A. Identity Details (ple	nd in BLOCK LET	TERS		CVL		nterme	containing th	.ogo	Svst	emati		N· 64	917 E	=LIIN·	F-0
	ase see guidelin	es overleaf	F)						Cyot			1.01			
1. Name of Applicant (Please	write complete name a	as per Certificat	te of Incor	poration / Re	gistratior	ı; leaving	one box	blank b	etween	2 words	. Please	e do not	abbrevi	ate the	Name
2. Date of Incorporation	d / m m/	y y y	У	Place of Inc	orporat	ion									
3. Registration No. (e.g. CIN)				Da	te of co	mmence	ment o	busin	ess d	d	/ [m	m /	y y	/ y
4. Status Please tick (✓) □ F □ AOP □ Bank □	Private Ltd. Co.	Public Ltd. Co		Body Corpora Organisation] Partner efence Es		🔲 Trust ent		ities / N / of Indi] FI Society	FII	LLP
Others (Please specify)				5											
5. Permanent Account Numl	per (PAN) (MANDATO	ORY)				F	Please en	close a (luly att	ested co	py of y	our PAI	V Card		
B. Address Details (ple	ase see guidelin	es overleaf	·)												
1. Address for Corresponder	nce														
City / Town / Village											Postal	Coda	_		_
State								Countr	1	-	TOStal	COUL			1
2. Contact Details															
Tel. (Off.) (ISD) (STD)						Tel. (Res.)		(STD)							
Mobile (ISD) (STD)						Fax	(ISD)	(STD)							
E-Mail Id.															
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Detai Svstem	Details of Promoters/ Partners/ A Svstematix ARN: 64917 EUIN: E-029678	Karta / Trustees and whole tim	ne directors form	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals	(KYC) Application F	orm for Non-Individuals
Name of	Name of Applicant				PAN of the 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
Name 8	Name & Signature of the Authorised Signatory(ies)	(ies) Date [d d] / [m m] / [y y y		Place for Intermediary Logo		



FATCA/ FOREIGN TAX LAWS INFORMATION -NON INDIVIDUAL FORM

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

Systematix ARN: 64917 EUIN: E-029678

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

India's 1st Direct to Investor Mutual Fund

	Part I: Applicant/Investor details:											
1	Investor Name											
	Folio No. PAN											
•	Part II: Declarations											
	(A) Particulars											
r	(A) Particu	Jiars		[-h								
				Category								
1	Applicants	Country of incorporation/ constitution		Country of Tax residency	Taxpayer Identification Number							
	1.											
	2.											
l	3.				J							
f	(B) Uther	r information:										
	S No	Information		Additional Information	to be provided							
	1	We are a financial institution [including an FFI] [Refer instructions a]	Yes									
		31. · · · · · · · 3	It yes, pleas GIIN:	se provide the following information:								
				al Intermediary Identification Number)								
			· · ·	available [tick any one]:								
			1	ied for on D D M M Y Y Y Y								
			🗌 Not i	required to apply (please describe)								
			i landi Marina	bbtained								
	2	We are a listed company [whose shares are regularly traded on a recognized stock exchange]		No								
		liggen of a feroditised slock excligitide]		ify the name of any one Stock Exchange where it is traded regularly:								
				/NSE/Other	(please specify)							
	3	We are 'Related Entity' of a listed company [Refer instructions b]	Yes	No State Sta								
			1	ify the name of the listed company								
			Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other (please specify)									
		We are an Active NFFE [Refer instructions c & d]	Yes	No								
	4		If Voc. spor									
		Note: Details of Controlling Persons will not be considered If Yes, specify the nature of business for FATCA purpose Please specify the category of Active NFFE										
				ode — refer instructions)								
	5	We are an Passive NFFE [Refer instructions f and g]										
	5		If Yes, pleas									
		Note: Details of Controlling Persons will be considered for FATCA purpose	1. Natu	re of business								
	 For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary de including Taxpayer Identification Number (TIN) in the UBO form. 											
tı p ii	including Taxpayer Identification Number (11N) in the UBO torm. //We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. //We further agree and acknowledge that in the event, the above information and/or any part of it is/are fount to be false/untrue/misleading, (/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, shore, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission , any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencie including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you. Signature with relevant seal:											
		Authorised Signatory		Authorised Signatory	Authorised Signatory							

Date: D D M M Y Y Y Y

Place:

35



Declaration for Ultimate BeneficialOwnership [UBO]

(Mandatory for Non-individual Applicant/Investor)



Systematix ARN: 64917 EUIN: E-029678

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021.

www.QuantumMF.com

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)										
Part 1: Applicant/Investor details:										
Investor Name:										
PAN										
Part II: Applicable for Listed Company / its subsidiary company only										
(i) // We hereby declare that -										
Our company is a Listed Company listed on recognized stock exchange in India										
Our company is a subsidiary of the Listed Company										
Our company is controlled by a Listed Company										
(ii) Details of Listed Company ^										
Stock Exchange on ^ The details of h		e provided in case the applicant/inv	estor is a s	subsidiary company.						
	0 1 1 7	ed Company / its subsidiary o								
(i) Category [🗸 aj	plicable category]:									
Unlisted Co	mpany	Partnership Fin	n	ι	imited Liability Partne	rship Comp	any			
Unincorpor	ated association / body of i	ndividuals / HUF	\square	Public Charitable Trust		Religious	Trust			
Private Trus		Private Trust cr	eated by c	ı Will 🔅 C	thers				[please specify]	
	nate Beneficiary Own	ers: ise provide the information by attach	ina senar	nte declaration forms)						
Name of UBO [Mand			ing sopur							
	n wherever applicable									
UBO Code [Refer inst	ruction 3]									
PAN or any other vali PAN is not available ,	d ID proof for those where (applicable ¹									
KYC (Yes/No)²										
Country of citizenship	/ Nationality									
Country of Tax Reside	ng ³									
COOLINY OF TUX RESIDE	псу									
Taxpayer Identificatio	n Number³									
Country of Birth										
Country of Permanen	Address									
Percentage(%) of Ho	lding / Beneficial Interest ⁴									
 If UBO is KYC compliant, KYC proof needs to be enclosed. If UBO is not KYC compliant then, (i) In case of individual Applicant attach PAN or if PAN is not available then attach any one copy of the Unique Identification Number (UID) / Aadhar / Passport / Voter ID / Driving License. (ii) In case if the Applicant is other than Individual - PAN of Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable. If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to KARVY / Fund. 										
4. Please refer to the simpl	e illustration of ascertaining of u	r tax purposes and mention the associated Itimate Beneficial ownership and attache v	ılid docume	ents like shareholding pattern self at	ested by authorised signa	iory .				
Note: Attached document		UBO and certified by the Applicant/Inves	or Authoriz	ed Signatory/ies.						
Full IV. Declurulic										
/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. /We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]										
אסוווטווצטע סוקווטווטוצט [W	nn company nosi nini dala (corporato soarj								

Authorised Signatory

Authorised Signatory

Place:

Authorised Signatory