Know Your Client (KYC) Application Form (For Non-Individuals Only) Systematix ARN: 64917 EUIN: E-029678

Application No.:



Please fill this form in ENGLISH and in BLOCK LETTERS.

www.camskra.com

2a. Date of Incorporation	A. I	dent	ity	Det	ails	(ple	eas	e s	ee	gu	iide	elin	es c	ver	lea	f)																						
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Registered Office Address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v) against the document attached places for office Address (if different from above) / Overseas Address-Mandatory for Fils	4.																													NGO	S							
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Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v) against the document attach and the proof of address document (as listed overleaf) "Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises Please specify "Not more than 3 Months old." 1. Registered Office Address (if different from above) / Overseas Address-Mandatory for Fils Please specify Ple			(1	1	(0	10)	+			+					+	+					1 4	T	(1	1,	1	+	+	+				-	+	+	+	+	+
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i. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (~) against the document attached "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. Other Details (please see guidelines overleaf) Please specify Not more than 3 Months old.		Iown	/ VIII	ige T	+	+	+		_	+	-			\vdash	+	+			<u> </u>	-	\vdash	\vdash	_	<u> </u>	+	+	+	+	+		PIN	Loae	\vdash	+	+	+	+	+
*Latest Telephone Bill (only Land Line)	State																						Co	untry														
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e hereby declare that the details furnished above are true and correct to the best of our knowledge and dief and we undertake to inform you of any changes therein, immediately. In case any of the above ormation is found to be false or untrue or misleading or misrepresenting, we are aware that we may be idliable for it. We hereby declare that we are not making this application for the purpose of contravention any Act, Rules, Regulations or any statute of legisation or any notifications direction issued by evernmental or statutory authority from time to time. We hereby authorise sharing of the information nished on this form with all SEBI registered KYC Registration Agencies/SEBI Registered Intermediaries are: Date :														s ar	nd p	hot	tog	grap	hs	of P	rom	oters	s/Pa	rtne	ers/k	Cart	a/Tr	uste	es	/wh	ole	tim	e dii	rect	ors			
Idief and we undertake to inform you of any changes therein, immediately. In case any of the above ormation is found to be false or untrue or misleading or misrepresenting, we are aware that we may be idliable for it. We hereby declare that we are not making this application for the purpose of contravention any Act, Rules, Regulations or any statute of legisation or any notifications direction issued by evernmental or statutory authority from time to time. We hereby authorise sharing of the information nished on this form with all SEBI registered KYC Registration Agencies/SEBI Registered Intermediaries are: Date :																																						
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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

Nan	ne of Applican	t				
PAN	l of the Applic	ant				
Sr.	PAN	Name	DIN (For	Residential Address	Relationship	Photograph

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)		

Supplementary KYC Details Form





PERSONAL I	DETAILS											
Name of Sole/First	Unit Holder	First Nam	е	Middle Na	ame	Last Name	Folio No.					
PAN	First Unit Holder			Second	Uni† Holder		Third Unit Hold	er				
KYC DETAILS												
	For First Applicant/		Below 1 lac	1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	25 Lacs - 1 crore	☐ > 1 Crore				
Constanting	Guardian	Net-wor	th (₹)	as on	DD//MM//YY	Y Y (Not older tha	n 1 year) (Mandatory for	Non-Individuals)				
Gross Annual Income			Below 1 lac	1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	25 Lacs - 1 crore	☐ > 1 Crore				
(For Individuals and Non	For Second Applicant	Net-wor	th (₹)	as on	D D / M M / Y Y	(Not older than	n 1 year)					
Individuals)			Below 1 lac	1-5 Lacs	as on DD / MM / YYYYY (Not older than 1 year) (Mat 1-5 Lacs	25 Lacs - 1 crore	□ > 1 Crore					
	For Third Applicant	Net-wor	th (₹)	as on		(Not older than	n 1 year)					
Occupation	For First Applicant/ Guardian		te Sector Service					al Please specify				
Details (For Individuals	For Second Applicant		te Sector Service					al Please specify				
only)	For Third Applicant		te Sector Service	as on 1-5 Lacs as on				al Please specify				
Others	For First Applicant/ Gua	ardian	□ I am politically Exposed Person □ I am Related to Politically Exposed Person □ Not Applicable									
(For Individuals	For Second Applicant		☐ I am politically	/ Exposed Perso	on 🗌 I am Relate	ed to Politically Expo	sed Person No	t Applicable				
only)	For Third Applicant		☐ I am politically	/ Exposed Perso	on 🗌 I am Relate	ed to Politically Expo	sed Person	☐ Not Applicable				
Others	Is the company a Lister (If No, please attach UI	-		•	-	isted Company	☐ YES ☐ NO)				
(For Non-Individuals	If the Entity involved/pr	•	,									
only)	→ Gaming/Gambling/	•										
oy	→ Foreign Exchange→ Money Lending/Pa	-	nanger Services									
	, mency zenamy, e	9										
DECLARATIO	ONS & SIGNATURES	;										
I/We hereby declare immediately.	that the details furnishe	d above a	are true and correc	t to the best of m	ny knowledge and belie	ef. I/We undertake to	inform the Fund House	of any changes therein				
∠ So				∠ Seco								

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.

FATCA, CRS & UBO DECLARATION (For Non Individual Investors)

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.

APPL	ICANT(S) INFORMATION										
Folio No	o./Application No.										
Name of	f the entity										
Type of	address given at KRA: Residential or Busine	ess Residential Business	Registered Office								
	"Address of tax residence would be taken	as available in KRA database. In case of any change, ple	ease approach KRA & notify the changes"								
City of Ir	ncorporation	Country of Incorporation									
PAN		Date of Incorporation									
Entity Type	Constitution Partnership Firm HUI	Private Limited Company	ed Company Society AOP/BOI								
Please (✓) □ Trust □ Liquidator	Limited Liability Partnership Artificial Jun	ridical Person Othersspecify								
Please	tick the applicable tax resident declaration -										
	Entity" a tax resident of any country other than Inc please provide country/ies in which the entity is a re	dia:	er below.)								
	Country	Tax Identification Number%	Identification Type (TIN or Other, please specify)								
	e Tax Identification Number is not available, kindly p		huldantifaction Number of CUNI at								
		se provide Company Identification number or Global Entit is U.S. but Entity is not a Specified U.S. Person, mention									
	refer to para 3(vii) exemption code for U.S. persons u										
	CA & CRS Declaration										
	A (to be Filled by Financial Institutions or Direct Repo	orting NFEs)									
1	We are a, Financial institution ³										
	or Note: If you d		ity, please provide your sponsor's GIIN above and indicate								
	Direct reporting NFE ⁴ Name of spon										
	(please tick as appropriate)										
	GIIN not available (please tick as applicable)	Applied for									
		ired to apply for - please specify 2 digits sub-category ¹⁰									
	□ Not obtai	ned – Non-participating FI									
	B (please fill any one as appropriate "to be filled by I Is the Entity a publicly traded company (that is, a										
1	company whose shares are regularly traded on an established securities market)	Yes (If yes, please specify any one stock exchang Name of stock exchange	e on which the stock is regularly traded) No								
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly	Yes (If yes, please specify name of the listed compatraded) No	any and one stock exchange on which the stock is regularly								
	traded on an established securities market)	Name of listed company									
		Nature of relation: Subsidiary of the Listed C	company or Controlled by a Listed Company								
		Name of stock exchange									
3	Is the Entity an active ¹ Non Financial Entity (NFE)	Yes (If yes, please fill UBO declaration in the next	section.) No								
		Nature of Business									
	_	Please specify the sub-category of Active NFE	(Mention code – Refer 2C of Part D)								
4	Is the Entity a passive ² Non Financial Entity (NFE)	Yes $\ \square$ (If yes, please fill UBO declaration in the next	section.) No								
		Nature of Business									

 $^{^{1}}$ Refer 2 of Part D \mid 2 Refer 3(ii) of Part D \mid 3 Refer 1(i) of Part D \mid 4 Refer 3(vi) of Part D \mid 10 Refer 1A of Part D

UBO Declaration																		
Category (Please tick applicable category): Unliste	ed Company		☐ Pa	ırtnersh	nip Firr	n			Limite	d Liab	oility F	artne	ership	р Соі	mpar	ny		
Unincorporated association / body of individuals			☐ Pu	ıblic Ch	aritabl	e Trust			Religi	ous Tr	rust			Pri	vate -	Trus	t	
Others (please specify)										
Please list below the details of controlling person(s), controlling person(s).										·					catio	n N	umbe	ers for
Owner-documented FFI's ⁵ should provide FFI Owner F																		
Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No Or functional equivalent for each country%	Tax ID Type - Ti Beneficial Intere Type Code ¹¹ - of	cify	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -										tails					
1. Name	Tax ID Type					Addre	SS											
Country	Beneficial Intere	est (%) _																
Tax ID No.%	Type Code					ZIP												
						State:					Co	untry	r:					
						Addre	ss Typ	oe O F	Reside	ence C	Bus	iness	; O R	≀egis	terec	d offi	се	
2. Name	Tax ID Type					Addre	ss											
Country	Beneficial Intere	est (%)				, taa. c												
Tax ID No.%	Type Code	JOT (70)				ZIP												
	75-1000					State:					Co	untry	/ :					
						Addre		oe O F	Reside	ence C				≀eais	terec	d offi	се	
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3. Name	Tax ID Type	-1 (0/)				Addre	SS											
Country	Beneficial Intere	est (%) _				715												
Tax ID No. [%]	Type Code					ZIP												
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						Addre	ss Ty	Je∪ F	vesiae	HICE C	⊅ ⊔S	iriess	. U K	egisi	retec	וווט ג	u e	
If passive NFE, please provide below additional details	s for each of cont	rolling pe	ersons.	(Pleas	e attac	ch additi	ional s	sheets	if nec	essar	y)							
Name & PAN / Any other Identification Number		Occupa									OB -							
(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving L Job Card, Others)	icence, NREGA			ess, O	thers					G	ende	r - M	ale, F	Fema	ale, C	Othe	r	
City of Birth - Country of Birth		National Father	•	_														
		Mandat			not ava	ilable												
1. Name & PAN		Occupa	•	/pe						- D	ОВ			MIN				
City of Birth		Nationality					Gender Male Female											
Country of Birth		Father's	s Name	Э							Other							
2. Name & PAN		Occupa	ation Ty	ре _						- DOB DD / MM / YYYY								
City of Birth		Nationa	ality							-	Gender Male Female							
Country of Birth		Father's Name								Other								
3. Name & PAN		Occupa	ation Ty	/ре										NA IN				
City of Birth		Nationality							DOB DO MIN TOTAL									
Country of Birth		Father's Name							Gender Male Female Other									
# Additional details to be filled by controlling persons with controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kin				•	itizens	ship / Gr	reen C	Card in	any c	country	othe	r thar	n Indi	ia: * 1	Γο inc	clude	e US,	where
FATCA - CRS Terms and Conditions																		
The Central Board of Direct Taxes has notified Rules 1	14F & 114H, as p	art of the	Incom	e Tax F	≀ules-	1962, w	hich r	ules re	equire	d India	an fina	ancial	l Insti	itutio	ท รนต	ch as	s the	bank
to seek additional personal, tax and beneficial owner in																		
have to be reported to Tax authorities/appointed agen				-				ovide	inform	nation	to an	y inst	itutio	ns si	uch a	as w	ithho	lding
agents for the purpose of ensuring appropriate withhole Should there be any change any information provided	Ü		, ,					0 davs	s									
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If any controlling person of any utility is US citizen of Identification number.	r Green card hol	lder, plea	ase inc	lude U	nited S	States in	n the	foreigr	n cour	ntry in	forma	ation	field	alon	g wit	th th	e US	Tax
It is mandatory to supply a TIN or functional equivaler issued, please provide an explanation and attach this	-	n which y	you are	e tax re	sident	issued	such	identif	fication	n. If no	o, TIN	l is ye	et av	ailab	le or	has	not	been
issued, piease provide an explanation and attach this	to the form.																	
Part C: Certification We have understood the information requirements of the complete LIME sleep confirm that		-													-	y me	/ us	on this
form is true, correct & complete. I/We also confirm that	,, vve nave unuer	Stoou trie	, I AIG	A & CF	.o ieii	113 Q CC	i iuillo	iio Del	ow an	ia ii lel	eny 8	loceb	, ale	oall				
lame																		
Designation																		
Authorized Signatory	£.	≤ Auth								Ø								
		. 10111																
Place:	Date: D D																	