

COMMON APPLICATION FORM



Application No. _____

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

For Office use only

Broker Code/ ARN 24863	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions) E043887	Time Stamping <input type="checkbox"/> Zero Balance <input type="checkbox"/> Invest Now
<input type="checkbox"/> *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 Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory		Signature Second Applicant/ POA/ Authorised Signatory		Signature Third Applicant/ POA/ Authorised Signatory	
Any 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.					
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)					
<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds <input type="checkbox"/> I confirm that I am an Existing investor in Mutual Funds In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.					

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 10 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) * Mandatory

Unitholder's Name	Folio No.
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2. FIRST APPLICANT'S INFORMATION* [Please Tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions) (Please ensure that the details mentioned matches with the KYC details)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		N A M E		PAN <input type="checkbox"/> KYC	
Date of Birth (Mandatory in case of minor) D D M M Y Y Y Y		Minor's Relationship with Guardian (referred in point no. 5)		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	
Proof for Date of Birth and relationship with Guardian		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Marksheet issued by HSC/ State Board <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please Specify)			
Status		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Minor <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non-Repatriable) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Limited Partnership (LLP) <input type="checkbox"/> Listed Company <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Bank/ FI <input type="checkbox"/> Insurance Company <input type="checkbox"/> Government Body <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Provident Fund <input type="checkbox"/> Superannuation/Pension Fund <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> FII <input type="checkbox"/> Others (Please Specify)			
Occupation		<input type="checkbox"/> Pvt. Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. 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"/> Others (Please Specify)			
Gross Annual Income		<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore			
Net-worth in ₹		as on D D M M Y Y Y Y (Not older than 1 year)			
[Please Tick (✓)] if applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person		For Non - Individual Investors (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No Any other information [Please specify]: _____			
Mailing address (P. O. Box address is not sufficient.)					
City		State		Pin Code	
Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)					
City		Country		Area Code	
Contact Details (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)					
Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code	If e-mail address is provided all future communication including Account Statement, Annual Report etc. shall be in electronic mode except if physical mode preference has been specifically indicated/ opted. "Save Paper & the Planet"	
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code		
E-mail					
I/ we wish to receive the Account Statement, Annual Report or Abridged Report, Consolidated Account Statement and other statutory documents in <input type="checkbox"/> Physical <input type="checkbox"/> E-mail					

3. PIN Facility for online transactions: I/We wish to avail the PIN Facility. I/We have read and understood the Terms & Conditions for PIN Facility mentioned in the instructions of the form and accept & agree to be bound by the said terms & conditions.

4. MODE OF HOLDING Single Joint (Default option) Anyone or Survivors

5. Guardian if minor / Contact Person for non-individuals / PoA holder Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		N A M E		PAN (Guardian/ PoA) <input type="checkbox"/> KYC	
Status		<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non-Repatriable) <input type="checkbox"/> Others (Please Specify)			
Occupation		<input type="checkbox"/> Pvt. Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please Specify)			
Gross Annual Income		<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore			
Other Details		<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable			

6. OTHER APPLICANT'S INFORMATION* [Please Tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		N A M E O F S E C O N D A P P L I C A N T		PAN <input type="checkbox"/> KYC	
Status		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Minor <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non-Repatriable) <input type="checkbox"/> Others (Please Specify)			
Occupation		<input type="checkbox"/> Pvt. Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. 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"/> Others (Please Specify)			
Gross Annual Income		<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore			
Other Details		<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		N A M E O F T H I R D A P P L I C A N T		PAN <input type="checkbox"/> KYC	
Status		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Minor <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non-Repatriable) <input type="checkbox"/> Others (Please Specify)			
Occupation		<input type="checkbox"/> Pvt. Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. 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"/> Others (Please Specify)			
Gross Annual Income		<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore			
Other Details		<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable			

7. UNITHOLDING OPTION [Please Tick (✓)] Physical Mode Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

DEMAT ACCOUNT DETAILS (Refer Section 'G' of instructions)
 NSDL: Depository Participant (DP) Name _____ DP ID No: **I N** _____ Beneficiary Account Number _____
 CDSL: Depository Participant (DP) Name _____ Beneficiary Account Number _____

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

8. INVESTMENT AND PAYMENT DETAILS*[Please Tick (✓)] (Refer Section 'E', 'F' and 'G' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme	<input type="checkbox"/> Union KBC Equity Fund	<input type="checkbox"/> Union KBC Liquid Fund~	<input type="checkbox"/> Union KBC Asset Allocation Fund - Moderate Plan	
	<input type="checkbox"/> Union KBC Tax Saver Scheme	<input type="checkbox"/> Union KBC Ultra Short Term Debt Fund~	<input type="checkbox"/> Union KBC _____	
	<input type="checkbox"/> Union KBC Small and Midcap Fund	<input type="checkbox"/> Union KBC Dynamic Bond Fund		
Plan	Option	Sub Option	Dividend Frequency~	
<input type="checkbox"/> Regular/ Other than Direct Plan <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Sweep	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
Dividend Sweep to U N I O N K B C				
Plan/ Option		Facility		
Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.				
LUMP SUM	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Debit Mandate (Union Bank of India A/C Holders only)			
	Cheque / RTGS / NEFT No. _____	Cheque / RTGS / NEFT Date	D D M M Y Y Y Y	
	Amount in ₹ (Figures) _____	Amount in ₹ (words) _____		
	Source Bank Name _____	Source Branch _____		
	Source Bank A/C No. _____	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		
<input type="checkbox"/> Cheque Issuer Name _____	In case the cheque is issued by a person other than the investor			
<input type="checkbox"/> Document attached in the case of third party payments (Mandatory) <input type="checkbox"/> Third Party Declarations				
SIP	<input type="checkbox"/> SIP through Post Dated Cheques <input type="checkbox"/> SIP through Auto Debit (Please fill and attach the SIP Auto Debit Form)			
	SIP Period From M M Y Y Y Y To M M Y Y Y Y	SIP Date <input type="checkbox"/> 2nd <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 23rd		
	SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Instalment Amount in ₹ (Figures) _____	No. of Instalments _____	
	Cheque Nos. From _____ To _____	Drawn on Bank A/c No. _____		
	Bank Name _____	Branch _____		

9. PAYOUT BANK ACCOUNT DETAILS * [Please Tick (✓)] (Refer Section 'D' and 'G' of instructions) (Will be updated only if the proof of bank account is available)

Please update my/our pay-in-bank account mentioned under point no. '8' above as default payout bank account Yes No (If no please furnish the details below)
 (Will be updated only if payment is through cheque/debit mandate or proof of pay-in with IFSC code is enclosed)

Bank Name _____	Bank Branch _____
Bank A/C No _____	Bank Branch _____
A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____	(Please Specify)
Bank City _____	State _____ PIN _____
IFSC CODE _____	MICR CODE _____
Document Attached <input type="checkbox"/> Bank Statement <input type="checkbox"/> Cancelled cheque with name pre-printed <input type="checkbox"/> Pass Book	In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.
(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)	
For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.	

10. NOMINATION DETAILS* [Please Tick (✓)] (Refer Section 'H' and 'G' of instructions) (In case of multiple nominees, please complete the separate nomination form available on our website)

Please register nomination as requested below I/ We wish to nominate multiple nominees[®] I/ We do not wish to nominate[®] (*Please strike out the form below)

I/We hereby nominate the under mentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of the Nominee : _____

Address : _____

Relationship : _____ Date of Birth (In case Nominee is a Minor) ____/____/____

Name of the Guardian (in case Nominee is minor): _____ Signature of Nominee/ Guardian (not mandatory)

11. INVESTORS ARE REQUESTED TO ALSO SUBMIT THE RELEVANT FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FORM [REFER SECTION 'M' OF INSTRUCTIONS]

12. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union KBC Mutual Fund and the terms and conditions and policies on the website before investing, I/ we, hereby apply to the Trustee of Union KBC Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Union KBC Mutual Fund/ AMC/ Trustee/ Sponsor. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union KBC Mutual Fund/ Union KBC Asset Management Company Private Limited and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I / we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund/ Sponsor will not be responsible if such investment is ultra vires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

Signature	Signature	Signature
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory