



**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile  -  Tel. (Off)  -  Tel. (Res)  -

**5. FATCA/CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

**7. Remarks (If any)**

**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:  -  -  Place:

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

# Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)

## Know Your Client (KYC) Application Form

For Individuals Only

(Please fill the form in English and in BLOCK Letters)

Fields marked with \* are mandatory fields

KYC Type:  Normal (PAN is mandatory)

PAN Exempt Investors



### 1. Identity Details (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Status\*  Resident Individual  Non Resident Indian  
 Foreign National  Person of Indian Origin

Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector  
 O-Others  Professional  Self Employed  Retired  Housewife  Student  
 B-Business  X-Not Categorised

### 2. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address  
 Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*   
 District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
 State/UT\*  Country\*  Country Code  as per ISO 3166

### 3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\*

(If KYC number and name are provided, below details of section 6 are optional)

### Proof of Identity [Pol] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

### 4. Remarks (If any)

<input type="text"/>
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### 5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:  Place:

Signature / Thumb Impression of Applicant



**FATCA – CRS DECLARATION & SUPPLEMENTARY INFORMATION**  
 (For Individual Investors including Sole Proprietor & POA Holder)



Systematix ARN: 64917 EUIN: E-029678

Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink.  
 Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

**APPLICANT(S) INFORMATION**

Folio No./Application No.

Name of Sole / 1st Unit Holder  First Name  Middle Name  Last Name  Date of Birth  |  |  |  |  |  |  |  |  |

Name of the 2nd Applicant  First Name  Middle Name  Last Name  Date of Birth  |  |  |  |  |  |  |  |  |

Name of the 3rd Applicant  First Name  Middle Name  Last Name  Date of Birth  |  |  |  |  |  |  |  |  |

PAN  First Unit Holder  Second Unit Holder  Third Unit Holder

PAN Exempted KYC Ref No. (PEKRN)  First Unit Holder  Second Unit Holder  Third Unit Holder

**FATCA & CRS DETAILS**

Category	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Gender			
Father's Name			
Type of address given at the KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business
	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card	<input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License	<input type="checkbox"/> UIDAI Card <input type="checkbox"/> NRE/GA Card <input type="checkbox"/> Others
Country/Place/City of Birth			
Country of citizenship/nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)

If 'No', please proceed for signature of declaration.

If 'Yes', please fill, for All countries (other than India) in which you are resident for tax purposes, i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in respective countries.

Country of Tax Residency			
Tax Identification No or Functional Equivalent			
Identification Type (TIN or other, please specify)			
If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A <input type="checkbox"/> , B <input type="checkbox"/> or C <input type="checkbox"/> [As defined below]	Reason A <input type="checkbox"/> , B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> , B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> , B <input type="checkbox"/> or C <input type="checkbox"/>
	Reason A <input type="checkbox"/> , B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> , B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> , B <input type="checkbox"/> or C <input type="checkbox"/>

- Reason A: The country where the Account holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B: No TIN required (Select this reason only, if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C: Others please state the reason thereof.

**DECLARATION**

I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA and CRS Terms and condition below and hereby accept the same. I also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators /tax authorities.

**Signatures**

Sole / 1st Applicant / Guardian	2nd Applicant	3rd Applicant
---------------------------------	---------------	---------------

Date:  |  |  |  |  |  |  |  |  |

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