CKYC & KRA KYC Form



Systematix ARN: 64917 FUIN: F-029678

Systematix ARN: 649	117 EUIN: E-029078									
Know Your Client Application Form (Fo (Please fill the form in English at Fields marked with "*" are mandato	nd in BLOCK Letters) Type* Update KYC Number*									
1 Identity Details (Please	refer instruction A at the end)									
1. Identity Details (Please refer instruction A at the end)										
PAN	Please enclose a duly attested copy of your PAN Card									
	Prefix First Name Middle Name Last Name									
Name* (same as ID proof)										
Maiden Name (If any*)										
Father / Spouse Name*										
Mother Name*										
Date of Birth*	DD - MM - YYYY									
Gender*	☐ M- Male ☐ F- Female ☐ T-Transgender									
Marital Status*	☐ Married ☐ Unmarried ☐ Others									
Citizenship*	☐ IN- Indian ☐ Others - Country Country Code ☐									
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									
• , , ,	for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)									
	the following Proof of Identity [Pol] needs to be submitted)									
☐ A- Passport Number	Passport Expiry Date DDD - MM - YYYYY									
☐ B- Voter ID Card										
☐ D- Driving Licence	Driving Licence Expiry Date DD - MM - Y Y Y Y									
☐ E- Aadhaar Card										
☐ F- NREGA Job Card	ent notified by the central government)									
, ,	, , , , , , , , , , , , , , , , , , , ,									
3. Proof of Address (PoA)*	: / Overseas Address Details (Please see instruction D at the end)									
Address	7 Overseas Address Details (Flease See Instruction D at the end)									
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* Code as per ISO 3166									
	Residential / Business Residential Business Registered Office Unspecified									
· · · · · · · · · · · · · · · · · · ·	of the following Proof of Address [PoA] needs to be submitted)									
Proof of Address*										
Passport Number	Passport Expiry Date DDD-MM-YYYYY									
☐ Voter ID Card										
☐ Driving Licence	Driving Licence Expiry Date DD - MM - Y Y Y Y									
Aadhaar Card										
☐ NREGA Job Card										
_	notified by the central government)									
3.2 Correspondence / Local Address Details* (Please see instruction E at the end)										
Same as Current / Perma	nent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)									
Line 2										
Line 2	City / Town / Village*									
District*	75 (Part Out of									
	as per matari motor verificir Act, 1500									
State/UT*	Country* Code as per ISO 3166									

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)						
E EATCA/CBS Information	. (Tick if Applie	achle) D Be	ocidence for Toy F	Durances in Jurisdiction(s) Outside India (Diagon refer instruction B at the and)						
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 Numbe	r or equivalen	nt (If issued by juris	, P							
Place / City of Birth* Address Line 1*			Country of Birt	th* Country Code as per ISO 3	166					
Line 2					+					
Line 3				City / Town / Village*	+-					
District*		Zip / Post 0	`ode*							
State/UT*			Country*	State/UT Code as per Indian Motor Vehicle Act, 19: Country Code as per ISO 3						
	on (Ontional) (r	alaga refer instruction	·		100					
_			, ,	n case of additional related persons, please fill 'Annexure B1')						
Related Person Related Person Type*	☐ Guardian	of Related Person	Assignee	er of Related Person (if available*) Authorized Representative						
related i erson rype	Prefix	First Nam	_ •	Middle Name Last Name						
Name*]					
Droof of Liverity ID 12	•	er and name are provide		· · ·						
Proof of Identity [Pol] of (Certified copy of any one of its		,	` ,	,						
☐ A- Passport Number			ao to bo cabiiiitoa,	Passport Expiry Date						
☐ B- Voter ID Card										
☐ C- PAN Card										
☐ D- Driving Licence				Driving Licence Expiry Date						
☐ E- Aadhaar Card				Briving Electice Expiry Bate B B - m m - T T T						
☐ F- NREGA Job Card										
Z- Others (any docume	nt notified by	the central governr	ment)	Identification Number	\top					
7. Remarks (If any)	ne nounce by	the contral governi	nont)	, , , , , , , , , , , , , , , , , , ,						
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: Date: Signature / Thumb Impression of Applicant										
9. Attestation / For Office	Use Only									
Documents Received	-	pies								
KYC Verifica	tion Carried Ou	t by (Refer Instruction I)		Institution Details						
Date	D — M M —	- Y Y Y Y		Name						
Emp. Name				Code						
Emp. Code				Emp. Branch						
Emp. Designation										
[Institution Stamp]										
In-Person Verification (IPV) Carried Out by (Refer Instruction J) Institution Details										
Date	D — M M —	- Y Y Y Y		Name						
Emp. Name				Code						
Emp. Code				Emp. Branch						
Emp. Designation [Institution Stamp]										
[Employee Signature]										

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Systematix ARN: 64917 EUIN: E-029678

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

Know Your Client (KYC) Application Form

For Individuals Only

KYC Type: ☐ Normal (PAN is mandatory)



(Please fill the form in English and in BLOCK Letters) □ PAN Exempt Investors Fields marked with * are mandatory fields 1. Identity Details (Please refer instruction A at the end) PAN Please enclose a duly attested copy of your PAN Card Prefix First Name Middle Name Last Name Name* (same as ID proof) Maiden Name (If any*) Mother Name* Residential Status* Resident Individual ■ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin ☐ S-Service ☐ Private Sector Occupation Type* ☐ 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 Code of Jurisdiction of Residence Country of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* Country of Birth* Country Code Address Line 1* Line 2 Line 3 City / Town / Village* Zip / Post Code* District* 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*) Assignee Related Person Type* ☐ Guardian of Minor ☐ Authorized Representative Middle Name 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[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 D E- Aadhaar Card ☐ F- NREGA Job Card Z- Others (any document notified by the central government) Identification Number 4. Remarks (If any) 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 contrevition 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. Place: Signature / Thumb Impression of Applicant

KYC Details Change form Systematix ARN: 64917 EUIN: E-029678 Application No. :

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

www.camskra.com

PAN PAN Ex	empt Ref. No.							חונו	/Aadha	aar if	anv.						
Proof of identity submitted for PAN Exempt case. Please ti								טוט			ωiiy.						
□ Aadhaar Card □ Passport □ Voter ID □ Driving Licens	` '	oaco crooit	n)														
·	e Louieis (Pi	ease specify	')														
Title Please tick (✓) Mr. ☐ Ms.☐																	
Name																	
Date of Birth ddd / mm / y y y y																	
B. New Identity Details (please see guidelines																	
1. New Name (As appearing in supporting identification document)).		1 1														
2. New Status Please tick (✓) □ Resident Individual □ No	on Resident (Pas	sport Conv	Mandat	ory for N	IRIc & I	Foreign	n Nat	ionals	1								
	Please enclose a						IIVal	ioriais	,								
	icase enclose a	uury attest	ou copy (youi f	AN Ca	iu 	1	1				1		1		ı	ı
4. Father's / Spouse's Name																	
5. Marital Status Please tick (🗸) 🗆 Single 🗆 Married																	
6. Nationality Please tick (✓) ☐ Indian ☐ Others	Please s	pecify															
C. New Address Details (please see guidelines	overleaf)																
1. New Address for Correspondence		1 1 1	1 1							ı							ı
City / Town / Village				2 1							Pin (Code					
State 2. New Contact Details				Country													
4. NEW CUITACT DETAILS																	
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Date

Date

Main Intermediary

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



Place:

Systematix ARN: 64917 EUIN: E-029678

Date: | D | D | / | M | M | / | Y | Y | Y | Y |

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 DDMMMYYYYY		
Name of the 2nd Applicant	First Name	Middle Name	Last Name	Date of	Birth DDMMMYYYYY		
Name of the 3rd Applicant	First Name	Middle Name	Last Name	Date of	Birth DDMMMYYYYY		
PAN First Unit Holder		Secon	d Unit Holder		†hird Unit Holder		
PAN Exempted KYC Ref No. (PEKRN) First	Unit Holder	Second Unit Holder		Third Unit Holder		
FATCA & CRS DETAILS							
Category	Sole/First A	Applicant/Guardian	Second Applicar	nt	Third Applicant		
Gender							
Father's Name							
Type of address given at the KRA	☐ Residential o	r Rusiness	Residential or Business		Residential or Business		
Type of address given at the KKA		Dusilless					
	Residential		Residential		Residential		
	Business		Business		Business		
	☐ Registered O		☐ Registered Office		Registered Office		
Permissible documents are Pass	sport Election	ID Card PAN Card	☐ Govt. ID Card ☐ Driving	License UIDA	I Card □ NRE/GA Card □ Others		
Country/Place/City of Birth							
Country of citizenship/nationality	☐ Indian ☐ U.	3. Others	☐ Indian ☐ U.S. ☐ Others	s 🗆	Indian 🗆 U.S. 🗆 Others		
	(Please, specify)	(Please, specify) (Ple	ease, specify)		
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	Reaso	on A \square , B \square or C \square	Reason A □, B □ c	or C	Reason A □, B □ or C □		
tick ✓ the reason A □, B □ or C □ [As defined below]	Reaso	on A □, B □ or C □	Reason A □, B □ c	or C \square Reason A \square , B \square or C \square			
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DECLARATION							
I hereby confirm that the information presponsible for the information submit the same. I also undertake to keep you and also undertake to provide any oth	ted above. I also i informed in writii	confirm that I have reading about any changes/mo	and understood the FATCA a odification to the above information	nd CRS Terms ar ation in future with	nd condition below and hereby accept nin 30 days of the same being effective		
Signatures							
Sole / 1st Applicant / G	uardian	Æ 21	nd Applicant				