N

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



Place for Intermediary Logo

Application No. :

Signature Date

	L V L			Syster	natix .	ARN: 6	4917	EUIN	: E-02
A. Identity Details (please see guidelines overleaf)	a 15 11 a					,			. ,
. Name of Applicant (Please write complete name as per Certificate of Incorpora	ation / Registratio	n; leaving one bo	x blank be	etween 2 w	ords. Ple	ase do no	it abbrev 	iate the l	Name).
Pate of Incomparation d d I m m I v v v v									
. Date of Incorporation ddd / mm / y y y y Plac	ce of Incorporat	ion							
. Registration No. (e.g. CIN)	Da	te of commenc	ement of	f business	d d	/ _m	<u> </u> m_ /	уу	у
. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Orga Others (Please specify)		Partnership efence Establishm		: / Charities Body of			☐ FI ☐ Society	□ FII	□H LLP
. Permanent Account Number (PAN) (MANDATORY)		Please e	nclose a d	duly attested	d copy o	of your PA	N Card		
s. Address Details (please see guidelines overleaf)									
Address for Correspondence									
City / Town / Village					Po	stal Code			
State			Country		10	Jui Couc			
. Contact Details									
Tel. (Off.) (ISD) (STD)		Tel. (Res.) (ISD)							
Mobile (ISD) (STD)		Fax (ISD)	(STD)						
E-Mail Id. Proof of address to be provided by Applicant. Please submit ANY									
City / Toury / Village					Do	etal Cada			
City / Town / Village State			Country	/	PO	stal Code			
. Proof of address to be provided by Applicant. Please submit ANY *Latest Telephone Bill (only Land Line) *Latest Electricity Bill 3 Any other proof of address document (as listed overleaf). (Please speci *Not more than 3 Months old. Validity/Expiry date of proof of address subm	*Latest Bank Adiify)								
. Other Details (please see guidelines overleaf)									
Name, PAN, DIN/Aadhaar Number, residential address and (Please use the Annexure to fill in the details)	d photograpl	ns of Promot	ers/Par	tners/Ka	rta/Tr	ustees/	whole	time o	directo
Any other information:									
DECLARATION									
We hereby declare that the details furnished above are true a rrect to the best of my/our knowledge and belief and I/we underta inform you of any changes therein, immediately. In case any of to ove information is found to be false or untrue or misleading srepresenting, I am/we are aware that I/we may be held liable for it.	the NAM	E & SIGNA - AUTHOR PERSON(RISED	(S)					
ce:		`							
te:									
	OFFICE US	E ONLY							
C/Intermediary name OR code						C . I		nı chaul	d conta
				Seal/	/Stamp				u Conta
(Originals Verified) Self Certified Document copies received				Seal/	/Stamp	Stat	ermedia ff Name ignation		u conta

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

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

Name & Signature of the Authorised Signatory(ies)



Details of ultimate beneficial owner including additional FATCA & CRS information Systematix ARN: 64917 EUIN: E-029678

Name of the entity													
Type of address given at KRA	siness 🗸 Res	sidential 🗸	Business	✓ Registered Office									
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes													
Folio Number													
PAN		Date of inco	orporation D	D / M M / Y Y Y									
City of incorporation													
Country of incorporation													
Entity constitution Type Please tick as appropriate a Partnership Firm b HUF c Private Limited Company d Public Limited Company c Society f AOP/BOI Trust/Liquidator h Limited Liability Partnership i Artificial Juridical Person c Others specify													
Please tick the applicable tax resident declaration -													
1. Is "Entity" a tax resident of any country other than India Yes V No V (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 Nu	ımber [%]	Identification Type (TIN or Other, please specify)										
*In case Tax Identification Number is not available, kindly provide its functional equivalent \$ # In case TIN or its functional equipment is not available, please provide Company Identification number or Global Entity Indentification Number or GIIN, etc.													
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)													
PART A (to be filled by Financial Institutions or Direct Reporting NFEs)													
We are a, GIIN GIVE GIV GIV													
Financial institution ⁶ 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													
Direct reporting NFE ⁷ (please tick as appropriate) Name of sp													
(ploade liek as appropriate)													
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 filled by NFEs other than Direct Reporting NFEs")													
Is the Entity a publicly traded company¹(that is, a	1			ich the stock is regularly traded)									
company whose shares are regularly traded on an	V												
established securities market)	Name of stock exchange												
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly	Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company												
traded on an established securities market)	Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange												
		Name of stock exchange											
3. Is the Entity an active ³ NFE	Yes (If yes, please fill UBO declaration in the next section.)												
Nature of Business													
Please specify the sub-category of Active NFE 4. Is the Entity a passive NFE Yes (If yes, please fill UBO declaration in the next section.)													
4. Is the Entity a passive ⁴ NFE Yes (If yes, please fill UBO declaration in the next section.) Nature of Business													
1 Refer 2a of Part D $ $ 2 Refer 2b of Part D $ $ 3 Refer 2c of Part D $ $	Refer 3(ii) of Part	D ⁶ Refer 1 of	Part D 7Refer 3(v	vii) of Part D 10Refer1A of Part D									

			UBO	Declar	ati	on												
Category (Please	tick applicable category):	Jnlisted (Compar	ny	\checkmark	Partr	nership	o Firm		✓ Limi	ted Lia	bility I	artne	rship (Comp	any		
Unincorporated	Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust								-	•								
Others (please	e specify)									
and ALL Tax Ide	the details of controlling person ntification Numbers for EACH of the CEL 1995, should provide EEL	controllin	ng pers	son(s).						-				-		-		
in Form W8 BEN	ted FFI's⁵ should provide FFI I E	Owner i	неропі	ing Stat	em	eni a	aria Ai	uaitoi	s Lei	ter witi	n requ	iirea (aetaiis	s as n	nenuo	mea		
Country - Tax Re	owner / Controlling person esidency* ectional equivalent for each country [%]	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code11- of Controlling person							Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -									
1. Name	, , , , , , , , , , , , , , , , , , , ,	_	a contract of common grants															
Country		Type C	Type Code															
Tax ID No.%		Addres	Address Type Residence Business Registered office								Sta	ite:	С	ountry	<i>r</i> .			
2. Name		Tax ID						A	ddress									
Country		Type C																
Tax ID No.%		Addres	ss Type	ResidRegi					ZIP		Sta	ite:	С	ountry	<i>r</i> :			
3. Name		Tax ID	Type					A	ddress									
Country		Type C	Code															
Tax ID No.%		Addres	Address Type Residence Business Registered office						ZIP		Sta	ite:	С	ountry	<i>r</i> :			
# If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)																		
PAN / Any othe (PAN, Aadhar, Pas NREGA Job Card, C City of Birth - Co		Licence,	Natio	pation nality er's Nar	-								Date of I		ale, Oth	ier		
1. PAN		Occupation Type									D	OB	DD/M	VI/YY	/Y			
City of Birth		Nationality									G	ender	Male	/ Fe	male	\checkmark		
Country of Birth		Father's Name												Others				
2. PAN		Occupation Type									D		DD/MI					
City of Birth		Nationality											Male		emale	√		
Country of Birth		Father's Name									D/	O D		Others				
3. PAN	Occupation Type											-	DD/MI		male	./		
Country of Birth	City of Birth Nationality Country of Birth Father's Name													Others	_	V		
	be filled by controlling persons with to	ax residen				ncy /	citizens	ship / G	areen C	ard in a	ny cour	ntry oth						
	re controlling person is a US citizen or g Refer 3(iii) of Pa	reen card	holder -	%In case	Tax	Ident	ification	n Numl	ber is no	ot availa						alent		
	* *	TCA -							(A) 01	rait D								
personal, tax and ben authorities/ appointed appropriate withholdin	Direct Taxes has notifed Rules 114F to eficial owner information and certain certi agencies. Towards compliance, we may ag from the Folio(s) or any proceeds in relahange in any information provided by you,	fications ar also be req tion thereto	nd docum uired to p o.	entation fr provide inf	om a orma	ıll our ition to	unit hol any in	ders. In stitution	n relevar ns such	t cases,	informa	tion will	have to	be rep	orted t	o tax		
Please note that you n request, even if you be If you have any questi include United States \$It is mandatory to sup	nay receive more than one request for info elieve you have already supplied any previ ions about your tax residency, please con in the foreign country information field alor oply a TIN or functional equivalent if the co	rmation if y ously reque act your ta ng with the	ou have rested info ax advisor US Tax Io	multiple re rmation. r. If any co dentificatio	latior ntroll n Nu	ing pe mber.	with us erson of	or grou	up entitie tity is a	US citize	n or res	ident o	r green	card ho	older, pl	lease		
Certification	n and attach this to the form.																	
I / We have und confirm that the i	erstood the information requir nformation provided by me / us the FATCA & CRS Terms and	on this	Form is	s true, c	orre	ect, a	and co	omple	ete. I /	We als	CRS so cor	Instr firm t	uction that I	ıs) ar ′We l	nd he nave	reby read		
Name	ATOA & ONO TEMBRIN		13 5610	ow and	. 101	СБУ	accep). IIIG	Janie									
Designation														$\overrightarrow{1}$		$\dot{\top}$		
										1	Р	lace _						
	Signature	Sign	ature					Signa	ature			I	Date	/	/			