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	Coriginals Verified) Self Certified Document copies received Designation Characterial True copies of documents received Name of the Organization	We hereby declare that the details furnished above a correct to the best of my/our knowledge and belief and I/w to inform you of any changes therein, immediately. In cas above information is found to be false or untrue or m nisrepresenting, I am/we are aware that I/we may be held lierace:	we undertake ise any of the misleading or liable for it.
LIVERAL SET CETTER SUCCESSION STREET CONCENTRAL CONCENT	(Attested) True copies of documents received Name of the Organization	We hereby declare that the details furnished above a correct to the best of my/our knowledge and belief and I/w to inform you of any changes therein, immediately. In cas above information is found to be false or untrue or m nisrepresenting, I am/we are aware that I/we may be held like Place:	we undertake ise any of the nisleading or iable for it. NAME & SIGNATURE(S) OF AUTHORISED PERSON(S) FOR OFFICE USE ONLY
	Signature	AWe hereby declare that the details furnished above a correct to the best of my/our knowledge and belief and I/w to inform you of any changes therein, immediately. In cas above information is found to be false or untrue or m misrepresenting, I am/we are aware that I/we may be held likely and the set of the se	we undertake ise any of the misleading or liable for it. NAME & SIGNATURE(S) OF AUTHORISED PERSON(S) OF AUTHORISED PERSON(S) Image: Comparison of the intermediary should compare to the intermediary sho
(Attested) True copies of documents received Signature Date		AWe hereby declare that the details furnished above a correct to the best of my/our knowledge and belief and I/w to inform you of any changes therein, immediately. In cas above information is found to be false or untrue or m misrepresenting, I am/we are aware that I/we may be held likely and the set of the se	we undertake ise any of the nisleading or liable for it. NAME & SIGNATURE(S) OF AUTHORISED PERSON(S) FOR OFFICE USE ONLY FOR OFFICE USE ONLY Seal/Stamp of the intermediary should of Staff Name Designation Name of the Organization Signature

S					
orm for Non-Individual	PAN of the Applicant	Photograph			
KYC) Application F	PAN of the Applicant	Relationship with Applicant (i.e. promoters, whole time directors etc.)			
ng a part of Know Your Client (Residential / Registered Address			
e directors formi		DIN (For Directors) / Aadhaar Number (For Others)			
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			
Details of Promoters/ Partners/ Systematix ARN: 64917 EUIN: E-029678	Name of Applicant	PAN			
Detail Systema	Name of	Sr. No.			

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

Name & Signature of the Authorised Signatory(ies)



Expertise that's trusted

TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021 FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)



1. Entity Details

Name of the Entity				
Type of address given at KRA	Residential or Business Residential	l	🗖 Business	Registered Office
	Address of tax residence would be taken as availa	ble in KRA database.	In case of any c	hange, please approach KRA & notify the changes
Application No.		Folio No.		
PAN Number		Date of Ind	corporation	
City of Incorporation		Country of	Incorporation	
Entity Constitution Type	·	imited Company Liability Partnership	Public Limite Artificial Jur	ed Company Society AOP/BOI ridical Person Others specify
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other th (If yes, please provide country/ies in which the		Yes Yes or tax purposes	No s and the associated Tax ID number below.)
	Country Tax	Identification Numb	ver%	Identification Type (TIN or Other, please specify)
	ation Number is not available, kindly provide its tional equivalent is not available, please provid			or Global Entity Identification Number or GIIN, etc.
In case the Entity's Coun	try of Incorporation / Tax residence is U.S. but Entit	y is not a Specified U.S	S. Person, mentio	on Entity's exemption code here

Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

2. FATCA & CRS Declaration

PART	A (to be Filled by Financial Institutions or Dir	ect Reporting NFEs)
1	We are a, Financial institution ³ or Direct reporting NFE ⁴ (please tick as appropriate)	GIIN Note: 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
	GIIN not available (please tick as applicable) 🗌 Applied for
	If the entity is a Financial institution,	□ Not required to apply for - please specify 2 digits sub-category ¹⁰
		Not obtained - Non-participating FI
PART	B (please fill any one as appropriate "to be fil	led by NFEs other than Direct Reporting NFEs")
1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges)	Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges)	
3	Is the Entity an active ¹ NFE	Yes No Nature of Business Please specify the sub-category of Active NFE
4	Is the Entity a passive ² NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ Refer 1 A of Part D

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

Name	Occupation Type -	DOB - Date of Birth
PAN / Any other Identification Number	Service, Business, Others	Gender - Male, Female, Other
(PAN, Aadhar, Passport, Election ID, Govt. ID,	Nationality	
Driving Licence, NREGA Job Card, Others)	Father's Name -	
City of Birth - Country of Birth	Mandatory if PAN is not available	
1. Name	Occupation Type	
PAN	Nationality	
		Gender 🗌 Male 🛛 Female 🗌 Other
City of Birth	Father's Name	
Country of Birth	_	
2. Name	Occupation Type	
PAN	Nationality	
		Gender 🗌 Male 🔤 Female 🛄 Other
City of Birth	Father's Name	
Country of Birth	-	
3. Name	Occupation Type	DOB D D / M M / Y Y Y Y
PAN	Nationality	Gender Male Female Other
City of Birth	Father's Name	
Country of Birth		

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.

4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information 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 issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

5. Declaration and Signatures

I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

Name	 	
Designation	 	
Place		Date: D D / M M / Y Y Y Y

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM The Application Form should be completed in English and in BLOCK LETTERS only.

Systematix ARN: 64917 EUIN: E-029678

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Systematix ARN: 64917 EUIN: E-029678 Annexure to Application Form No.	Date : D D / M M / Y Y
I. UNITHOLDER INFORMATION	
a. Name of First / Sole applicant Mr. Ms. M/s.	
b. PAN / PEKRN M a n d a t o r y	
2. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction I)	
🗌 Individual 🔲 Non - Individual	
	lled by a Listed Company: (if No, please attach mandatory UBO declaration): 🗌 Yes 🗌 No
a. Status of First/ Sole Applicant [Please tick (\checkmark)]	
Resident Indian NRI PIO HUF Minor RI Minor NRI Trust Proprietors	ip 🗌 LLP 🔲 Partnership 💭 Public Ltd. Co. 🗌 Pvt. Ltd. Co. 🗌 Non Profit Organisation
Societies FOF Body Corporate Others (please specify)	
b. Occupation Details [Please tick (\checkmark)]	
Private Sector Service Public Sector Service Business Retired Government Sec	tor 🗌 Agriculturist 🗌 Professional 🔲 Forex Dealer 🗌 Housewife 🔅 Student
Others (please specify)	
c. Gross Annual Income (Rs.) [Please tick (√)]	
Below I Lac I-5 Lacs 5-10 Lacs I 0-25 Lacs >25 Lacs-1 crore	>I crore OR
Networth in (Mandatory for Non-individual) ₹	as on DDD/MMM//YYY (not older than I year)
d. Politically Exposed Person (PEP) Status:	
(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors):	I am PEP 🔲 I am Related to PEP 🗌 Not Applicable
e. For Non-Individual Investors involved/providing any of the mentioned services:	
Foreign Exchange/Money Changer Services Gaming / Gambling / Lottery / Casino Services	es 🗌 Money Lending / Pawning 🗌 None of the above
3. DETAILS OF SECOND APPLICANT, IF ANY (Refer Instruction I)	
a. Name of Second applicant Mr. Ms. M/s.	
b. PAN / PEKRN Mandattor	
c. Occupation Details [Please tick (√)]	
Private Sector Service Public Sector Service Business Retired Government Sec	ctor 🗌 Agriculturist 🗌 Professional 🗌 Forex Dealer 🗌 Housewife 👘 Student
Others (please specify)	
d. Gross Annual Income (Rs.) [Please tick (\checkmark)]	
Below I Lac I-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-I crore	>I crore OR
Networth in (Mandatory for Non-individual) ₹	as on DIMMMINI Y Y (not older than I year)
e. Politically Exposed Person (PEP) Status : 🗌 I am PEP 🔲 I am Related to PEP 🗌 N	nt Annlicable
4. DETAILS OF THIRD APPLICANT, IF ANY (Refer Instruction I)	
a. Name of Third applicant Mr. Ms. M/s.	
b. PAN / PEKRN Mandator	
c. Occupation Details [Please tick (\checkmark)]	
Private Sector Service Public Sector Service Business Retired Government Ser	ctor 🗌 Agriculturist 🗌 Professional 🗌 Forex Dealer 🗌 Housewife 👘 Student
Others (please specify) d. Gross Annual Income (Rs.) [Please tick (√)]	
Below Lac □ I-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ >25 Lacs-1 crore	□ > I crore OR
Networth in (Mandatory for Non-individual) ₹	
e. Politically Exposed Person (PEP) Status : I am PEP I am Related to PEP Not Applica	
5. DECLARATION	
I/We declare that the information is to the best of my/our knowledge and belief, and is accurate and com of any change in the information. In case any of the above information is found to be false or untrue or m	
Ist Unitholder Signature / Thumb Impression 2nd Unitholder Signatu	re / Thumb Impression 3rd Unitholder Signature / Thumb Impression

TATA MUTUAL FUND	TATA MUTUAL FUND Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021 Form for Aadhaar seeding for Authorized Signatories	TATA MUTUAL FUND Centre 9th Floor Nariman Point Mumbai - 400 021 Adhaar seeding for Authorized Signa	ii - 400 021 ed Signatories	A M
Name of the Non-Individual				
PAN/PEKRN				
Details of Aadhaar & PAN of our Authorized Signatories: (kindly use t	natories: (kindly use the Annexure for	he Annexure for providing details for more signatories)	more signatories)	
S. No. Name of the Authorized Signatory (AS)	PAN of AS	Aadhaar of AS	Proof enclosed	Photo of AS
			Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	
			Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'	
			 Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment' 	
⁻ suggest to specify the purpose of providing this copy of the Aadhaar card with date Certificate from Com Certificate from Com , Company Secretary / C above specified list of personnel covers all authorized signatories on behalf our orga consented for (i) collecting, storing and usage (ii) validating/authenticating and (ii) ur consented for sharing/disclose of the Aadhaar number(s) including demographic info ourpose of updating the same in the said folios with above mentioned PAN and also to the used for any other purpose unless it is required under any law / regulatory pur	The Aadhaar card with date Certificate from Company Secretary / ar Company Secretary / Competent Authority the Company Secretary / Competent Authority the Company Secretary / Compation. We will let glauthenticating and (ii) updating their Aadhaa glauthenticating and (ii) updating their Aadhaa including demographic information with the as mentioned PAN and also for validating the sar ter any law / regulatory purpose.	iny other competent auti to issue this certification of t you know the changes/n ar number(s) in accordan sset management compar ime with UIDAI whereverv	* suggest to specify the purpose of providing this copy of the Aadhaar card with date Certificate from Company Secretary / any other competent authority of the Organization Certificate from Company Secretary / any other competent authority of the organization hereby confirm the correctness of the above information. The Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above signatories have Consented for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. They have consented for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the ourpose of updating the same in the said folios with above mentioned PAN and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should on the used for any other purpose unless it is required under any law / regulatory purpose.	the above information. The ins. Above signatories have der) and PMLA. They have ransfer Agent (RTA) for the A requirements and should
Regards For (Name of the Non-Individual)				

Systematix ARN: 64917 EUIN: E-029678

Company Seal

Annexure for providing information for additional personnel

N/H	PAN/PEKRN					
S. No.	. Name of the Authorized Signatory (AS)	PAN of AS	Aadhaar of AS	Proof enclosed	Photo of AS	
				Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'		
				Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'		
				Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'		
				Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'		
				Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'		
				Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'		
				Self-attested copy of the Aadhaar card* Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for Aadhaar enrolment'		