



Place for  
Intermediary Logo

Application No. :

Systematix ARN: 64917 EUIN: E-029678

Please fill in ENGLISH and in BLOCK LETTERS

**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
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m	m
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y	y	y	y
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**Place of Incorporation**

3. **Registration No. (e.g. CIN)**

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**Date of commencement of business**

d	d
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m	m
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y	y	y	y
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4. **Status** Please tick (✓)  Private Ltd. Co.  Public Ltd. Co.  Body Corporate  Partnership  Trust / Charities / NGOs  FI  FII  HUF  AOP  Bank  Government Body  Non-Government Organisation  Defence Establishment  Body of Individuals  Society  LLP  
Others (Please specify) \_\_\_\_\_

5. **Permanent Account Number (PAN) (MANDATORY)**

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 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
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y	y	y	y
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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
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m	m
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y	y	y	y
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**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)**

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**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 EUIIN: 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  
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Date [ d | d ] / [ m | m ] / [ y | y ] [ y | y ]

Name & Signature of the Authorised Signatory(ies)

**FATCA Declaration for Entities**

**Details of ultimate beneficial owner including additional FATCA & CRS information  
(Non Individual Form)**

Name of the entity																																
Address of the Registered office																																
Pincode											State											Country										
City of incorporation																																
Country of incorporation																																

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India  Yes  No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number <sup>8</sup>	Identification Type (TIN or Other <sup>9</sup> , please specify)

<sup>8</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number.

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here

**FATCA Declaration**  
(Please consult your professional tax advisor for further guidance on FATCA classification)

**PART A** (to be filled by Financial Institutions or Direct Reporting NFFEs)

1. We are a,  Financial institution<sup>6</sup> or  Direct reporting NFFE<sup>7</sup> (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)  
 Not required to apply for - please specify 2 digits sub-category<sup>10</sup>  and attach Form W8-BEN-E, duly filled in. W8-BEN-E attached  Yes  No  
 Not obtained – Non-participating FFI

**PART B** (please fill any one as appropriate)

1. Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please specify any one stock exchange on which the stock is regularly traded)</small> Name of stock exchange _____
2. Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</small> Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE <sup>3</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section.)</small> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <small>(Mention code – refer 2c of Part D)</small>
4. Is the Entity a passive NFE <sup>4</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section.)</small> Nature of Business _____

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 1 of Part D | <sup>5</sup>Refer 3(vii) of Part D | <sup>6</sup>Refer 1A of Part D

# UBO Declaration

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

Unlisted Company     
  Partnership Firm     
  Limited Liability Partnership Company  
 Unincorporated association / body of individuals     
  Public Charitable Trust     
  Religious Trust     
  Private Trust  
 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<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 #Country - Tax Residency* #Tax ID No. - Or functional equivalent for each country <sup>8</sup>	#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code <sup>11</sup> - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details
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1. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP <input style="width: 80px;" type="text"/> State: <input style="width: 80px;"/> Country: <input style="width: 80px;"/>
2. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP <input style="width: 80px;" type="text"/> State: <input style="width: 80px;"/> Country: <input style="width: 80px;"/>
3. Name	Tax ID Type	Address
Country	Beneficial Interest	
Tax ID No.	Type Code	ZIP <input style="width: 80px;" type="text"/> State: <input style="width: 80px;"/> Country: <input style="width: 80px;"/>

**If passive NFE, please provide below additional details.**

*(Please attach additional sheets if necessary)*

<b>PAN</b> City of Birth Country of Birth	<b>Occupation Type</b> - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	<b>DOB - Date of Birth</b> <b>Gender</b> - Male, Female, Other
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1. PAN	Occupation Type	DOB
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input style="width: 80px;" type="text"/> Others
Country of Birth	Father's Name	
2. PAN	Occupation Type	DOB
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input style="width: 80px;" type="text"/> Others
Country of Birth	Father's Name	
3. PAN	Occupation Type	DOB
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input style="width: 80px;" type="text"/> Others
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

We 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. We also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name	<input style="width: 100%;" type="text"/>
Designation	<input style="width: 100%;" type="text"/>

Signature >>  
with relevant Seal

Place \_\_\_\_\_

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

