

# COMMON APPLICATION FORM



Please refer to the instructions while filling the Application Form. Tick  whichever is applicable.

<b>1</b>	ARN CODE / RIA <b>24863</b>	Employee Unique Identification Number (EUIIN)* <b>E043887</b>	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
				FOR OFFICE USE ONLY

\*I/We hereby confirm that the EUIIN 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".

Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder      2nd Applicant/Authorised Signatory/POA Holder      3rd Applicant/Authorised Signatory/POA Holder

## 2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)

I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)      OR       I confirm that I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

In case the purchase/subscription amount is Rs. 10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charges to their investor, the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will be issued against the balance amount invested. (refer General Information Point No. 11)

## 3 EXISTING INVESTOR INFORMATION (If you have existing folio please fill in sections 3,6,9,11,12 and 17)

**Unit Holding Options**       Demat Mode       Physical Mode      **Folio Number**

## 4 DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that, of the account held in depository participant. Demat Account details are compulsory, if demat mode is opted above.)

NSDL      Depository Participant Name \_\_\_\_\_      Enclosures \_\_\_\_\_

CDSL      DP ID Number \_\_\_\_\_       Client Master List       Delivery Instruction Slip

Beneficiary Account Number \_\_\_\_\_       Transaction Cum Holding Statement

## 5 NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)

**NAME OF FIRST/SOLE APPLICANT**       Mr.       Ms.       M/s.

PAN/PERN # \_\_\_\_\_       KYC Proof # \_\_\_\_\_      Date of Birth/Date of Incorporation      D    D    M    M    Y    Y

CKYC Id \_\_\_\_\_

Aadhaar No \_\_\_\_\_      By sharing the Aadhaar number I provide my 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 Agent (RTA) for the purpose of updating the same in my / our folios.

**Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant)**       Mr.       Ms.

PAN/PERN # \_\_\_\_\_       KYC Proof # \_\_\_\_\_      Relationship with Minor/Designation      **MANDATORY**

CKYC Id \_\_\_\_\_

Aadhaar No \_\_\_\_\_      By sharing the Aadhaar number I provide my 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 Agent (RTA) for the purpose of updating the same in my / our folios.

**Mailing Address of First/Sole Applicant** (PO Box address is not sufficient)

City \_\_\_\_\_      State \_\_\_\_\_      Country \_\_\_\_\_      Pin Code \_\_\_\_\_

Overseas Address (Mandatory in case of NRI/FII. PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address)  
"All Non Individual Investors have to mandatorily fill FATCA/CRS Declaration form (for non-individuals/legal entity)"

**Overseas Address**

Country \_\_\_\_\_

## 6 FIRST/SOLE APPLICANT OTHER DETAILS

**Telephone** \_\_\_\_\_      **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_      Mode of Holding       Single       Joint       Anyone or Survivor (s) (Default option in case of more than one Applicant)

Occupation (of first/sole Applicant)       Business       Professional       House Wife       Agriculture       Service       Student       Retired       Others

Status (of first/sole Applicant)       Resident Individual       Sole Proprietorship       Society/Club Company       NRI       Repartriable       Trust       HUF

Partnership Firm       On Behalf of Minor       Bank/Financial Institution       NRI       Non-Repartriable (NRO)       Others

Gross Annual Income       Below 1 Lac       5 - 10 Lacs       >25 Lacs - 1 Crore      Net-worth \_\_\_\_\_

1 - 5 Lacs       10 - 25 Lacs       >1 Crore      (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on (Not older than 1 year)      D    D    M    M    Y    Y

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)       I am PEP       I am Related to PEP       Not Applicable

Non - Individual Investors involved/ providing any of the mentioned services       Foreign Exchange / Money Changer Services       Money Lending / Pawning

Gaming / Gambling / Lottery / Casino Services       None of the Above

# Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

### Acknowledgement Slip (To be filled in by the investor)



Received from Mr./Ms./M/s. _____	Collection Centre's Stamp & Receipt Date and Time
An application for Scheme: _____ Plan: _____ Option: _____	
Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____	
Drawn on Bank and Branch : _____	
Please note : All Purchases are subject to realisation of Cheques/DD.	

Website: [www.esselfinance.com](http://www.esselfinance.com)

Toll Free : 1800 103 8999  
Non Toll Free: 022-71335205

[mutualfund@esselfinance.com](mailto:mutualfund@esselfinance.com)