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



Place for Intermediary Logo

Application No.:

Signature Date

Please fill in ENGLISH and in BLOCK LETTERS	CŸL	IIIte	rineulary	/ Logo	System	atix Al	RN: 64	1917	EUIN	: E-02	296
A. Identity Details (please see guidelines overleaf)				,	Systematix ARN: 64917 EUIN: E-0296						
1. Name of Applicant (Please write complete name as per Certificate of Incorpo	oration / Regist	ration; lea	ving one b	ox blank b	etween 2 w	ords. Plea	ise do no	t abbrev	iate the	Name).	
2. Date of Incorporation d d d / m m / y y y y p	Place of Incorp	ooration								Ш	
3. Registration No. (e.g. CIN)		Date o	f commen	cement o	f business	d d]/ <u>m</u>		у _	у у	У
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body	Corporate	☐ Partne	rship [Trust / Cl	narities / NG	Os 🗌	HUF [FI	☐ FII		
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐	☐ Bank ☐LLP ☐		ernment Bo Please specifi		Non-Gover	nment O	rganisatio	on			
5. Permanent Account Number (PAN) (MANDATORY)					duly attested	d conv o	· vour PA	N Card			
B. Address Details (please see guidelines overleaf)					auly attested		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_
Address for Correspondence											
City / Town / Village						Pos	tal Code				
State				Countr	γ	103	iai Couc				
2. Contact Details			, il e-								
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD)		Tel. (Res.) (ISD Fax (ISD	, ,					\dashv		
E-Mail Id.			Lay (12D	7) (310	7						
City / Town / Village State 5. Proof of address to be provided by Applicant. Please submit AI 1. **Latest Telephone Bill (only Land Line)** **Latest Electricity Bill **[2. **Latest Telephone Bill (only Land Line)** **Latest Electricity Bill **[3. **Latest Telephone Bill (only Land Line)** **[3. **Latest Telephone Bill (only Land Line)** **[3. **Latest Telephone Bill (only Land Line)** **[4. **Latest Telephone Bill (only Land Line)** **[5. **Latest Telephone Bill (only Land Line)** **[5. **Latest Telephone Bill (only Land Line)** **[6. **Latest Telephone Bill (only Land Line)** **[7. **Latest Telephone Bill (only Land Line)** **[8. **Latest					ents & tio	ck (√) a					
Any other proof of address document (as listed overleaf).(Please sp	pecify)		m m /	у у	у у						
C. Other Details (please see guidelines overleaf)											
1. Name, PAN, DIN/Aadhaar Number, residential address at (Please use the Annexure to fill in the details)	nd photogi	raphs o	f Promo	ters/Pa	rtners/Ka	rta/Tru	stees/	whole	time	direct	ors
2. Any other information:											
DECLARATION											_
I/We hereby declare that the details furnished above are true correct to the best of my/our knowledge and belief and I/we under to inform you of any changes therein, immediately. In case any o above information is found to be false or untrue or misleadin misrepresenting, I am/we are aware that I/we may be held liable for Place:	rtake of the ng or	OF A	sign, UTHO	RISED	:(S)						
	OFFICE	LICE 4	NIIV.								
FOR AMC/Intermediary name OR code	OFFICE	USE (JNLY		Cacl	Ctores	f sharter	orm - J'	201 000	اما مدد ا	tala.
					Seal/	Stamp o		ermedia ff Name		uia cont	.dIN
Originals Verified) Self Certified Document copies received								ignatior			
☐ (Attested) True copies of documents received						Na	me of th	ne Orga	nizatior	ì	

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 Photograph PAN of the Applicant Relationship with Applicant (i.e. promoters, whole time directors etc.) Residential / Registered Address DIN (For Directors) / Aadhaar Number (For Others) Name PAN Name of Applicant Sr. No.

Place for Intermediary Logo

ڃَ ؞ڎؙ۪ۣڰ؞

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

Name & Signature of the Authorised Signatory(ies)



KYC additional details & FATCA-CRS Annexure for Entities including UBO Systematix ARN: 64917 EUIN: E-029678

Details of Ultimate Beneficial Owner (UBO) including additional FATCA & CRS information (please include other references for completeness sake)

Name	e of the entity:												
	of address given at			l or Business	Reside			siness	□ R	egistered (Office		
"Add	ress of tax residence	e would be ta	aken as ava	ailable in KRS	database. In d	case of an	— y chan	ige, please	e appro	oach KRA	and notify t	the changes"	
Custo	omer ID / Foio Numb	ber:											
PAN.									Date	of incorpo	oration	//	
City o	of incorporation:												
Coun	try of incorporation:												
Net V	Vorth in INR. In ₹ La				Net \	Worth as	on D	D M N	1 Y	YYY	(Date should	not be older tha	n one year)
		Foreign Excl			/ Gambling /	Yes		loney	Yes	Any	other inforn	nation [if appli	cable]
	providing any of services:	/ Money Cha			Services [e.g. tting syndicate	esī No		ndering / wning	No				
	Constitution Type:	Λ Partnor	rehin Firm			-1 11			od Co	mpany E	Society E	AOD/BOL G	Truet
Littity	Constitution type.			nited Liability F							-		
Pleas	se tick the applicable			-	artificinip 0	, a timolai	ouridic	Jai 1 010011		inoro opoo	y		
	ntity" a tax resident				s □No								
	s, please provide co	•	•	_	_	rposes an	d the a	ssociated	Tax ID	Number b	below)		
	Count	try		Tax	Identification	n Numbe	r%	Iden	tificati	ion Type (1	ΓIN or Othe	er%, please s	pecify)
	se <i>Tax Identification Nur</i> e TIN or its functional					ification Nu	mber o	r Global En	tity Idar	atification Nu	ımber or GIII	N etc	
III Cas	c my or its functional v	cquivalent is in	ot available,	picase provide (Joinpany Identi	incation iva	TIDCI O	GIODAI EII	tity idei	itilication ive	arribor or arri	IV CIO.	
In ca	ase the Entity's Co	ountry of Inc	corporation	n / Tax resid	ence is U.S.	. but Ent	ity is	not a Sp	pecified	d U.S. Pe	erson, men	ntion Entity's	exemption
code	here:												
FAT	CA & CRS declarate	tion (Please o	consult you	ır professional	tax advisor fo	or further (guidan	ce on FAT	CA & (CRS classi	ification)		
			Part A (to be filled by	Financial In								
				to be filled by	Financiai in	stitutions	or Di	rect Repo	orting i	NFEs)			
			GIIN:								k as annlica	able).	
	We are a		GIIN: Note: If	ou do not h	ave a GIIN	but you a	GII	IN not ava	ilable (k as applica	able):	
	Financial institu		GIIN:	you do not h I by another e GIIN above ar	ave a GIIN intity, please	but you a	are GII	IN not ava	iilable ((please tick		able):	
1	☐ Financial institu☐ Direct reporting	NFE ²	GIIN: Note: If y sponsored sponsor's name belo	you do not h I by another e GIIN above ar w:	ave a GIIN intity, please indicate yo	but you a	are GII	IN not ava Applied in the entity in the ent	iilable (for s a Fin	(please tick	itutions:	able):	
1	Financial institu	NFE ²	GIIN: Note: If y sponsored sponsor's name belo	you do not h I by another e GIIN above ar	ave a GIIN intity, please indicate yo	but you a	are GII	IN not ava Applied in the entity in the Not required in the section in the secti	iilable (for s a Fin	(please tick nancial Inst o apply for	itutions:	able):)
1	☐ Financial institu☐ Direct reporting	NFE ²	GIIN: Note: If y sponsored sponsor's name belo	you do not h I by another e GIIN above ar w:	ave a GIIN intity, please indicate yo	but you a	GII Gare Our Or's If t	IN not ava Applied in the entity in the ent	iilable (for s a Fin iired to pecify	(please tick nancial Inst o apply for 2 digits su	itutions:	3)
1	Financial institu Direct reporting (please tick as app	NFE ² ropriate)	GIIN:	vou do not h I by another e GIIN above ar w: sponsoring ent	ave a GIIN intity, please and indicate you	but you a provide yo our sponso	GII	IN not ava Applied: the entity i Not require (Please si Not obta	uilable (for s a Fin uired to pecify nined -	(please tick nancial Inst o apply for 2 digits su - Non-part	itutions: r b-category ticipating F	3)
1	Financial institu Direct reporting (please tick as app	NFE ² ropriate) Part B (plea	GIIN:	you do not hill by another early above ar w: sponsoring entone as appro	ave a GIIN intity, please ind indicate your ity:	but you a provide yo our sponso	GIII Dare GIII Dar's If t D THE STATE STATE STATE STATE THE STATE	IN not ava Applied in the entity in the ent	illable (for is a Fin ilred to pecify inned - n Direc	(please tick nancial Inst o apply for 2 digits su - Non-part ct Reporti	itutions: r b-category ticipating F	3	
1	Financial institu Direct reporting (please tick as app	NFE ² ropriate) Part B (plea icly traded co	GIIN:	you do not hill by another early above ar w: sponsoring entone as appro	ave a GIIN intity, please and indicate you	but you a provide yo our sponso	GIII Dare GIII Dar's If t D THE STATE STATE STATE STATE THE STATE	IN not ava Applied in the entity in the ent	illable (for is a Fin ilred to pecify inned - n Direc	(please tick nancial Inst o apply for 2 digits su - Non-part ct Reporti	itutions: r b-category ticipating F	3	
	Financial institu Direct reporting (please tick as app	NFE ² ropriate) Part B (plea icly traded cose shares are	GIIN:	vou do not his by another early above ar with the control of the c	ave a GIIN intity, please a dindicate your intity: priate 'to be	but you a provide yo our sponso of filled by (If yes,	GII our or's If t our or's	IN not ava Applied: the entity i Not requ. (Please s, Not obta other that specify any	iilable (for s a Fin iired to pecify nined - n Directors	(please tick nancial Inst o apply for 2 digits su - Non-part ct Reporti ock exchang	r r tb-category ticipating F ing NFEs') te on which t	3	ılarly traded)
	Financial institu Direct reporting (please tick as app) Is the Entity a public, a company who	NFE ² ropriate) Part B (plea icly traded cose shares are	GIIN:	vou do not his by another early above ar with the control of the c	ave a GIIN intity, please a dindicate your intity: priate 'to be No the stock excepts	but you a provide yo pur sponso filled by (If yes,	GII are our our our's If t makes our our's If t makes our our our's If t makes our	Applied the entity in Not requiver (Please so Not obtain other than specify any	iilable (for s a Fin iired to pecify iined - n Directore	(please tick nancial Inst o apply for 2 digits su - Non-part ct Reporti	r r b-category ticipating F ing NFEs') se on which t	.3 FI the stock is regu	ılarly traded)
	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab	NFE ² ropriate) Part B (pleaticly traded consession are sarelished securi	GIIN:	vou do not h I by another e GIIN above ar w: sponsoring ent one as appro that Yes Name of	ave a GIIN intity, please a dindicate your intity: priate 'to be No the stock excepts	but you a provide yo pur sponso filled by (If yes,	GII are our our our's If t makes our our's If t makes our our our's If t makes our	Applied the entity in Not requiver (Please so Not obtain other than specify any	iilable (for s a Fin iired to pecify iined - n Directore	(please tick nancial Inst o apply for 2 digits su - Non-part ct Reporti	r r b-category ticipating F ing NFEs') se on which t	.3 FI the stock is regu	ılarly traded)
1	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate	NFE2 ropriate) Part B (plea icly traded consession securion securi	GIIN:	one as approtent Yes Name of Name of	ave a GIIN intity, please a dindicate your intity: priate 'to be No the stock excepts	but you a provide your sponso	GIII our or's If t our notes of the control of	Applied: the entity i Not requiver (Please sometimes of the listed	iilable (for is a Fin iired to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part oct Reporti ock exchang	r r r b-category ticipating F ing NFEs') ne on which t ck exchange on	3the stock is regu	ılarly traded)
	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab	Part B (plea icly traded cose shares are lished securion	GIIN:	one as approthat Yes Name of Name of	ave a GIIN intity, please and indicate your intity: priate 'to be No the stock except No (if	but you a provide your sponso of filled by (If yes, change	GIII pr's If t mr with the second of the s	IN not ava Applied: the entity i Not requiver (Please sometimes of the lister	iilable (for s a Fin iired to pecify inned - one sto	(please tick nancial Inst o apply for 2 digits su - Non-part ock exchang	r r r r r r r r r r r r r r r r r r r	the stock is regu	ularly traded)
1	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a	Part B (plea icly traded cose shares are lished securion	GIIN:	one as approthat Yes Name of Name of	ave a GIIN intity, please and indicate your intity: priate 'to be No the stock except No (if	but you a provide your sponso of filled by (If yes, change	GIII pr's If t mr with the second of the s	IN not ava Applied: the entity i Not requiver (Please sometimes of the lister	iilable (for s a Fin iired to pecify inned - one sto	(please tick nancial Inst o apply for 2 digits su - Non-part ock exchang	r r r r r r r r r r r r r r r r r r r	3the stock is regu	ularly traded)
1	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a are regularly traded	Part B (plea icly traded cose shares are lished securion	GIIN:	one as approthat Yes Name of Nature o	ave a GIIN intity, please and indicate your intity: priate 'to be No the stock except No (if the listed confirmation:	but you a provide your sponso of filled by (If yes, change	are GIII are GI	IN not ava Applied: the entity i Not requively (Please s, Not obta other than specify any me of the listed of	s a Fin s a Fin irred to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part ock Reporti ock exchang ny and one stoc	itutions: r b-category ticipating F ing NFEs') te on which t	the stock is regulation which the stock is repulation to the stock is repulation to the stock is repulation to the stock is repulation.	ularly traded) egularly traded) npany
1	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a are regularly traded	Part B (plea icly traded cose shares are lished securion	GIIN:	one as approthat Yes Name of Nature o Name of	ave a GIIN intity, please and indicate your intity: priate 'to be No the stock except No (if the listed confirmation: the stock except the stock except No (if the listed confirmation).	but you a provide your sponso of filled by (If yes, change	are GIII are GI	IN not ava Applied: the entity i Not requively (Please s, Not obta other than specify any me of the listed of	s a Fin s a Fin irred to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part ock Reporti ock exchang	itutions: r ib-category ticipating F ing NFEs') te on which t	the stock is regulation the stock is regulation. which the stock is reported to the stock is regular.	egularly traded) ending traded) npany
1	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a are regularly traded	Part B (plea icly traded cose shares are lished securion	GIIN:	one as approtent Yes Name of Name of Name of Name of	ave a GIIN intity, please and indicate you indicate you intity: priate 'to be No the stock except No (If the listed confirmation:	but you a provide your sponsor filled by (If yes, change	GIII	IN not ava Applied: the entity i Not requiver (Please sometimes of the listed contents)	iilable (for s a Fin iired to pecify nined - n Direc one sto	(please tick nancial Inst o apply for 2 digits su - Non-part ct Reporti ock exchang ny and one stoc	itutions: r tb-category ticipating F ing NFEs') te on which t ck exchange on Controlled to	the stock is regulation the stock is regulation to the stock is reputation of the stock is regulation to the stock is regulation to the stock is regulation.	egularly traded) mpany e next section)
1	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a are regularly traded	Part B (plea icly traded co se shares are lished securi ed entity of a a company w d on an estab	GIIN:	one as approtent	ave a GIIN intity, please and indicate your intity. priate 'to be No the stock except No (if the listed count the stock except No (if the stock excep	but you a provide your sponsor filled by (If yes, change	are GIII are Dur III III III III III III III III III II	IN not ava Applied: the entity i Not requiver (Please sometimes of the listed contents) The of the listed contents of the listed conte	s a Fin s a Fin sired to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part oct Reporti ock exchang ny and one stoce	itutions: r tb-category ticipating F ing NFEs') te on which t tk exchange on Controlled the	the stock is regularized which the stock is repularized by a listed core of decleration in the	enext section)
1 2	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a are regularly traded securities market)	Part B (plea icly traded co se shares are lished securi ed entity of a a company w d on an estab	GIIN:	one as approthat Yes Name of Nature o Name of Yes Name of	ave a GIIN intity, please and indicate your intity. priate 'to be No the stock except the listed country into the stock except the stock except No for business	but you a provide your sponsor filled by (If yes, change	are GIII are Dur I I I I I I I I I I I I I I I I I I I	IN not ava Applied: the entity i Not requiver (Please sometimes of the listed contents) The of the listed contents of the listed conte	s a Fin s a Fin sired to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part oct Reporti ock exchang ny and one stoce	itutions: r tb-category ticipating F ing NFEs') te on which t tk exchange on Controlled the	the stock is regulation the stock is regulation to the stock is reputation of the stock is regulation to the stock is regulation to the stock is regulation.	enext section)
1 2	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a are regularly traded securities market)	Part B (plea icly traded co se shares are lished securi ed entity of a a company w d on an estab	GIIN:	one as approthat Yes Name of Name of Name of Yes Name of Nature o Name of Yes Nature o Nature o Please si (Mention	ave a GIIN intity, please and indicate your intity. priate 'to be No the stock except the listed confirmation: the stock except No for the subscode - refer	but you a provide your sponsor filled by (If yes, change	are GIII are Dur I I I I I I I I I I I I I I I I I I I	IN not ava Applied: the entity i Not requiver (Please sometimes of the listed contents) The of the listed contents of the listed conte	s a Fin s a Fin sired to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part ock Reporti ock exchang ny and one stoc	itutions: r ib-category ticipating F ing NFEs') te on which the category the controlled the con	the stock is regulation the stock is regulation and the stock is regulation in the stock is regulation.	egularly traded) npany e next section)
1 2	Financial institu Direct reporting (please tick as app Is the Entity a publis, a company who traded on an estab Is the Entity a relate traded company ⁵ (a are regularly traded securities market)	Part B (plea icly traded co se shares are lished securi ed entity of a a company w d on an estab	GIIN:	one as approthat Yes Name of Nature o Name of Yes Name of	ave a GIIN intity, please and indicate your intity. priate 'to be No the stock except the listed country into the stock except the stock except No for business	but you a provide your sponsor filled by (If yes, change	are GIII are Dur I I I I I I I I I I I I I I I I I I I	IN not ava Applied: the entity i Not requiver (Please sometimes of the listed contents) The of the listed contents of the listed conte	s a Fin s a Fin sired to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part ock Reporti ock exchang ny and one stoc	itutions: r ib-category ticipating F ing NFEs') te on which the category the controlled the con	the stock is regularized which the stock is repularized by a listed core of decleration in the	egularly traded) npany e next section)
1 2 3 4	Financial institu Direct reporting (please tick as app) Is the Entity a public, a company who traded on an estab Is the Entity a relate traded company ⁵ (are regularly traded securities market) Is the Entity an acti	Part B (plea icly traded co se shares are lished securi ed entity of a a company w d on an estab	GIIN:	one as approtent	ave a GIIN intity, please and indicate your intity. priate 'to be No the stock except the listed confirmation: the stock except No for business	but you a provide your sponsor of filled by (If yes, change	are GIII Tr's If t Directory of tile Try of Ac	IN not ava Applied: the entity i Not requiver (Please something specify any me of the listed contact the	s a Fin s a Fin sired to pecify nined - n Direct one sto	(please tick nancial Inst o apply for 2 digits su - Non-part oct Reporti ock exchang ny and one stoce (If yes, p	itutions: r tho-category ticipating F ing NFEs') the on which the category the controlled the c	the stock is regulation the stock is regulation and the stock is regulation in the stock is regulation.	enext section)

KYC additional details & FATCA-CRS Annexure for Entities including UBO

Systematix ARN: 64917 EUIN: E-029678

www.sundarammutual.com

UBO Declaration									
Category (Please tick applicable category): Unlisted	☐ Partnership Firm	Limited Liability Partnership Company							
☐ Unincorporated association / body of individuals	☐ Public C	Charitable Trust	eligious Trust	☐ Private Trus	st				
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 ⁸ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Forms W8 BEN E									
Name - Beneficial Owner / Controlling person		e - TIN or Other, please specify	Address - In	noludo Stato Country Di	IN / ZIP Code & Contact Details				
Country - Tax Residency* Tax ID No Or functional equivalent for each country*		Interest - in percentage ⁹ - of controlling person	Address Typ		IN / ZIF Code & Contact Details				
1. Name			Address						
Country		est							
Tax ID No. [%]	Address Type	Business ☐ Registered Office	ZIP 🔲		Country:				
2. Name		T Dusiness 🗆 Registered Office	Address						
		est							
Country	Address Type								
Tax ID No. [%]	☐ Residence ☐	Business ☐ Registered Office	ZIP		Country:				
3. Name		est	Address						
Country									
Tax ID No. [%]	Address Type ☐ Residence ☐	Business ☐ Registered Office	ZIP 🔲		Country:				
# If Passive NFE, please provide below additional detail.				(Please attach ad	dditional sheets if necessary)				
PAN / Any other Identification number	O41 \	Occupation Type - Service	e, Business Others	DOB - D	ate of Birth				
PAN , Aadhar, Election ID, Govt ID, Driving Licence, NREGA Job Card, C City of Birth - Country of Birth	Juliers)	Nationality Father's Name - Mandatory	/ if PAN is not avail	Gender	- Male, Female, Other				
1. PAN		Occupation Type							
City of Birth		A.L. 101		DOB	D D / M M / Y Y Y Y				
Country of Birth				Gender	Male ☐ Female ☐ Others ☐				
2. PAN		Occupation Type		DOB	D D / M M / Y Y Y Y				
City of Birth		Nationality			Male Female				
Country of Birth		Father's Name			Others				
3. PAN		Occupation Type		DOB	DD/MM/YYYY				
City of Birth				Gender	Male Female				
Country of Birth			/ 0 0 /		Others				
# 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 persons is a US citizen or green card holder % Incase Tax identification is not available, kindly provide functional equivalent									
⁸ Refer 3(vi) of Part D									
	FATCA - (CRS Terms and Condition	าร						
The Central Board of Direct Taxes has notified Rules 114F to 114H as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal tax and beneficial owner information and certain certifications and documentations from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, 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. Should there be any change in any information provided by you, please ensure you advise us promptly i.e. within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Sundaram Asset Management Company/Sundaram Mutual Fund or its group entities. Therefore, it is important that you respond to our request even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the country of Tax Residence field along with the US Tax Identification Number. **It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.									
Certification: I/We have understood the information requirements of this Form (read along with the FATCA & CRS instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.									
Name									
Designation									
				Place					
				1 1400					
Signature	Signatur	те	Signature	Date	//				