CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual Systematix ARN: 64917 EUIN: E-029678

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (\checkmark) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type* ☐ New	□Update	
(To be filled by financial in:	stitution) KYC Number	(Mandatory for KYC	update request)
	Account Type*	I Simplified (for low risk customers) Small	
☐ 1. PERSONAL DET	TAILS (Please refer instruction A at the end		
	Prefix First Name	Middle Name	Last Name
☐ Name* (Same as ID pr	oof)		
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		РНОТО
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender	
Marital Status*	☐ Married	☐ Unmarried ☐ Others	
Citizenship*	☐ IN- Indian	☐ Others (ISO 3166 Country Code)	
Residential Status*	☐ Resident Individual☐ Foreign National	Non Resident Indian□ Person of Indian Origin	
Occupation Type*	\square S-Service (\square Private Sector	☐ Public Sector ☐ Government Sector)	
	☐ O-Others (☐ Professional☐ B-Business	☐ Self Employed ☐ Retired ☐ Housewife ☐ Stud	Signature / Thumb
	☐ X- Not Categorised		
	ARI F DECIDENCE FOR TAY BURE	POSES IN JURISDICTION(S) OUTSIDE INDIA (Please re	ofor instruction B at the and)
_		. ,	ser instruction b at the end)
	REQUIRED* (Mandatory only if section 2 is	ticked)	
•	of Jurisdiction of Residence* er or equivalent (If issued by jurisdiction)*		
Place / City of Birth*	er or equivalent (it issued by jurisdiction)	ISO 3166 Country Code of Birth*	
Tiace / City of Birtin		130 3100 Country Code of Birth	
☐ 3. PROOF OF IDEN	NTITY (Pol)* (Please refer instruction C at	the end)	
(Certified copy of any one of	of the following Proof of Identity[PoI] needs to	be submitted)	
☐ A- Passport Number		Passport Expiry Date	$- \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$
☐ B- Voter ID Card			
☐ C- PAN Card			
☐ D- Driving Licence		Driving Licence Expiry Date	$- \left[M \right] M - \left[Y \right] Y \left[Y \right] Y$
☐ E- UID (Aadhaar)			
☐ F- NREGA Job Card	i		
Z- Others (any docum	nent notified by the central government)	Identification Number	
S- Simplified Measu	res Account - Document Type code	Identification Number	
4. PROOF OF ADI			
	MANENT / OVERSEAS ADDRESS DETAILS		
	of the following Proof of Address [PoA] needs	to be submitted)	
5 (()	Residential / Business Resid		ffice Unspecified
		g Licence UID (Aadhaar) GA Job Card Others pigase spi	ecify
	Simplified Measures Account - Docum		
Address			
Line 1*			
Line 2		City / Town / Village*	
District*	Pin / Post Code*	-	3166 Country Code*

	E / LOCAL ADDRESS DETAILS * (Please see instru						
Same as Current / Perma	anent / Overseas Address details (In case of multiple	e correspondence / local addresses, please fill 'Annexure A1')					
Line 1*							
Line 2							
Line 3		City / Town / Village*					
District*	Pin / Post Code*	State / U.T Code* ISO 3166 Country Code*					
□ 4.2 ADDDECC IN THE II	I IDIODICTION DETAILS WILEDE ADDITIONT IS DE	CIDENT OUTCIDE INDIA FOR TAY BURDOCEC! /Applicable if coation 2 is tisked					
	anent / Overseas Address details	SIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)					
	anent / Overseas Address details	Same as Correspondence / Local Address details					
Line 1*							
Line 3		City / Town / Village*					
State*		ZIP / Post Code* ISO 3166 Country Code*					
Ciais							
☐ 5. CONTACT DETAILS	(All communications will be sent on provided Mobile no.	/ Email-ID) (Please refer instruction F at the end)					
Tel. (Off)	— Tel. (Res)	Mobile					
FAX	— Email ID						
TAX	Email D						
☐ 6. DETAILS OF RELAT	FED PERSON (In case of additional related persons, p	please fill 'Annexure B1') (please refer instruction G at the end)					
Addition of Related Person		YC Number of Related Person (if available*)					
Related Person Type*	☐ Guardian of Minor ☐ Assignee	Authorized Representative					
Name*	Prefix First Name	Middle Name Last Name					
Name	(If KYC number and name are provided, below details	of section 6 are optional)					
DDOOF OF IDENTITY ID-	II OF DELATED DEDOONS (Discossing (II) of	the end					
_	I] OF RELATED PERSON* (Please see instruction (H) at	·					
☐ A- Passport Number		Passport Expiry Date					
□ B- Voter ID Card							
C- PAN Card							
□ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYYY					
☐ E- UID (Aadhaar)							
☐ F- NREGA Job Card							
Z- Others (any documen	nt notified by the central government)	Identification Number					
☐ S- Simplified Measure	es Account - Document Type code	Identification Number					
☐ 7. REMARKS (If any)							
8. APPLICANT DECL	LARATION						
	rnished above are true and correct to the best of my knowledge and b						
for it.	of the above information is found to be false or untrue or misleading or m	srepresenting, i am aware that i may be neid liable [Signature / Thumb Impression]					
I hereby consent to receiving inform	mation from Central KYC Registry through SMS/Email on the above regi	stered number/email address.					
Date : DD - MM -	Y Y Y Y Place:	Signature / Thumb Impression of Applicant					
9. ATTESTATION / FO	OR OFFICE USE ONLY						
Documents Received	☐ Certified Copies						
KYC VERIFICATION CARRIED OUT BY INSTITUTION DETAILS							
Date		Name					
Emp. Code		Code					
Emp. Code							
Emp. Designation							
Emp. Branch							
[Institution Stamp]							
	[Employee Signature]						

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

☐ New ☐ Update

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
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- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.

Application Type*

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick () in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type*	New	Update						
(To be filled by financial institution)	KYC Number					(Manda	tory for KY	C update request	<i>t)</i>
☐ 1. CORRESPONDENCE /	LOCAL ADDRESS	DETAILS	(Please see	instruction E	at the end	d)			
☐ Same as Current / Permanent /	Overseas Address deta	ails							
Line 1*									
Line 2									
Line 3						City / Tov	vn / Village	*	
District*	Pin /	Post Code	e*		State / L	J.T Code*	IS	SO 3166 Country	Code*
2. CONTACT DETAILS (All co	ommunications will be ser	nt on provided	I Mobile no./ En	ail-ID) (Pleas	se refer inst	ruction F at the	e end)		
Tel. (Off)		Tel. (Res	s)			Mo	bile		
FAX — —		Email ID							
3. APPLICANT DECLARA	TION								
 I hereby declare that the details furnished at therein, immediately. In case any of the about liable for it. 		,	•		,	, ,			
Date: DD—MM—YY	Y Y Place	e:					Signat	ture / Thumb Impression	of Applicant

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
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- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
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- H) For particular section update, please tick (\checkmark) in the box available before the section number and strike of the sections not required to be updated.



Application Type* ☐ New ☐ U	pdate	
tion) KYC Number	(Mandatory for	r KYC update request)
ED PERSON (Please refer instruction G at the e	nd)	
☐ Deletion of Related Person	KYC Number of Related Person (if available*)	
9	·	
Prefix First Name	Middle Name	Last Name
(If KVC number and name are provided, below detailed	ails of section 1 are entional)	
(ii KTC humber and hame are provided, below det	ans of section 1 are optional)	
OF RELATED PERSON* (Please see instruction (H) at the end)	
	Passport Expiry Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Driving Licence Expiry Date	D D — M M — Y Y Y Y
	Briving Election Expiry Bate	
notified by the central government)	Identification Number	
- '		
ARATION		
the above information is found to be false or untrue or misleadin	g or misrepresenting, I am aware that I may be held	
Y Y Y Y Place:		Signature / Thumb Impression of Applicant
R OFFICE USE ONLY		
Certified Copies		
·	INCITITION	DETAIL S
TICATION CARRIED COT BT	INSTITUTION	DETAILS
	Name	
	Code	
	[Institution	Stamp]
	· ·	
	ED PERSON (Please refer instruction G at the e Deletion of Related Person Guardian of Minor Prefix First Name (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Account - Document Type code ARATION Shed above are true and correct to the best of my knowledge and he above information is found to be false or untrue or misleading Prefix First Name (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF RELATED PERSON* (Please see instruction (Deletion of Related Person (If KYC number and name are provided, below det OF Related Person* (Please see instruction (De	### Code Code ### Code #### Code ##### Code ##### Code ##### Code ###### Code ###################################

KYC Details Change form (For Individuals Only)



Place for Intermediary Logo

Application No. :

Systematix ARN: 64917 EUIN: E-029678

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

A Name of Applicant (Mandatory as per origin	nal KYC records)			
			PAN	
	aar Number, if any:		_ '0"	
Name				
Date of Birth				
lease Provide the new KYC details which shou	Id he undated in your KVC re	cords		
B. Mandatory fields for KYCs done before 1	· · · · · · · · · · · · · · · · · · ·	corusi		
1. Father's/Spouse Name				
2. Current Marital status Single Married	3 Current N	ationality 🗌 Indian 🔲	Other (Please snecify)	
Note "FOR OFFICE USE ONLY": The IPV Column sho		•		and Verified should
be mandatorily filled for changes to Identity and Addr		registered before 13t Juli	dary 2012. Originals see	rana vermea snoaia
C. Identity Details (please see guidelines ov	erleaf)			
1. New Name (As appearing in supporting identification doc				
Name				
2. New Status Please tick (\checkmark) \square Resident Individual \square	Non Resident (Passport Copy Mandat	ory for NRIs & Foreign Nat	ionals)	
3. PAN Plea	se enclose a duly attested copy of you	ur PAN Card		
4. Proof of Identity submitted for PAN exempt cases				
☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driv	ing Licence Others		(Pl	ease see guideline 'D' overlea
D. Address Details (please see guidelines ov	erleaf)			
1. New Address for Correspondence				
City / Town / Village			Pin Coo	de
State		Country		
2. Contact Details				
Tel. (Off.) (ISD) (STD)		Tel. (Res.) (ISD) (STD)		
Mobile (ISD) (STD) E-Mail Id.		Fax (ISD) (STD)		
Passport □Ration Card □Registered Lease/Sale A □*Latest Telephone Bill (only Land Line) □*Latest Ele *Not more than 3 Months old. Validity/Expiry date of pro 4. New Permanent Address of Resident Applicant in	ectricity Bill *Latest Gas Bill Othoof of address submitted	ners (Please specify)	y y y	
City / Town / Village			Pin Coo	le
State		Country		
5. Proof of address to be provided by Applicant. Passport Ration Card Registered Lease/Sa *Latest Telephone Bill (only Land Line) *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months old. Validity/Expiry date of the Cartest Registered Lease/Sa *Not more than 3 Months Registered Lease/Sa *Not more than 3 Mont	ale Agreement of Residence Dri st Electricity Bill D*Latest Gas Bill	ving License Voter Id	entity Card □*Latest Ba	
SIGNATURE OF APPLICANT	DECLARAT	ION	SIGNATU	RE OF APPLICAN
Old signature as per original KYC the be you of inform	y declare that the details furnished st of my/our knowledge and beli any changes therein, immediate ation is found to be false o resenting, I am/we are aware that	ef and I undertake to i ely. In case any of the r untrue or misleadii	nform above ng or	
Place:		Date: dd/mm/y	ууу	
FOR OFFIC	E USE ONLY	ID	 V Done⊡ on Id Id	/ [m m / [y y y
MC/Intermediary name OR code				
,	Seal/Stamp of the intermed	,		ntermediary should contain aff Name
(Originals Verified) Self Certified Document copies received				esignation
	Name of the Org			the Organization
Attested) True copies of documents received	Signature			iignature
Main Intermediary	Date			Data

Date

FATCA-CRS Declaration & Supplementary Information



Systematix ARN: 64917 EUIN: E-029678

	eclar	ation	Form for	Individu	•		•		Ap	риса	nt / Third Applicant
					First / Sole A	pplic	ant / Guard	lian			
Name	Mr.	. Ms. First Name					Middle Nan	ne			Last Name
PAN		or PAN Exempt KYC Ref No. (PEKRN)									
Place	of Birth					Cour	ntry of Birth				
Nationality Indian U.S. Others (Please specify)						Residence Ao C Address)	ddress		Residen Busines		
					in any other coun	try outs	side India? →			Yes	No
			he signature o t ountries (<u>other t</u>			sident f	for tax purpose	s i.e. whe	ere yo	u are a C	itizen/ Resident/Green Card Holder/ Ta
	in the resp										
Sr. No.	Coun	try of tax	Residency	Tax Identification Numbor of Functional Equivale					If TIN is not available, please tick ✓ the reason A, B or C (as defined below)		
1.											→ Reason A B C
2.											→ Reason A B C
Reas	on B \rightarrow No	TIN requi	where the Accour red. (Select this r se state the reason	eason Only if	ble to pay tax does no the authorities of the	ot issue respecti	Tax Identificatio ive country of ta	n Number x residend	s to it ce do	s residents not require	s. the TIN to be collected)
					Seco	nd Ap	plicant				
Name	Mr.	Ms.		First Nar	me		Middle Nan	ne			Last Name
PAN					or PAN Exempt K	YC Re	f No. (PEKRN	1)			
Place	of Birth					Cour	ntry of Birth				
Nation	ality	Indi	an U.S.			Tax F	Residence A	ddress		Residen	tial Registered Office
		Oth	ers (Please speci	fy)			'C Address)			Busines	s
) in any other coun	try outs	side India? →			Yes	No
			he signature of ountries (other t			sident f	for tax purpose	s i.e. whe	ere vo	u are a C	itizen/ Resident/Green Card Holder/ Ta
Resident	in the resp	ective co	untries								16 TIN 1
Sr. No.	Coun	ountry of tax Residency Iax Identification Number Identification Type tick \(\) the reason \(\)							If TIN is not available, please tick ✓ the reason A, B or C (as defined below)		
1.											→Reason A B C
2.											→ Reason A B C
Reas	on $B \rightarrow Nc$	TIN requi		eason Only if		respecti	ive country of ta				s. e the TIN to be collected)
					Thir	d App	licant				
Name	Mr.	Ms.		First Nar	ne		Middle Nan	ne			Last Name
PAN					or PAN Exempt K	YC Re	f No. (PEKRN	1)			
Place	of Birth					Cour	ntry of Birth				
Nation	ality	Indi	an U.S.			Tax F	Residence A	ddress		Residen Busines	
		dent (i.e.	, are you asses	sed for Tax)) in any other coun	try outs	side India? →			Yes	No
If 'YES',	-	for ALL c	\ 		-	sident f	for tax purpose	s i.e. whe	ere yo	u are a C	itizen/ Resident/Green Card Holder/ Ta
Sr. No.			Residency		Tax Identification Number of Functional Equivalent		Identification Type [TIN or other, please specify]			If TIN is not available, please tick ✓ the reason A, B or C (as defined below)	
1.											→ Reason A B C
2.								→Reason A B C			
Reas	on $B \rightarrow Nc$	TIN requi		eason Only if	ble to pay tax does no the authorities of the						s. the TIN to be collected)
DECLA I hereby respons same. I a	ARATION confirm th ible for the also under	l: at the info information	ormation provide on submitted ab ep you informed	ed hereinabov ove. I also con I in writing abo tional informa	nfirm that I have read out any changes / m ation as may be requ	d and un odificati	nderstood the F ion to the above intermediary o	ATCA & C e informa	RS T	erms and I future wi	pelief and that I shall be solely liable and Conditions below and hereby accept the thin 30 days do the same being effective is regulators / tax authorities.
Date:	/ /	20		S			Second			ro.	S Third Applicant Signature

Place: