

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. _____
--------------------------------	------------------------

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 **PAN** (Guardian/ PoA) KYC

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		N A M E		PAN _____	<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 Net-worth in ₹ _____					
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 Net-worth in ₹ _____					
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 Net-worth in ₹ _____					
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					