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



Place for
Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

Systematix ARN: 64917 EUIN: E-029678

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).
[Grid for Name]

2. Date of Incorporation [d d / m m / y y y y] Place of Incorporation [Grid]

3. Registration No. (e.g. CIN) [Grid] Date of commencement of business [d d / m m / y y y y]

4. Status Please tick (✓) Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs HUF FI FII
 FPI Category I FPI Category II FPI Category III AOP Bank Government Body Non-Government Organisation
 Defence Establishment Body of Individuals Society LLP Others (Please specify) _____

5. Permanent Account Number (PAN) (MANDATORY) [Grid] Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence
[Grid for Address]
City / Town / Village [Grid] State [Grid] Country [Grid] Postal Code [Grid]

2. Contact Details
Tel. (Off.) (ISD) (STD) [Grid] Tel. (Res.) (ISD) (STD) [Grid]
Mobile (ISD) (STD) [Grid] Fax (ISD) (STD) [Grid]
E-Mail Id. [Grid]

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 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 [d d / m m / y y y y]

4. Registered Address (If different from above)
[Grid for Address]
City / Town / Village [Grid] State [Grid] Country [Grid] Postal Code [Grid]

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 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 [d d / m m / y y y y]

C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors
(Please use the Annexure to fill in the details)

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 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/we are aware that I/we may be held liable for it.

Place: [Grid]

Date: [Grid]

**NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)**

[Grid for Signature]

[Grid for Signature]

FOR OFFICE USE ONLY

AMC/Intermediary name OR code
[Grid]
 (Originals Verified) Self Certified Document copies received
 (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

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 EUJIN: 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 Ultimate Beneficial Owner including additional FATCA & CRS information - For Non Individual Accounts

Systematix ARN: 64917 EUIN: E-029678

Name of the Entity

Type of address given at KRA (✓) Residential Business Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

PAN

Date of Birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

City of Incorporation

Country of Incorporation

Entity Constitution Status (✓) Partnership Firm HUF Pvt. Ltd. Co. Public Ltd. Co. Society AOP/BOI Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others _____

Please (✓) the applicable tax resident declaration -

Is "Entity" a tax resident of any country other than India (✓) Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

| Country ¹ | Tax Identification Number ² | Identification Type (TIN or Others, please specify) |
|----------------------|--|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

¹ In case Tax Identification Number is not available, kindly provide its functional equivalent²

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

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a (✓), Financial institution³
Direct reporting NFE⁴

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 (✓) as applicable) Applied for

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category⁵ (Refer 1 A of Part C)

Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

Is the Entity a publicly traded company¹ (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A of Part C)

Yes (✓) (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C)

Yes (✓) (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

Is the Entity an active NFE (Refer 2C of Part C)

Yes (✓) (If yes, please fill UBO declaration in the next section.)

Name of Business

Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)

Is the Entity a passive NFE (Refer 3(ii) of Part C)

Yes (✓) (If yes, please fill UBO declaration in the next section.)

Name of Business

³Refer 1 of Part C ⁴Refer 3(vii) of Part C ⁵Refer 1A of Part C



UBO Declaration

Systematix ARN: 64917 EUIN: E-029678

Category)

- Unlisted Company
 Partnership Firm
 Limited Liability Partnership Company
 Unincorporated association / body of individuals
 Religious Trust
 Private Trustp
 Public Charitable Trust
 Others _____

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s) (Please attach additional sheets, if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

| Details | UBO 1 | UBO 2 | UBO 3 |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Name of UBO | | | |
| UBO Code (Refer 3(iv) (A) of Part C) | | | |
| Country of Tax Residency ⁶ | | | |
| PAN ⁷ | | | |
| Address | Address, Zip, State, Country | Address, Zip, State, Country | Address, Zip, State, Country |
| Address Type | Residence/Business/Registered office | Residence/Business/Registered office | Residence/Business/Registered office |
| Tax ID ² | | | |
| Tax ID Type | | | |
| City of Birth | | | |
| Country of Birth | | | |
| Occupation Type | Service/Business/Others | Service/Business/Others | Service/Business/Others |
| Nationality | | | |
| Father's Name | | | |
| Gender | Male/Female /Others | Male/Female /Others | Male/Female /Others |
| Date of Birth | | | |
| Percentage of Holding (%) | | | |

² 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

⁶ Country of Tax Residency is mandatory for all and if the controlling person is a US citizen or green card holder, please mention U.S.A

⁷ If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position/Designation like Director/Settlor of Trust/Protector of Trust to be specified wherever applicable.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions 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, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring 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.

Please note that you may receive more than one request for information if you have multiple relationships with Invesco IAM or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. 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.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Invesco Asset Management (India) Private Limited /Invesco Mutual Fund/ Trustees for any modification to this information promptly.

Name

Designation


Signature of Applicant


Signature of Applicant


Signature of Applicant

Date

Place