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



Place for Intermediary Logo

### Application No. :

Date

A. Identity Details (please see guidelines overleaf)  1. Name of Applicant (Please write complete name as per Certificate of Incorporation    2. Date of Incorporation    4	rporation / Regis					17 / 11 /	14. 04	917	EUIN	1: E-0	296
2. Date of Incorporation d d / m m / y y y y	rporation / Regis										
		stration; leaving	one box bl	ank betwe	en 2 word	ls. Pleas	e do no	t abbre	viate th	e Name)	).
											-
	Place of Incor	rporation									
3. Registration No. (e.g. CIN)		Date of con	nmencem	ent of bus	siness	d d	/ <u>m</u>	<u> </u> m   ,	/ <u> </u> y	у у	у
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP		Partnership Governme Others (Please	ent Body	t / Charitie	es / NGOs I-Governn			FI on	FI		
5. Permanent Account Number (PAN) (MANDATORY)		Pl	ease enclo	se a duly	attested o	opy of	your PA	N Card			
B. Address Details (please see guidelines overleaf)											
1. Address for Correspondence											
City / Town / Village			4			Posta	l Code				
State				Country							
2. Contact Details  Tel. (Off.) (ISD) (STD)		Tel. (Res.)	(ISD)	(STD)							
Mobile (ISD) (STD)				(STD)							+
E-Mail Id.		Tun	(100)	(0.0)							
City / Town / Village State  5. Proof of address to be provided by Applicant. Please submit a talest Telephone Bill (only Land Line) talest Electricity Bill Any other proof of address document (as listed overleaf). Please *Not more than 3 Months old. Validity/Expiry date of proof of address s  C. Other Details (please see guidelines overleaf)	*Latest Ba specify) submitted	nk Account Sta	y valid do atement	Registe		<b>(√) ag</b> se / Sal	e Agree	ement	of Offi	ce Prem	nises
Name, PAN, DIN/Aadhaar Number, residential address (Please use the Annexure to fill in the details)				o/ Fai tile	rs/Kart	a/Trus	ices/				
1. Name, PAN, DIN/Aadhaar Number, residential address				oral tile	rs/Kart	a/Trus					
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Name, PAN, DIN/Aadhaar Number, residential address (Please use the Annexure to fill in the details)     Any other information:	dertake of the ding or	AME & SI OF AUT PERS		JRE(S)	rs/Kart	a/Trus					
1. Name, PAN, DIN/Aadhaar Number, residential address (Please use the Annexure to fill in the details)  2. Any other information:  DECLARATION  I/We hereby declare that the details furnished above are trucorrect to the best of my/our knowledge and belief and I/we und to inform you of any changes therein, immediately. In case any above information is found to be false or untrue or mislead misrepresenting, I am/we are aware that I/we may be held liable for	dertake of the ding or	OF AUT	HORIS	JRE(S)	rs/Kart	a/Trus					
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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.

Name & Signature of the Authorised Signatory(ies)

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

Intermediary Logo Place for

## 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.)

Status*		EXISTING UNIT HOLDER INFORMATION *Mandatory
Status*   Resident Inchirclus   Minor   NRI (Repetitable)   NRI (Non-Repatriable)   Sole Proprietorship   HUF		Unitholder's Name Folio No.
Status*   Readert Individual   Manor   NRI (Repatriable)   NRI (Non-Repatriable)   Sole Proprietorship   HUF		
Status* Resident Individual Minor All (Repatriable) NRI (Non-Repatriable) Sole Proprietorship (LIF) Patriership Firm Limited Patriership (LIF) Limited Company Onderstone (Patriership (LIF) Care Note (Patriership (LIF) C		FIRST APPLICANT'S INFORMATION* [Please shade (●)]
Status*   Resident Individual   Minor   NRI (Repatriable)   NRI (Non-Repatriable)   Sole Proprietorship   HUF   Partnership (Erm   UP)   Listua Company   Soldy Corporate   Bank/Fl   Partnership Frm   UP    Soldy   Provident Fund   Superannustron/Person Fund   Grafusity Fund   Fund   Others   Private Specify   Provident Fund   Superannustron/Person Fund   Grafusity Fund   Fund   Others   Private Specify   Coverage   Provident Fund   Superannustron/Person Fund   Grafusity Fund   Fund   Others   Private Specify   Coverage   Public Sector   God, Service   Business   Professional   Agriculturist   Related   Nosure Fund   F		OME O MO O MO
Partnership Firm   Chemide Pattnership (LLP)   Listed Company   Unisted Company   Body Corporate   Bank/F  Insurance Company   Government Body   AOP/RDI   Trust   Society   Provident Fund   Special Special   Special Special   Chemide   Special Special   Special Special Special   Special Special Special   Special Special Special   Special		OMI. OMS. OM/S.
Government Bory   ADPRO  Trust   Society   Provident Fund   Superamutation/Pension Fund   Ordinally Fund   Fill   Others (Please Sector Coccupation* Pvt. Sector Public Sector Service   Business   Professional Agriculturist   Retired   Housewrite   Student   Others   Priess Service   Sector   Public Sector   Service   Business   Professional   Agriculturist   Retired   Housewrite   Student   Others   Priess Service   Sector   Public Sector   Service   Sector   Sector   Service   Sector   Sector   Service   Sector   Sector   Service   Sector   Service   Sector   Service   Sector   Sector   Service   Sector   Service   Sector   Sec		Status*
Occupation*   O. Mt. Sector   Public Sector   Govt. Service   Business   Professional   Agriculturat   Retired   Housewife   Student   Others   Pease Security		
Selow 1 Lac   1-5 Lacs   5-10 Lacs   1-0-25 Lacs   3-25 Lacs - 1 Crore   3-1		
Please Stade (*)* Please Stade (*)* Please Stade (*)* Please Stade (*)* Politically Exposed Person Related to Politically Exposed Person Not Applicable  For Non - Individual Investors* (is the entity involved in / providing any of the following services) Carning / Gambling / Lottery Services (e.g. casinos, betting syndicates)  Not Applicable  SECOND APPLICANT'S INFORMATION* (*)* Pan Any other information (*)* Please specify):  Mit. Ms.  SECOND APPLICANT'S INFORMATION* (*)* Pan Any other information (*)* Please specify):  Mit. Ms.  Status* Resident Individual NRI (Repatibable) NRI (Repatibable) NRI (Repatibable) NRI (Non-Repatitable) NRI (Non-Repatitabl		<u> </u>
Please shade (*)* Politically Exposed Person   Rolated to Politically Exposed Person   Not Applicable   Politically Exposed Person   Rolated to Politically Exposed Person   Rolated R		
Politically Exposed Person Related for Politically Exposed Person Not Applicable  Foreign Exchange / Money Changer Services (eg. casinos, betting syndicates)  Any other information (Please specify):  SECOND APPLICANT'S INFORMATION* (Please shade (*))  Mrt. Ms.  Status* Resident Individual  NRI (Repatriable)  NRI (Non-Repatriable)  Occupation* Prt. Sector O Public Sector o Govt. Service O Business Professional Agriculturist Retired Housewife Student Others (Please Specify):  THIRD APPLICANT'S (GUARDIAN) POWER OF ATTORNEY INFORMATION* (Please shade (*))  THIRD APPLICANT'S (GUARDIAN) POWER OF ATTORNEY INFORMATION* (Please shade (*))  Mrt. Ms.  Status* Resident Individual  NRI (Repatriable)  NRI (Non-Repatriable)  Occupation* Prt. Sector O Public Sector of Govt. Service O Business Professional Agriculturist Retired Housewife Student Others (Please Specify)  THIRD APPLICANT'S (GUARDIAN) POWER OF ATTORNEY INFORMATION* (Please shade (*))  Mrt. Ms.  Status* Resident Individual  NRI (Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  PRAN (K Status* OR Resident Individual  NRI (Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  PRAN (K Status* OR Resident Individual  NRI (Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  PRAN (K Status* OR Resident Individual  NRI (Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  PRAN (K Status* OR Resident Individual OR Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatriable)  PRAN (K Status* OR Resident Individual OR Repatriable)  NRI (Non-Repatriable)  NRI (Non-Repatria		
Related to Politically Exposed Person   Gamining / Gambling / Lotteny Services (ag. casinos, betting syndicates)   Yes   No   Yes		
Nort Applicable   Money Lending / Pawning Ary other information [Please specify]:   Yes No   North Applicable   Yes North Yes Nor		
SECOND APPLICANT'S INFORMATION* [Please shade (*)]  Mr. Ms.  Status* Resident Individual NRI (Repatriable) NRI (Non-Repatriable) Others Please Specify  Occupation* P.V. Sector   Public Sector   Govt. Service   Business   Professional   Agriculturis   Retired   Housewife   Subtent   Others   Please Specify  Gross Annual Income*   Below   Lac   51-5 Lacs   5-10 Lacs   10-25 Lacs		○ Not Applicable Money Lending / Pawning ○ Yes ○ No
Status*   Resident Individual   NRI (Repatriable)   NRI (Non-Repatriable)   Others   Phase Spaciny		Any other information [Please specify]:
NRI (Non-Repatriable)   NRI (Non-Repatriable)   Others   Phase Specify		
Status*   Resident Individual   NRI (Repatriable)   NRI (Non-Repatriable)   Others   Phase Spaciny		SECOND ADDI ICANT'S INFORMATION* [Places shade ( )]
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Occupation* Pvt. Sector   Public Sector   Govt. Service   Business   Professional   Agriculturist   Retired   Housewife   Student   Others   Please Specify   Gross Annual Income*   Below 1 Lac   1-5 Lacs   5-10 Lacs   10-25 Lacs   > 25 Lacs   -1 Crore   > 1 Crore   Net-worth in ₹   Other Details*   I am Politically Exposed Person   I am Related to Politically Exposed Person   Not Applicable    THIRD APPLICANT'S/ GUARDIAN/ POWER OF ATTORNEY INFORMATION*   Please shade (*)		○Mr. ○Ms.
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Other Details*	_	
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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		understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by
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		The said details are mandatory for both Individual and Non Individual applicants.

# ADDITIONAL KNOW YOUR CLIENT (KYC) INFORMATION, FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification) Systematix ARN: 64917 EUIN: E-029678



To be filled in BLOCK LETTERS [Please refer instructions overleaf. Please strike off sections that are not applicable].

Please seek advice from a tax professional on FATCA/ Foreign Tax Laws/ UBO related information

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	DECLARATION OF ULTIN	MATE BENEFICIAL OWNERSHIP (UBO) (	Refer instructions on UBO)	
Category [Please shade (●)]				
We hereby declare that:				
Our company is a Listed Compan	y listed on a recognised stock exchange,	/ Subsidiary or Controlled by a Listed Con	mpany [If this category is sele	ected, no need to provide UBO details]
O Unlisted Company O Partn	ership Firm / LLP Ounincorporate	ed association / body of individuals	O Public Charitable Trust	Private Trust
Religious Trust	eated by a Will Others [please sp	pecify]		
Details of Ultimate Beneficiary Own	ers^:			
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	Residential Business Residential/ Business Registered Office	Residential Business Residential/ Business Registered Office	Residential Bu Residential/ Business Registered Office	usiness
Gender [Male, Female, others]\$				
Father's Name\$				
Nationality\$				
Occupation [Service, Business, etc.]				
# Mandatory fields \$ Mandatory if PAN of UBO/Controlling Note: If the given rows are not sufficien	•	can be enclosed as additional sheet(s) dul	y signed by Authorized Signato	ıry.
Note that we may call for additional info	ormation/documentation wherever require	ed or if the given information is not clear/in	complete / incorrect and you m	nay to have provide the same as and when solicited.
Declaration				
I/ We have read and understood the cor Fund (formerly Union KBC Mutual Fund provided above is/ are true and correct of the above specified information is for form, mode or manner, all/ any of the Management Company Pvt. Ltd. (form Parties') or any Indian or foreign gove outside India and other investigation a facilitate single submission/update & f provide any other additional information	d) and the terms and conditions and policit to the best of my/ our knowledge and belice to the best of my/ our knowledge and belice out to be false or untrue or misleading or information provided by me/ us, including nerly Union KBC Asset Management Commental or statutory or judicial authorities agencies without any obligation of advising for other relevant purposes. I/ We also under the documentary proof as may be required.	es on the website and FATCA/ CRS terms a ief and provided after consulting necessary misrepresenting, I/ we am/ are aware that g all changes, updates to such information inpany Private Limited), trustees, their emp es/ agencies including but not limited to th g me/ us of the same. Further, I/ we, auth ertake to keep you informed in writing abou	nd conditions before investing.  y tax professionals, read & under  I/ we may be liable for it. I/ We has and when provided by me, bloyees/ associated parties/ Re e Financial Intelligence Unit-Incorize you to share the given inf at any changes/ modification to stic or overseas regulators/ tax:	m, Instructions and addenda issued by Union Mutual I/We acknowledge and confirm that the information erstood the FATCA terms and conditions. In case any hereby authorize you to disclose, share, remit in any lever the strength of the strength of the Authorized dia (FIU-IND), the tax/ revenue authorities in India or formation to other SEBI Registered Intermediaries to the above information in future and also undertake to authorities, I/we authorize Union Mutual Fund/AMC/me.
Authorized Signatories [with Compa	ny/Trust/Firm/Body Corporate seal)			
Signature		Signature		Signature

### FORM FOR UPDATION OF AADHAAR (NON-INDIVIDUAL)

"Aadhaar Linking of Authorised Signatories" Systematix ARN: 64917 EUIN: E-029678



Please read the instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.

Consent & Signature  Company Secretary / Competent Authority (to issue this certification on behalf or organization) hereby confirm that enclosed list of personnel covers all authorized signatories (associated with MF investments and allied activities) on behalf our organization. The grantories have consented in accordance with Aadmaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (palaring/description) accordance with the Aadmaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (palaring/description) accordance with the Aadmaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them in the ringrigidactions for the Aadmaar mumber (s) including demorpaphic information with all SER registered Mutual Funds/AMCs and Fedgestrar and Transfer Agrietic (FRAs) and KY agistration Agencies (FRAs) for the purpose of updating the same in the corresponding non-individuals folios.  Instructions & Guidelines	o, Inion M	/lutual	Fund																																			
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ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received, subject to verification Form for Updation of AADHAAR

from M/s:

PAN:

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

Union Asset Management Company Pvt. Ltd. (formerly Union KBC Asset Management Company Private Limited)

Toll Free: 1800 200 2268 | Tel No.: 022 67483333 | Website: www.unionmf.com | Email: investorcare@unionmf.com

Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059.

MUTUAL FUND
Your Bridge to Responsible Investing

Collection centre's stamp with date and time of receipt

Systematix ARN: 64917 EUIN: E-029678

Annexure 1

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

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

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 (ii) 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.

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