

# COMMON APPLICATION FORM

Fill the form in BLOCK letters only | Leave one space between words



<b>1</b>	<b>Distributor ARN Code</b> 24863	<b>Sub-Distributor ARN Code</b>	<b>Internal Sub-Broker / Employee Code</b>	<b>EUIN</b> E043887	<b>KYC Identification No.</b>
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Up front commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's 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 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.

Sign Here First / Sole Applicant / Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
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### Transaction charges for applications through distributors only

I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

## 2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

Name  FIRST  MIDDLE  LAST  Folio No

## 3 APPLICANT(S) INFORMATION Refer Instruction No II

1st Applicant Name  FIRST  MIDDLE  LAST  DOB  D  D  M  M  Y  Y  Y  Y

PAN/PEKRN  PAN Proof Enclosed please  KYC Proof Enclosed please

Gross Annual Income (Rs.) [Please tick (✓)]  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 lacs  >25 Lacs-1Crore  >1 Crore

OR

Net-worth (Mandatory for Non-Individuals) Rs.  as on  D  D  M  M  Y  Y  Y  Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)  I am PEP  I am Related to PEP  N/A

Guardian (In case of Minor) / POA Holder Name  FIRST  MIDDLE  LAST

Relationship  PAN  PAN Proof Enclosed please  KYC Proof Enclosed please

Mode of holding please   Single  Joint  Anyone or Survivor(s) (Default Option - Joint)

Occupation please   Business  Professional  Service  Retired  Student  House wife  Others  SPECIFY

Status please   Resi Individual  Fils  Society  AOP/BOI  Banks  Fls  Trust  Company/Corporate Body  
 Partnership Firm  HUF  Minor  NRI Repatriable  NRI Non-Repatriable  PIO  Others  SPECIFY

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

(All Non-Individual Investors have to MANDATORILY fill UBO Declaration Form)  Gaming/Gambling/Lottery/Casino Services  None of the above

### Mailing Address - 1st Applicant/Guardian/Corporate

ADDRESS LINE 1

ADDRESS LINE 2  CITY  STATE  COUNTRY  PIN CODE

### Overseas Address - Mandatory for NRI/FII/PIO Applicant, Please provide your complete address. PO Box alone is not adequate

ADDRESS LINE 1

ADDRESS LINE 2  CITY  STATE  COUNTRY  PIN CODE

### Contact Details of SOLE/FIRST Applicant

STD Code  Residence  Office  Mobile No  +91

Email Id  Contact Person (In case of corporate)

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to tick (✓). Email communication will help save paper & planet.

I/We wish to receive communication through physical mode in lieu of email  I/We don't wish to receive consolidated account statement (CAS)

### 2nd Applicant (Second Applicant not allowed in case of minor as First/Sole applicant)

Name  FIRST  MIDDLE  LAST  DOB  D  D  M  M  Y  Y  Y  Y

PAN/PEKRN  PAN Proof Enclosed please  KYC Proof Enclosed please

Gross Annual Income (Rs.) [Please tick (✓)]  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 lacs  >25 Lacs-1Crore  >1 Crore

Occupation Details [Please tick (✓)]  Service  Private Sector  Public Sector  Government Service  Student  Professional

Housewife  Business  Retired  Agriculture  Proprietorship  Others  (please specify)

### Acknowledgement

Received from Mr / Ms / M/s  an application for allotment of units under  as per the details below.

Plan  Direct Plan  Existing/Regular Plan

Options  Growth

Dividend ( Payout  Reinvestment  Sweep) Frequency:

TIME STAMP & DATE OF RECEIVING OFFICE