Systematix ARN: 64917	EUIN: E-029678	CKYC	& KRA KYC F	orm	TAURUS
Know Your Client Application Form (Fo (Please fill the form in English ar Fields marked with "*' are mandato	id in BLOCK Letters)	Type*	New Jpdate KYC Number* Normal (PAN is mandatory)	PAN Exempt Investors (Re	Mutual Fund
1. Identity Details (Please r	efer instruction A at the e	end)			
PAN			duly attested copy of your		
Name* (same as ID proof) Maiden Name (If any*) Father / Spouse Name* Mother Name*	Prefix	First Name		iddle Name	Last Name
Date of Birth*	D D - M M - Y Y	YYY			Photo
Gender*	M- Male] F- Female	T-Transgender	
Marital Status*	Married		Unmarried	Others	
Citizenship*	IN- Indian		Others – Country	Country C	ode
Residential Status* Occupation Type*	 Resident Individual Foreign National S-Service Prive O-Others Prof B-Business 	ate Sector	Non Resident Indian Person of Indian Origin Public Sector Self Employed X-Not Categorised	Government Sector	Student Signature/ Thumb Impression
2. Proof of Identity (Pol)* (f	or PAN exempt Investor	or if PAN card copy	y not provided) (Please re	efer instruction C & K at the end	(t
(Certified copy of <u>any one</u> of A- Passport Number B- Voter ID Card D- Driving Licence	the following Proof of Ident	ity [Pol] needs to be	F	Passport Expiry Date	
🗌 E- Aadhaar Card			_		
F- NREGA Job Card					
Z- Others (any docume	nt notified by the centra	al government)		Identification Number	
3. Proof of Address (PoA)*				L	
3.1 Current / Permanent Address		ails (Please see ins	struction D at the end)		
Line 1*					
Line 2 Line 3				City / Town / Villa	nge*
District*	Zi	p / Post Code*		State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*			Country*		untry Code as per ISO 3166
	esidential / Business	Residen	ntial 🗌 Busin		
Proof of Address*	<u>er ale leneming i leer e</u>				
Passport Number Voter ID Card			F	Passport Expiry Date	D D - M M - Y Y Y Y
Driving Licence		+++++		Driving Licence Expiry Date	
Aadhaar Card				and a counce expire Date	
NREGA Job Card					
\Box Others (any document	notified by the central g	government)		Identification Number	
3.2 Correspondence / Lo	ocal Address Details* (Ple	ease see instruction	n E at the end)		
	nent / Overseas Addres	ss details (In case of	of multiple correspondence / loc	al addresses, please fill 'Annexure A1',	Submit relevant documentary proof)
Line 1*					
Line 3				City / Town / Villa	
District*		p / Post Code*	Country*	State/UT Code Co	as per Indian Motor Vehicle Act, 1988 untry Code as per ISO 3166

4. Contact Details (All	communica	ations wi	ill be se	nt on p	provid	ed N	lobile	no. /	Em	ail-ID)	(Plea	ase i	refer	instru	ucti	ion l	Fa	t th	e e	nd)										
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Mobile				Tel.	(Off)			і—Г	T			+		Tel.	(Re	es)			T	<u>'</u>	-				T	T	T	<u>ן</u>		
5. FATCA/CRS Informa	ation (Tick	if Applic	sable)			Posic			av I	Purpos		luri	isdic	1			ido	Ind	lia (-		ori	netri	ucti	on I	R at	the	and	1)
Additional Details Re	•			ifabo							5C3 III	Jun	isuic	1011(5	,00	Juis	lue	mo	iia (1 10	ase			11511	JULI		ם מנ	uie	enu)
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Tax Identification Nur		L	nt (If is	sued h	 v iuri	sdic	tion)*		╞															as	per	130	510	0		
Place / City of Birth*						-	Counti		Bir	th*		+			T	$\frac{1}{1}$		\square		1 c	our	ntry	Co	nde			20	norl	SO 3	2166
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Line 3				+	+	+	++	+	\square		\vdash	+	+		+	City	v /		 wn	/ Vi	illa	ae*	+	+	+	┢	+	\square	+	+
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6. Details of Related P						ion (is, p	blea	ise	till :	Ann	ехι	ire F	31')					
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Name*																														
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(Certified copy of <u>any one</u>		owing Pr	oof of Id	lentity[Pol] ne 1	eeds	to be	subm	itteo	1)		-		nort	-											I				1
A- Passport Numbe		+++		-								Г	- 355	sport		рпу	0	ale						IVI	IVI		T		Т	
□ B- Voter ID Card □ C- PAN Card		+++		$\left \right $																										
D- Driving Licence		+++	++	$\left \right $								г	أيرابر	ng Li	~~`	n	E	nir) o t o						I				1
E- Aadhaar Card		+++		$\left \right $		\vdash									Cei	nce		(pii	у∟	ale				IVI	IVI	-[Y	YY	Y	
F- NREGA Job Card	ч 	+++	++																											
Z- Others (any docu		fied by	the ce	ntral o		hme	nt)							Ider	ntif	icat	ior	n Ni	um	her			_	П					П	
7. Remarks (If any)		nica by		intrai g	90 000	iiiio	,							Tuor		Iout			unn	501										
 Applicant Declaration I hereby declare that the deta therein, immediately. In case liable for it. I hereby declare legislation or any notifications I hereby consent to receiving Date: DD - MM Attestation / For Off 	any of the above that I am no solutions is a solution of the above that I am no solutions is a solution of the	ove information to making to ued by any or Central	ation is fo this applic / governm	und to b ation for ental or	e false o r the pu statutor ough SN	or unti irpose y auth	rue or m of cont ority fro	nislead travent m time	ing o tion o to tii	r misrep of any A me.	resenti .ct, Rul	ing, I a les, R	am av tegula	vare that tions of	at I r	may I	be h	eld			Sigr	[Sig	_	ire / T humb	_				icant	
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Emp. Designation																														

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

For Individuals Only

(Please fill the form in English and in BLOCK Letters) Fields marked with * are mandatory fields

1. Identity Details (Please refer instruction A at the end)

Supplementary CKYC Form

(To be additionally filled by customers using old KYC form) KYC Type: 🗆 Normal (PAN is mandatory)



as per ISO 3166

as per ISO 3166

□ PAN Exempt Investors

PAN	Please enclose a duly attested of	copy of your PAN Card
· · · · · · ·	Prefix First Name	Middle Name Last Name
Name* (same as ID proc	f)	
Maiden Name (If any*)		
Mother Name*		
Residential Status*	Resident Individual Non Reside	ent Indian
		ndian Origin
Occupation Type*	S-Service Private Sector Public Sector	
	O-Others Professional Self Employ	
	B-Business X-Not Cate	gorisea
2. FATCA/CRS Informa	tion (Tick if Applicable)	oses in Jurisdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Rec	uired* (Mandatory only if above option is ticked)	
Country of Jurisdiction	n of Residence* Co	untry Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Nun	ber or equivalent (If issued by jurisdiction)*	
Place / City of Birth*	Country of Birth*	Country Code as per ISO 316
Address Line 1*		
Line 2		
		City / Town / Village*
Line 3		
District*	Zip / Post Code*	State/UT Code as per Indian Motor Vehicle Act, 198
State/UT*	Country*	Country Code as per ISO 31
_	erson (Optional) (please refer instruction G at the end) (in cas	
Related Person		Related Person (if available*)
Related Person Type*	Guardian of Minor Assignee	Authorized Representative Middle Name Last Name
Name*		
_	(If KYC number and name are provided, below details of section	6 are optional)
_ ,.	I] of Related Person* (Please see instruction (H) at the end)	
Certified copy of <u>any one</u> A- Passport Number	_of the following Proof of Identity[Pol] needs to be submitted)	Passport Expiry Date
·		
B- Voter ID Card		
C- PAN Card		
D- Driving Licence		Driving Licence Expiry Date DD - MM - Y Y Y
E- Aadhaar Card		
F- NREGA Job Card		
⊥∠- Others (any docu	ment notified by the central government)	Identification Number
A Domarka (If and)		
4. Remarks (If any)		
5. Applicant Declaration	n	

· I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. [Signature / Thumb Impression] I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. Signature / Thumb Impression of Applicant Date: Place :



FATCA/ Foreign Tax Laws Information - Self Certification Form

(Individual Sole Proprietor) (Refer to instructions)

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

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Country of Birth		Ļ				<u> </u>		_			_																							
Are you a tax re	Are you a tax resident of any country other than India? Yes No If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.																																	
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	C	ountr	У [#]					_		Тах	(Idei	ntificatio	n Nun	ber										de	ntificat	ion	Тур	e (TIN or	0th	ier, pl	ease s	pecify)
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TAURUS MUTUAL FUND

Acknowledgement Slip - FATCA/ Foreign Tax Laws Information - Individual Form

Application

Received Form_____
Date _____

¹Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update

 $^{\ast}\text{To}$ also include USA, where the individual is a citizen / green card holder of the USA

 $^{\rm s}$ In case Tax Identification Number is not available, kindly provide its functional equivalent

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you advise us prom the purpose of ens	uring	appr	ropria	ate v	vithh	oldin	g froi	m the	acc	ount	ora	any	proce	eds in	rela	ation	there	to.	As m	ay be	e requ														
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Please note that yo respond to our requ																		tiple	relati	ionsh	ips w	rith u	s or	our	grou	ib e	entiti	es. 1	here	fore,	it is	imp	oortar	nt tha	at you
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Systematix ARN: 64917 EUIN: E-029678

Information to Investors

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017 and carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005. As per the new rules linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders, failing which, the folios will be frozen by 31/12/2017. The purpose of collection/usage of Aadhaar number including demographic information is to comply with the applicable laws / rules / regulations and the provision of the said data is mandatory as per the applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.

	Plea	ase fill in your details bel	ow:	
PAN		Aadhaar No.		
Name				Gender M F O

"Please submit these details separately for All Holders"

Consent	2 Sinne think	$\overline{}$
Consent for linking Aadhaar: I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my Aadhaar number in accordance with the Aadhaar Act, 2016 (and Regulations made thereunder) and PMLA. I hereby provide my consent for sharing / disclose of the Aadhaar number including demographic information with the Asset Management Companies of SEBI registered Mutual Fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folio(s) with my PAN(s).	Signature Date d m m 2 0 1 У Place	

For investor's convenience, our Registrar M/s. Karvy Computershare Pvt. Ltd. (RTA) is collecting this mandatory information for authentication and seeding across all Mutual Funds being serviced by them where you are already an investor or would become an investor in future.

Online Facility for Linking Aadhaar: Alternatively, investor/s can use online / sms facility on our RTA's website www.karvymfs.com to link their Aadhaar number/s.

Please submit separate form duly filled, signed, by each of the holders and submit at your nearest Karvy Computershare Branch or you can dispatch the hard copy to -

Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B Unit – CPZ - Aadhaar Updation Plot Nos. 31 & 32 | Financial District | Nanakramguda Serilingampally Mandal | Hyderabad - 500032 | India

TAURUS Mutual Fund	ACKNOWLEDGEMENT
We Acknowledge the receipt of Aadhaar Linking request.	
From Mr/Mrs/Ms:	
PAN	
Date d d m m y y y y	Signature of Taurus Mutual Fund branch officer