

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 Page no. 5, Instruction no. 1)	FOR OFFICE USE ONLY					
	Distributor ARN	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt

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 <sup>st</sup> applicant/Guardian/ Authorised Signatory/ POA	2 <sup>nd</sup> applicant/Authorised Signatory	3 <sup>rd</sup> applicant/Authorised Signatory
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- Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): ☐ Yes / ☐ No (Mandatory to ✓). If Yes, please fill FATCA Declaration.
- Non Individual investors should mandatorily fill separate FATCA & UBO Declarations

2	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY	(Refer Page no. 75, Instruction No. 1(a))
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In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, 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.

- I confirm that I am a First time investor across Mutual Funds.
- 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 Page no. 5, Instruction No. 2(a))
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Folio No.		Name of First Unit Holder	
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4	FIRST APPLICANT'S DETAILS	Mr. Ms. M/s	(Refer Page no. 5, Instruction No. 2(b))
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Name (1 <sup>st</sup> )	
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Date of Birth	D D M M Y Y	PAN		KYC Proof Enclosed	Nationality		Country of Birth	
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For Investments "On behalf of Minor" ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other | Relationship with minor ☐ Father ☐ Mother ☐ Legal Guardian

Name of the Guardian (if minor)/ Contact person for non individuals/ PoA holder name	PAN		KYC Proof Enclosed
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Mailing address	
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City		State		Pine Code	
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Overseas Correspondence address (Mandatory for NRIs/ Fils/ PIOs)		Country	
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Email ID		Mobile	+91		Tel.	
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Status	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> Minor <input type="checkbox"/> PIO <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Other	Specify
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Occupation	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other	Specify
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Gross Annual Income OR Net-worth* in ₹ *Not older than one year	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L	INDIVIDUALS	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> >1C	NON-INDIVIDUALS	Is the entity involved in any of the following: Foreign Exchange/Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (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					

SECOND APPLICANT'S DETAILS	Mr. Ms. M/s	Mode of Holding: <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)	Nationality		Country of Birth	
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Name (2 <sup>nd</sup> )	
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PAN		KYC Proof Enclosed	Mobile	+91		Email	
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Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Other	Specify	Gross Annual Income OR Net-worth* in ₹ *Not older than one year	INDIVIDUALS	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L	Any other information	
Occupation	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other	Specify					

THIRD APPLICANT'S DETAILS	Mr. Ms. M/s	Nationality		Country of Birth	
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Name (3 <sup>rd</sup> )	
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PAN		KYC Proof Enclosed	Mobile	+91		Email	
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Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Other	Specify	Gross Annual Income OR Net-worth* in ₹ *Not older than one year	INDIVIDUALS	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L	Any other information	
Occupation	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other	Specify					

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

