CKYC & KRA KYC Form

Systematix ARN: 64917	EUIN: E-029678	CRIC & RRA RIC FOIII	
Know Your Client			UTI Mutual Fund
Application Form (Fo	r Individuals only)	Application ☐ New	Haq, ek behtar zindagi ka.
(Please fill the form in English ar Fields marked with '*' are mandate		Type* Update KYC Number*	
rielus markeu with - are manuatu	ny neius	KYC Type* □Normal (PAN is mandatory) □ PAN Exempt Ir	1Vestors (Refer instruction K)
1. Identity Details (Please r	refer instruction A at the e	d)	
PAN	Prefix	Please enclose a duly attested copy of your PAN Card First Name Middle Name	Last Name
Name* (same as ID proof)		initiality in the second secon	
Maiden Name (If any*)			
Father / Spouse Name*			
·			
Mother Name*			
Date of Birth*		<u>Y</u> Y	Photo
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender	
Marital Status*	☐ Married	☐ Unmarried ☐ Others	
Citizenship*	☐ IN- Indian	☐ Others – Country	_Country Code
Residential Status*	☐ Resident Individual	☐ Non Resident Indian	
	☐ Foreign National	☐ Person of Indian Origin	
Occupation Type*	S-Service Priva	-	
	☐ O-Others ☐ Prof ☐ B-Business	ssional Self Employed Retired Ho	ousewife Student Signature/ Thumb Impression
0. Dune of Islandida (Della) //	_	-	Mattheway
(Certified copy of any one of	·	if PAN card copy not provided) (Please refer instruction C & [Poll needs to be submitted)	. K at the end)
☐ A- Passport Number		Passport Expiry D	Date DD-MM-YYYY
□ B- Voter ID Card			
☐ D- Driving Licence		Driving Licence E	xpiry Date D D - M M - Y Y Y Y
☐ E- Aadhaar Card			
☐ F- NREGA Job Card			
Z- Others (any docume	ent notified by the centra	government) Identificatio	n Number
3. Proof of Address (PoA)*			
3.1 Current / Permanent	/ Overseas Address Deta	s (Please see instruction D at the end)	
Address			
Line 1*			
Line 2			
Line 3	 		Town / Village*
District*		/ Post Code* State/UT Cod	
State/UT*		Country*	Country Code as per ISO 3166
	tesidential / Business		Registered Office Unspecified
Proof of Address*	_or the following Proof o	Address [PoA] needs to be submitted)	
☐ Passport Number		Passport Expiry D	Date DD-MM-YYYY
☐ Voter ID Card			
☐ Driving Licence		Driving Licence E	xpiry Date D D - M M - Y Y Y Y
☐ Aadhaar Card			
☐ NREGA Job Card			
$\hfill\square$ Others (any document	notified by the central g	vernment) Identificatio	n Number
3.2 Correspondence / Lo	ocal Address Details* (Ple	se see instruction E at the end)	
Same as Current / Perma	nent / Overseas Addres	details (In case of multiple correspondence / local addresses, please fill	'Annexure A1', Submit relevant documentary proof)
Line 1*			
Line 2			
Line 3			Town / Village*
District*	Zi _l	/ Post Code* State/UT Cod	de as per Indian Motor Vehicle Act, 1988
State/UT*		Country*	Country Code as per ISO 3166

Country*

Version 1.6

as per ISO 3166

	W-12-1/2-1
4. Contact Details (All communications will be sent on provided Mobile no. / Em	ail-ID) (Please refer instruction F at the end)
Email ID	
Mobile Tel. (Off)	Tel. (Res)
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax I	Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Required* (Mandatory only if above option (5) is ticked	
Country of Jurisdiction of Residence*	Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*	
Place / City of Birth* Country of Bir	th* Country Code as per ISO 3166
Address Line 1*	
Line 2	
Line 3	City / Town / Village*
District* Zip / Post Code*	
	State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT* Country*	Country Code as per ISO 3166
6. Details of Related Person (Optional) (please refer instruction G at the end) (i	n case of additional related persons, please fill 'Annexure B1')
Related Person Deletion of Related Person KYC Number	er of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee	☐ Authorized Representative
Prefix First Name	Middle Name Last Name
Name* (If KYC number and name are provided, below details of se	ection 6 are optional)
Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the	
(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted	1)
A- Passport Number	Passport Expiry Date
☐ B- Voter ID Card	
☐ C- PAN Card	
□ D- Driving Licence	Driving Licence Expiry Date DD - MM - YYYY
☐ E- Aadhaar Card	
☐ F- NREGA Job Card	
Z- Others (any document notified by the central government)	Identification Number
7. Remarks (If any)	
8. Applicant Declaration	
 I hereby declare that the details furnished above are true and correct to the best of my knowledge and be therein, immediately. In case any of the above information is found to be false or untrue or misleading o liable for it. I hereby declare that I am not making this application for the purpose of contravention of legislation or any notifications/directions issued by any governmental or statutory authority from time to til 	r misrepresenting, I am aware that I may be held of any Act, Rules, Regulations or any statute of
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above re	gistered number/email address.
Date: DD - MM - Y Y Y Y Place:	Signature / Thumb Impression of Applicant
9. Attestation / For Office Use Only	
Documents Received ☐ Certified Copies	
KYC Verification Carried Out by (Refer Instruction I)	Institution Details
Date DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution Details
Date DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	

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KYC Details Change form (For Individuals Only)

(Attested) True copies of documents received

Main Intermediary



Place for

Application No.:

Intermediary Logo CÝL Systematix ARN: 64917 EUIN: E-029678 Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used). A Name of Applicant (Mandatory as per original KYC records) PAN **Title** ☐ Mr. ☐ Ms. ☐ Other Aadhaar Number, if any: Name Date of Birth ddd/mm/m/yyyy Please Provide the new KYC details which should be updated in your KYC records. B. Mandatory fields for KYCs done before 1st January 2012 1. Father's/Spouse Name 2. Current Marital status Single Married 3. Current Nationality Indian Other Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details. C. Identity Details (please see guidelines overleaf) 1. New Name (As appearing in supporting identification document) Name **2. New Status** Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals) Please enclose a duly attested copy of your PAN Card 4. Proof of Identity submitted for PAN exempt cases Please Tick () ☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others (Please see guideline 'D' overleaf) D. Address Details (please see guidelines overleaf) 1. New Address for Correspondence City / Town / Village Pin Code Country 2. Contact Details Tel. (Off.) (ISD) Tel. (Res.) (ISD) (ISD) Mobile (STD) Fax 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. Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (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. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant City / Town / Village Pin Code Country 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document attached. Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) *Not more than 3 Months old. Validity/Expiry date of proof of address submitted ddd/mmm//yyyyy 6. Any other information: SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT **DECLARATION** I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above Old signature as per original KYC 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. Wherever Applicable Date: dd/mm/yyyy Place: FOR OFFICE USE ONLY AMC/Intermediary name OR code Seal/Stamp of the intermediary should contain Seal/Stamp of the intermediary should contain Staff Name Staff Name (Originals Verified) Self Certified Document copies received Designation Designation Name of the Organization Name of the Organization

Signature

Date

Signature

Date

Systematix ARN: 64917 EUIN: E-029678

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

Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)

KYC Type: $\ \square$ Normal (PAN is mandatory)

☐ PAN Exempt Investors



1. Identity Details (Please	e refer instruction	on A at the	e end)																							
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Name* (same as ID proof)		+++	+	+	+	\vdash	\dashv \vdash	+	+	Ш	-	+	+	+	Ш	Ш	_	4	_	+	+	4	4	4	4	_
Maiden Name (If any*)			$\perp \perp$		\perp	Ш	$\sqcup \sqcup$		\perp			\perp	\perp		Ш			_		1	1	4	4	_	_	
Mother Name*																										
Residential Status* Occupation Type*	☐ Foreign☐ S-Servic	e 🗌 Pri	vate Se			Pers Publ Self	Residence Son of Section Secti	Indiar ctor oyed	Origii	Go	overnn etired	nen			ewif	е	☐ Si	tude	ent							
2. FATCA/CRS Information				Res						ırisdi	iction('s) (Outsi	de Ir	ndia ('Plea	ase re	efer	instr	ruct	ion	Ва	at th	e er	nd)	
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Tax Identification Numbe	L	t (If issue	ed by i	urisdio	tion)*					П			\top						_ uo	poi	100	010	O			
Place / City of Birth*	1 1 1	1	1 1		Countr	لــــا v of F	 Birth*	\forall	$\forall \top$	$^{+}$		H	$\overline{\Box}$	$^{+}$		Coi	ıntry	Cr	ode [as	per	ISO:	3166	
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Line 3		+++	++	++	++	++	+			+		+,	City	/ To	wn /	Vill	LLL age*	+	+	\vdash	\vdash	\vdash	Н	Н	+	\dashv
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3. Details of Related Pers ■ Related Person	son (Optional) (additi ted Pe						ease	fill 'A	nnex	ure	B1′)							
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FATCA & CRS

Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required) First / Sole Applicant / Guardian Systematix ARN: 64917 EUIN: E-029678 Name Gender **PAN** Father's Name Folio No. Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes Residential or Business Residential Business Registered Office Type of address given at KRA Permissible documents are Date of Birth Place of Birth Country of Birth Nationality 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. County# Tax Identification Number% Identification Type (TIN or Other, please specify) To also include USA, where the individual is a citizen / green card holder of The USA In case Tax Identification Number is not available, kindly provide its functional equivalent \$ Second applicant Name Gender PAN Occupation Type Business Father's Name Folio No. Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes Type of address given at KRA √ Residential or Business √ Residential Registered Office Permissible documents are Passport Election ID Card PAN Card Govt ID Card Driving License UIDAI Card NREGA Job Card Others Date of Birth Place of Birth Country of Birth Nationality No Are you a tax resident of any country other than India? Yes If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. Are you a tax resident of any country other than India? If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. Countv# Tax Identification Number% Identification Type (TIN or Other, please specify)

*To also include USA, where the individual is a citizen / green card holder of The USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

	Third applicant									
Name										
Gender M F O	N Occ	upation Type Service Business Others								
Father's Name										
Folio No.										
	n as available in KRA database. In case of any change pential or Business	Business								
		3								
Permissible documents are Passport Date of Birth D D M M Y Y Y	Place of Birth	ng License UIDAI Card NREGA Job Card Others								
Country of Birth	Place of Birth									
Nationality Nationality										
Ivalionality										
Are you a tax resident of any country oth	Are you a tax resident of any country other than India? Yes V									
If yes, please indicate all countries in	which you are resident for tax purposes and the									
County#	Tax Identification Number [%]	Identification Type								
		(TIN or Other, please specify)								
*To also include USA, where the individual *In case Tax Identification Number is not a	is a citizen / green card holder of The USA vailable, kindly provide its functional equiva	lent\$								
	Certification									
confirm that the information provided by r	equirements of this Form (read along with the ne/us on this Form is true, correct, and conferms and Conditions below and hereby acc	·								
First / Sole Applicant / Guardian	Second Applicant	Third Applicant								
Date DDMMYYYY	Place									

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit 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 Folio(s) 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 us or our 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 you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your 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.

In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	Self-certification that the unit holder is neither a citizen of United States of America nor a resident for tax purposes;
	2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND
	3. Any one of the following documents:
	Certified Copy of "Certificate of Loss of Nationality
	or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;
	or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Telephone number in a country	If no Indian telephone number is provided
other than India	 Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident of any country other than India; and
	2. Documentary evidence (refer list below)
	If Indian telephone number is provided along with a foreign country telephone number
	1. Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR
	2. Documentary evidence (refer list below)
Standing Instruction to transfer funds to an account maintained in	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and
a country other than India (other than depository accounts)	2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- 1. Certificate of residence issued by an authorized government body^\star
- 2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)
- * Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.