

App. No. _____

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 24863	ARN-			(As allotted by ARN holder)	E043887

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.

I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) (See Instruction on page 11):
 Existing Investor - Rs. 100 New Investor - Rs. 150
 I confirm that I am a first time investor across Mutual Funds.
 I confirm that I am an existing investor in Mutual Funds.

1. EXISTING INVESTOR'S FOLIO NUMBER Folio No. _____ The details in our records under the Folio number mentioned alongside will apply for this application.

2. APPLICANT'S INFORMATION (Non-Individual investors please fill Ultimate Beneficial Owner (UBO) details and submit with Application Form.)

First / Sole Applicant Mr. Ms. M/s. Minor

Name: FIRST _____ MIDDLE _____ LAST _____

PAN / PEKRN _____ Date of Birth* / Incorporation [D][D][M][M][Y][Y][Y][Y] * Required for First holder / Minor

Name of Guardian (in case of First / Sole Applicant is a Minor) / Name of Contact Person (incase of non-individual Investors)

Mr. Ms. Name: FIRST _____ MIDDLE _____ LAST _____

Guardian PAN / PEKRN _____ Contact No. _____

For Investment "on behalf of Minor" Birth Certificate School Certificate Passport Other **Relationship with Minor (Mandatory)** Father Mother Court Appointed Legal Guardian

Mailing Address _____

City _____ State _____ Pin Code (Mandatory) _____

Country _____ STD Code _____ Tel. Off. _____

Overseas Address (Mandatory for NRI / FII Applicant) (See Instruction 2.ai) on page 14) _____

Country _____

GO GREEN (Default mode of Communication) → Mobile _____ E-Mail _____

Tax Status:

Individual	Non-Individual
<input type="radio"/> Resident <input type="radio"/> NRI-Repatriation <input type="radio"/> NRI-Non Repatriation <input type="radio"/> Sole-Proprietorship <input type="radio"/> On Behalf of Minor <input type="radio"/> NRI - On Behalf of Minor <input type="radio"/> PIO / OCI <input type="radio"/> HUF <input type="radio"/> Others (Please Specify) _____	<input type="radio"/> Company <input type="radio"/> Trust <input type="radio"/> Society / Club <input type="radio"/> Partnership / LLP <input type="radio"/> AOP / BOI <input type="radio"/> FPI <input type="radio"/> Non Profit Organisation <input type="radio"/> Others (Please Specify) _____

Occupation: Private Sector Service Public Sector Service Government Service Student Professional Housewife Business Retired Agriculturist Proprietorship
 Defence Others (Please Specify) _____

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net worth ₹ _____

Second Applicant's Details **Mode of Holding (please ✓)** Joint# Anyone or Survivor (# Default, in case of more than one applicant and not ticked)

Name: Mr. Ms. FIRST _____ MIDDLE _____ LAST _____

PAN / PEKRN _____ Date of Birth [D][D][M][M][Y][Y][Y][Y] **Mobile** _____

Occupation Pvt. Sector Service Pub. Sector Service Gov. Service Housewife Student Professional Housewife Business Retired Defence Agriculturist Forex Dealer Others

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net worth ₹ _____

Third Applicant's Details

Name: Mr. Ms. FIRST _____ MIDDLE _____ LAST _____

PAN / PEKRN _____ Date of Birth [D][D][M][M][Y][Y][Y][Y] **Mobile** _____

Occupation Pvt. Sector Service Pub. Sector Service Gov. Service Housewife Student Professional Housewife Business Retired Defence Agriculturist Forex Dealer Others

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net worth ₹ _____

Additional Details

	Politically Exposed Person (PEP) Status : (Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)	Are you / entity involved in any of the services mentioned below? If yes write down it in the following box
First / Sole Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
Second Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
Third Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	

Are you / entity involved in any of the following : • Precious metals (in particular buying-selling Gold) and Gems • Luxury Cars • Boats • Race-horses • Jewellery • Money Service Businesses (MSB) & their agents (excluding Banks) • Currency dealers or Exchanges • Sellers for redeemers of traveler's cheques Money Orders/Remittance services • Pawn shops • Street Market stall • Hotels • Restaurants • Internet Cafes • Door to door sales companies • Taxi • Bars • Night Clubs • Second hand Goods sales • Second hand vehicle dealers (excluding Automobile Franchise) • Casinos • Lotteries • Gambling Clubs • Slot machines Antiques • Art Galleries • Art Dealers • Auctioneer • Art Expert • None of the above

3. POWER OF ATTORNEY (PoA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of PoA Holder)

First / Sole Applicant Second Applicant Third Applicant

Mr. Ms. M/s. Others _____ **Name of PoA Holder** _____

PAN _____ Enclosed PAN card proof KYC Confirmation proof

Signature of (PoA) Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Application form received for purchase of units, subject to realization, verification and conditions

Mr. / Ms. / M/s. _____

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option

App. No. _____

ISC Stamp, Date & Signature