

**Know Your Client (KYC)  
Application Form (For Non-Individuals Only)**



Place for Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

Systematix ARN: 64917 EUIN: E-029678

**A. Identity Details (please see guidelines overleaf)**

1. Name of Applicant (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

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2. Date of Incorporation [d d / m m / y y y y] Place of Incorporation

3. Registration No. (e.g. CIN) [ ] Date of commencement of business [d d / m m / y y y y]

4. Status Please tick (✓)  Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust / Charities / NGOs  HUF  FI  FII  
 FPI Category I  FPI Category II  FPI Category III  AOP  Bank  Government Body  Non-Government Organisation  
 Defence Establishment  Body of Individuals  Society  LLP  Others (Please specify)

5. Permanent Account Number (PAN) (MANDATORY) [ ] Please enclose a duly attested copy of your PAN Card

**B. Address Details (please see guidelines overleaf)**

1. Address for Correspondence

City / Town / Village	Country	Postal Code
State		

2. Contact Details

Tel. (Off.) (ISD) (STD)	Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD)	Fax (ISD) (STD)
E-Mail Id.	

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line)  \*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. Validity/Expiry date of proof of address submitted [d d / m m / y y y y]

4. Registered Address (If different from above)

City / Town / Village	Country	Postal Code
State		

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

\*Latest Telephone Bill (only Land Line)  \*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. Validity/Expiry date of proof of address submitted [d d / m m / y y y y]

**C. Other Details (please see guidelines overleaf)**

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors (Please use the Annexure to fill in the details)

2. Any other information:

**DECLARATION**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Place: [ ]

Date: [ ]

**NAME & SIGNATURE(S)  
OF AUTHORISED  
PERSON(S)**


**FOR OFFICE USE ONLY**

AMC/Intermediary name OR code

(Originals Verified) Self Certified Document copies received  
 (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain  
 Staff Name  
 Designation  
 Name of the Organization  
 Signature  
 Date

**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 EUJIN: E-029678

Name of 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

Place for  
Intermediary Logo



Date [ d | d ] / [ m | m ] / [ y | y ] [ y | y ]

Name & Signature of the Authorised Signatory(ies)



## UBO Declaration

**Category** (Please tick applicable category):

<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Listed Company (Need not provide UBO details sought under)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust
<input type="checkbox"/> Others (please specify _____)			

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

*Owner-documented FFI's<sup>5</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E*

Name - Beneficial owner / Controlling person	#Tax ID Type - TIN or Other, please specify	Address - Include State, Country, PIN / ZIP Code & Contact Details
#Country - Tax Residency*	Beneficial Interest - in percentage	
#Tax ID No. - Or functional equivalent for each country*	#Type Code <sup>11</sup> - of Controlling person	
1. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] State: Country:
2. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] State: Country:
3. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] State: Country:

**If passive NFE, please provide below additional details.** (Please attach additional sheets if necessary)

PAN City of Birth Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Country of Birth	Father's Name	
2. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Country of Birth	Father's Name	
3. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
Country of Birth	Father's Name	

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:  
 \* To include US, where controlling person is a US citizen or green card holder  
 %In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>4</sup>Refer 3(iii) of Part D | <sup>5</sup>Refer 3(vi) of Part D | <sup>11</sup>Refer 3(iv) (A) of Part D

### FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

**Certification**

I have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name

Designation

Signature >>

Place \_\_\_\_\_

Date \_\_/\_\_/\_\_\_\_