



# 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 

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Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		

Name & Signature of the Authorised Signatory(ies)

Date 

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# Supplementary KYC Details Form

Systematix ARN: 64917 EUIIN: E-029678



## PERSONAL DETAILS

Name of Sole/First Unit Holder  First Name  Middle Name  Last Name  Folio No.

PAN  First Unit Holder  Second Unit Holder  Third Unit Holder

## KYC DETAILS

<b>Gross Annual Income</b> (For Individuals and Non-Individuals)	For First Applicant/ Guardian	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ as on <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> (Not older than 1 year) (Mandatory for Non-Individuals)
	For Second Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ as on <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> (Not older than 1 year)
	For Third Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ as on <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> (Not older than 1 year)
<b>Occupation Details</b> (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <input type="text"/> Please specify _____
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <input type="text"/> Please specify _____
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <input type="text"/> Please specify _____
<b>Others</b> (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
<b>Others</b> (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company <input type="checkbox"/> YES <input type="checkbox"/> NO (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)	
	If the Entity involved/providing any of the following services:	
	→ Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
→ Foreign Exchange/ Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	
→ Money Lending/Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## DECLARATIONS & SIGNATURES

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I/We undertake to inform the Fund House of any changes therein immediately.

Sole/First Applicant/Guardian

Second Applicant

Third Applicant

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday.

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 the entity

Type of address given at KRA :  Residential or Business  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"

City of Incorporation  Country of Incorporation

PAN  Date of Incorporation    /    /

Entity Type Please (✓)	Constitution	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> AOP/BOI
		<input type="checkbox"/> Trust	<input type="checkbox"/> Liquidator	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Artificial Juridical Person	<input type="checkbox"/> Others	<input type="text"/> specify

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

Country	Tax Identification Number <sup>6</sup>	Identification Type (TIN or Other, 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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>6</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>6</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 & Definitions

**FATCA & CRS Declaration**

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

1	We are a, Financial institution <sup>3</sup> <input type="checkbox"/> or Direct reporting NFE <sup>4</sup> <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> <b>Note:</b> 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 <input type="text"/>
	<b>GIIN not available</b> (please tick as applicable) <input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/>	
	If the entity is a Financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 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 a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) No <input type="checkbox"/> Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) No <input type="checkbox"/> Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>1</sup> Non Financial Entity (NFE)	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code – Refer 2C of Part D)
4	Is the Entity a passive <sup>2</sup> Non Financial Entity (NFE)	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <input type="checkbox"/> Nature of Business <input type="text"/>

<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 | <sup>10</sup> Refer 1A of Part D

