

COMMON APPLICATION FORM



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No: _____

1 DISTRIBUTOR INFORMATION (Refer Instruction No. 1)						FOR OFFICE USE ONLY	
Distributor ARN/ RIA	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
24863			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.

Sole/1 st applicant/Guardian/ Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory
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2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 1(a))

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible I confirm that I am a First time investor across Mutual Funds. as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. I confirm that I am an existing investor in Mutual Funds.

3 EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Scheme and Payment Details] (Refer Instruction No. 2(a))

Folio No. _____

4 MODE OF HOLDING & KIN/ KYC DETAILS (Refer Instruction No. 9(a & b))

Single Joint Anyone or Survivor (Default)

First Applicant KYC Identification Number (KIN)		<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed
Second Applicant KYC Identification Number (KIN)		<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed
Third Applicant KYC Identification Number (KIN)		<input type="checkbox"/> Proof Enclosed	<input type="checkbox"/> KRA KYC Proof Enclosed

5 FIRST APPLICANT'S DETAILS Mr. Ms. M/s (Refer Instruction No. 2(b))

Name (1st) _____

Date of Birth

D	D	M	M	Y	Y
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 PAN _____ Nationality _____ Country of Birth _____

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [For Non - individual - please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction No. 14 & 15) (Mandatory)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify) _____

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Other | Relationship with minor Father Mother Legal Guardian

NAME OF GUARDIAN (in case of First/ Sole Applicant is a Minor)/ NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)/ POA HOLDER/ SOLE PROPRIETOR DETAILS

Mr. Ms. M/s _____

Designation _____ PAN _____ KYC Proof Enclosed | Mobile +91 _____

Please note that your address and contact details will be updated as per your KYC/ CKYC records.

Mailing address _____

Landmark _____

City _____ State _____ Pin Code _____

Email ID _____ Mobile +91 _____ Tel. _____

Overseas address (for Fils/ NRIs/ PIOs)

Mailing address _____

Landmark _____ City _____

State _____ Country _____ Zip Code _____

SECOND APPLICANT'S DETAILS Mr. Ms. | Nationality _____ Country of Birth _____ Mobile +91 _____

Name (2nd) _____

PAN _____ Email ID _____

THIRD APPLICANT'S DETAILS Mr. Ms. | Nationality _____ Country of Birth _____ Mobile +91 _____

Name (3rd) _____

PAN _____ Email ID _____

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Application No: _____

Received from: Mr. / Ms. / M/s _____ an application for allotment of units under Scheme _____, Plan _____, Option _____
Cheque/DD No _____ Dated ____/____/____ Amount (₹) _____ Drawn on Bank and Branch _____.

Please note: All unit allotments are subject to realization of cheques/Demand Drafts and subject to the terms and conditions of relevant Scheme Information Document and Statement of Additional Information.

Stamp, Signature & Date