



**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)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for  
Intermediary Logo



Date [ d | d ] / [ m | m ] / [ y | y ] [ y | y ]

Name & Signature of the Authorised Signatory(ies)

# Details of FATCA & CRS Information

Systematrix ARN: 64917 EUIN: E-029678

## For non-Individuals / Legal entity

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 the resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country of tax Residency	Tax Identification Number <sup>%</sup>	Identification Type [TIN or other, please specify]
1.			
2.			

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>5</sup>

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 and 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 of 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 a 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 NFEs other than Direct Reporting NFEs")

1.	Is the Entity is publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	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: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active <sup>1</sup> non-financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code - refer 2c of Part D)
4.	Is the Entity a 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 Licence, NREGA Job Card, Others)</small> City of Birth - Country of Birth	Occupation Type - <small>(Service, Business, Others)</small> Nationality Father's Name - <small>Mandatory if PAN is not available</small>	DOB - Date of Birth Gender - Male / Female / Other
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
2. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
3. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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 rule 114F to 114H as part of Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, will may also be required to provide information to any institution such as withholding agents for the purpose of insuring 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

# DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO)

Systematix ARN: 64917 EUIN: E-029678

A. For clients other than individuals or trusts:

I/ We hereby certify that below mentioned is the latest and updated list of natural persons, who whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest as follows:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- iv. In case, if there exists doubt under the above points (i) to (iii), as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exercises control through ownership interests, the identity of the natural person exercising control over the juridical person through voting rights, agreement, arrangements or in any other manner.
- v. Where no natural person is identified under the above points (i) to (iv), the identity of the relevant natural person who holds the position of senior managing official.

Sr. No.	NAME	% of Holding	PAN	KRA Completed/ applied

B. For client which is a trust:

I/ We hereby certify that following are the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership as follows:

Sr. No.	NAME	% of Holding	PAN	KRA Completed/ applied

Please cut here

## DECLARATION UBO

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the Investment Manager/Fund/Trustee shall reserve the right to reject the application and/or reverse the allotment of units and the Investment Manager/Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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 as may be required at your end.

S

Signature with Stamp

Name: \_\_\_\_\_

Designation:  Company Secretary  Managing Director  Whole Time Director  
 Other \_\_\_\_\_

Date: / / 20

Place: \_\_\_\_\_

Note: The Listed Company and its subsidiaries are exempt from providing the UBO Declaration