

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



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).

2. Date of Incorporation | d | d | / | m | m | / | y | y | y | y | Place of Incorporation

3. Registration No. (e.g. CIN) Date of commencement of business | d | d | / | m | m | / | y | y | y | y |

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) Please enclose a duly attested copy of your PAN Card

#### B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Postal Code  
State Country

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 | / | m | m | / | y | y | y | y |

4. Registered Address (If different from above)

City / Town / Village Postal Code  
State Country

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 | / | m | m | / | y | y | y | y |

#### 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)

\_\_\_\_\_

\_\_\_\_\_

#### 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 EUIN: 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  
Intermediary Logo



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  Residential of Business  Residential  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 incorporation DD / MM / YYYY

City of incorporation

Country of incorporation

Entity constitution Type  a Partnership Firm  b HUF  c Private Limited Company  d Public Limited Company  e Society  f AOP/BOI  
Please tick as appropriate  g Trust/Liquidator  h Limited Liability Partnership  i Artificial Juridical Person  z Others specify \_\_\_\_\_

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*	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 Identification 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)

1. We are a, GIIN

Financial institution<sup>6</sup>   
Or  
Direct reporting NFE<sup>7</sup>   
(please tick as appropriate)

**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<sup>10</sup>   
 Not obtained - Non-participating FI

### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

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 checked="" type="checkbox"/> (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 <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input checked="" type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active <sup>3</sup> NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> Mention Code - refer 2c of Part D
4. Is the Entity a passive <sup>4</sup> NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) 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 3(ii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D

