated as	ssociation / b	ody of indiv		☐Public Charitable Trust	ritable Trust		☐ Private Trust	
_ R	☐ Religious Trust	☐ Trust cr	☐ Trust created by a Will ☐ Others [please specify]	Other	S [please spe	cify]							
UBO	UBO / Controlling Person(s) details	Person(s) de	tails										
S	Name of	Country of	Taxpayer	Identificat	% of	CP/UBO	Place &	Date of	Address\$,	Gender	Father's	Nationa	Occup
<u>e</u>	#0BO#	Tax Residency #	Identification Number / PAN / Equivalent	ion Type#	beneficial interest#	Code# (Refer Instructions E]	Country of Birth#	Birth [dd- mmm -	Address Type* & Contact details finclude	\$ [Male, Female, others]	Name\$	lity\$	tion [Service, Busines s,
			ID Number#						City, Pincode, State, Count ry				Others
		-										•	

Mandatory fields

* Address Type should either Residence or Business

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

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Signature with relevant seal:

Authorized Signatury

Authorized Signator

Place:

)ate: __/__/__



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 f	ill in your details below:	
olio No.	OR Application No.	
oplicant Name:		
Authorised Signatories Names	PAN	AADHAAR
1.		
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3.		
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Consent by unit holders for collection, storage, using/shari //We hereby provide my/our consent in accordance with Aadhaar Act, 2 collecting, storing and usage (ii) validating/authenticating and (ii) upda with the Aadhaar Act, 2016 (and regulations made thereunder) and PN //We hereby provide my/our consent for sharing/disclosing of the nformation with the asset management companies of SEBI registered Agent (RTA) for the purpose of updating the same in my/our folios with	Signature	
ACKNOWLEDGEMENT S	SLIP - AADHAAR UPDATION ed by Applicant)	DATE DD MM YYYY Place DATE DD MM YYYY DATE DD MM YYYY
iolio Number OR Applic		
Please retain this Acknow	wledgement Slip for future reference	Official Acceptance Point Stamp & Sign