

Application No.

Investor must read key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E	
------------------------	---------------------	--	--	--

Declaration for "execution-only" transaction (only where EUIN box is left blank). - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
-------------------------------------	-------------------------------	------------------------------

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

1 EXISTING UNITHOLDERS INFORMATION

If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name																														
FOLIO No.																														

2 APPLICANT(S) DETAILS

Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant																											
PAN/PEKRN*												Enclosed (Please ✓) ^{5*} <input type="checkbox"/> KYC Acknowledgement Letter				Date of Birth**						(DD/MM/YYYY)					
Name of **																											
Mr. Ms.		GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)																									
PAN/PEKRN*												Relationship with Minor applicant <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian				Enclosed (Please ✓) ^{5*} <input type="checkbox"/> KYC Acknowledgement Letter											
2nd Applicant Name (Should match with PAN Card)																				PAN/PEKRN* (2nd Applicant)				<input type="checkbox"/> KYC Proof Attached (Mandatory)			
3rd Applicant Name (Should match with PAN Card)																				PAN/PEKRN* (3rd Applicant)				<input type="checkbox"/> KYC Proof Attached (Mandatory)			

3 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY	Account Type		<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR															
	Account Number																					
	Name of Bank																					
	Branch Name											Branch City										
	9 Digit MICR code						11 Digit IFSC Code						Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.									

4 | INVESTMENT & PAYMENT DETAILS

For Plans & Sub-options please see key features for scheme specific details

[illegible]

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

[illegible]

^aCumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s).

SIP Date ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th **SIP Frequency** ☐ Monthly ☐ Quarterly

Payment details

Mode of Payment								<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Funds transfer	<input type="checkbox"/> NEFT	<input type="checkbox"/> RTGS											
Amount Paid ₹								DD Charges ₹ (if applicable)							Amount ₹ Invested								
Cheque / DD Number								Date							(DD/MM/YYYY)								

BANK DETAILS: ☐ Same as above [Please tick (✓) if yes] ☐ Different from above [Please tick (✓) if it is different from above and fill in the details below]

BANK DETAILS:	<input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below]																				
Account Number																	<input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Savings				
Bank Name																					
Bank Branch																		City			

Mandatory Enclosures [Please tick (✓) if the first instalment is not through cheque] ☐ Cheque Copy ☐ Bank Statement ☐ Banker's Attestation

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular.

Annexure I and **Annexure II** are available on the website of AMC viz:

Occupation [Please tick (✓)]

Sole / First Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Second Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Third Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

Gross Annual Income [Please tick (✓)]

[illegible]

Others	[Please tick (✓)]
---------------	-------------------

Shareholder	For Individuals [Please tick(✓)]: <input type="checkbox"/> I am Politically Exposed Person (PEP) ^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Sole / First Applicant	For Non-Individuals [Please tick(✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services - <input type="checkbox"/> YES <input type="checkbox"/> No; (ii) Gaming/Gambling/Lottery/Casino Services - <input type="checkbox"/> YES <input type="checkbox"/> NO; (iii) Money Lending/Pawning - <input type="checkbox"/> YES <input type="checkbox"/> NO
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

9 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my / our credit in event of my/our death as follows:

Nominee 1		Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	
Guardian			
Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)]			
Nominee's Address (Mandatory)		Nominee % 	
		SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR	

Nominee 2		Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	
Guardian			
Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)] Nominee % <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>			
Nominee's Address (Mandatory)			
SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR			

Nominee 3		Date of Birth (DD/MM/YYYY) <i>(Mandatory if nominee is minor)</i>	
Guardian			
	Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <i>[Please tick (✓)]</i> Nominee % <input type="text"/> <input type="text"/> <input type="text"/>		
Nominee's Address <i>(Mandatory)</i>			
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

ACKNOWLEDGEMENT SELF (Please Retain this Slip)
To be filled in by the Investor: Subject to realization of cheque and furnishing of Mandatory Information.

Name of the Investor _____

Application No.

[illegible]

EXISTING FOLIO NO.

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

UMRN		Date	
------	--	------	--

[illegible]

FREQUENCY ☐ As & when presented

DEBIT TYPE ☐ Maximum Amount

[illegible]

From

--	--	--	--	--	--	--

Or ☐ Until Cancelled

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

10 INVESTOR(S) DECLARATION & SIGNATURE(S)

I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT