

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Systematic 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
Intermediary Logo



Date | d | d | / | m | m | / | y | y | y | y |

Name & Signature of the Authorised Signatory(ies)

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

Systematix ARN: 64917 EUIN: E-029678



(Complete the relevant section legibly in black/ dark coloured ink and in BLOCK LETTERS.)

1.	EXISTING UNIT HOLDER INFORMATION	*Mandatory
Unitholder's Name <input style="width:60%; border:none;" type="text"/>		Folio No. <input style="width:20%; border:none;" type="text"/>

2.	FIRST APPLICANT'S INFORMATION* [Please shade (●)]	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s. <input style="width:50%; border:none;" type="text"/>		PAN <input style="width:10%; border:none;" type="text"/> <input type="radio"/> KYC
Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Sole Proprietorship <input type="radio"/> HUF <input type="radio"/> Partnership Firm <input type="radio"/> Limited Partnership (LLP) <input type="radio"/> Listed Company <input type="radio"/> Unlisted Company <input type="radio"/> Body Corporate <input type="radio"/> Bank/FI <input type="radio"/> Insurance Company <input type="radio"/> Government Body <input type="radio"/> AOP/BOI <input type="radio"/> Trust <input type="radio"/> Society <input type="radio"/> Provident Fund <input type="radio"/> Superannuation/Pension Fund <input type="radio"/> Gratuity Fund <input type="radio"/> FI <input type="radio"/> Others (Please Specify)		
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)		
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore		
Net-worth in ₹ _____ as on <input style="width:10%; border:none;" type="text"/> <input style="width:10%; border:none;" type="text"/> <input style="width:10%; border:none;" type="text"/> <input style="width:10%; border:none;" type="text"/> <input style="width:10%; border:none;" type="text"/> <input style="width:10%; border:none;" type="text"/> <input style="width:10%; border:none;" type="text"/> (Not older than 1 year)		
Please shade (●)* <input type="radio"/> Politically Exposed Person <input type="radio"/> Related to Politically Exposed Person <input type="radio"/> Not Applicable		For Non - Individual Investors* (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> No Any other information [Please specify]: _____

3.	SECOND APPLICANT'S INFORMATION* [Please shade (●)]	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input style="width:50%; border:none;" type="text"/>		PAN <input style="width:10%; border:none;" type="text"/> <input type="radio"/> KYC
Status* <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)		
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)		
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹ _____		
Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable		

4.	THIRD APPLICANT'S/ GUARDIAN/ POWER OF ATTORNEY INFORMATION* [Please shade (●)]	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input style="width:50%; border:none;" type="text"/>		PAN <input style="width:10%; border:none;" type="text"/> <input type="radio"/> KYC
Status* <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)		
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)		
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹ _____		
Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable		

5.	DECLARATION	
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 have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website.		
Signature Sole/ First Applicant/ Guardian	Signature Second Applicant	Signature Third Applicant

NOTE

In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP) status which were forming a part of uniform KYC form is now captured in the application form of the Fund. Also, the detail regarding nature of services viz. Foreign Exchange/ Gaming/ Money Lending, etc., (applicable for first/sole applicant) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO) (Refer instructions on UBO)

Category [Please shade (●)]

We hereby declare that:

- Our company is a Listed Company listed on a recognised stock exchange/ Subsidiary or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details]*
- Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Public Charitable Trust Private Trust
- Religious Trust Trust created by a Will Others [please specify] _____

Details of Ultimate Beneficiary Owners ^ :

Name of UBO#				
Country of Tax Residency#				
Taxpayer Identification Number / PAN / Equivalent ID Number#				
Identification Type#				
% of beneficial interest#				
Controlling Person type/ UBO Code#				
Place & Country of Birth#				
Date of Birth [dd-mmm-yyyy]\$				
Address & Contact details [include City, Pincode, State, Country				
Address Type	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/ Business <input type="radio"/> Registered Office
Gender [Male, Female, others]\$				
Father's Name\$				
Nationality\$				
Occupation [Service, Business, etc.]				

Mandatory fields

\$ Mandatory if PAN of UBO/Controlling persons is not provided

Note: If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Note that we may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may have provide the same as and when solicited.

Declaration

I/ We have read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union Mutual Fund (formerly Union KBC Mutual Fund) and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions before investing. I/ We acknowledge and confirm that the information provided above is/ are true and correct to the best of my/ our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we am/ are aware that I/ we may be liable for it. I/ We hereby authorize you to disclose, share, remit in any form, mode or manner, all/ any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Union Mutual Fund, its Sponsor, Union Asset Management Company Pvt. Ltd. (formerly Union KBC Asset Management Company Private Limited), trustees, their employees/ associated parties/ Registrar and Transfer Agents (RTAs) ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/ revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ we, authorize you to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ update & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information/ documentary proof as may be required at your end. As may be required by domestic or overseas regulators/ tax authorities, I/ we authorize Union Mutual Fund/ AMC/ RTA to withhold and pay out any sums from my/ our account(s) or close or suspend my/ our account(s) without any obligation of advising me/ us of the same.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal)

Signature	Signature	Signature
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Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)

Sr. No.	Name as per Aadhaar Card	PAN	Aadhaar No. (Refer Instruction No. 4)	Signature ***

I/ We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating/ seeding my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/ We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agents (RTAs) and KYC Registration Agencies (KRAs) for the purpose of updating the same in my/our folios.

I/ We have read, understood and agree to abide by the guidelines as on the reverse of this form.