COMMON APPLICATION FORM

ESCORTS MUTUAL FUND

Application No.: 15/ (if applicable)

Distributor ARN and Name	Sub Broker Name & ARN	Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-				

☐ I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.
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 am a First Time Investor in Mutual Fund Industry. ☐ I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Should match with PAN Card) | PAN (1st Applicant / Guardian) ☐ KYC (Y/N)

Existing Folio Number | Name of Guardian if Minor | PoA PAN ☐ KYC (Y/N)

On Behalf of Minor (* Attach Mandatory Documents as per instructions). Date of Birth Minor's D D / M M / Y Y Y Y | Date of Birth Proof attached *☐ | Guardian named is : ☐ Father ☐ Mother ☐ Court Appointed

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Email ID (in capital)

Mobile +91 | Tel (STD Code) –

Address

Landmark

City | Pin Code | State

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick✓) ○ Indian Resident Individual ○ Minor (Resident) ○ Minor NRI ○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○ PIO
○ Sole Proprietorship ○ HUF - Indian ○ HUF - NRI ○ Partnership Firm ○ Limited Partnership (LLP) ○ Public Ltd. Co. ○ Private Ltd. Co. ○ Body Corporate ○ Bank
○ FIs ○ Insurance Companies ○ Government Body ○ AOP/BOI ○ Trust ○ Society ○ Provident Fund ○ Superannuation / Pension Fund ○ Gratuity Fund ○ Mutual Fund
○ FII ○ NPO/NGO ○ FPI-Category I/II/III ○ FCRA ○ GDN ○ Defence Establishment ○ NPS Trust ○ Others_____ (Please Specify)

3b. Occupation Details (Please tick✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional ○ Agriculturist
○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others _____ (Please Specify)

3c. Gross Annual Income (Please tick✓) ○ Below 1 Lac ○ 1-5 lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore
Net Worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y (Not older than 1 year)

3d. For individuals
- ○ I am Politically Exposed Person
- ○ I am Related to Politically Exposed Person
- ○ Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc)

I.	Is the company an Indian Listed Company or Subsidiary / Controlled by an Indian Listed Company: (If No, please attach mandatory UBO declaration)	○ YES ○ NO
II.	Foreign Exchange / Money Changer Services	○ YES ○ NO
III.	Gaming / Gambling / Lottery/Casino Services	○ YES ○ NO
IV.	Money Lending / Pawning	○ YES ○ NO

4. JOINT APPLICANTS (IF ANY) DETAILS

☞ Mode of Holding (Please tick✓) ☐ Single ☐ Joint ☐ Either or Survivor ☐ Anyone or Survivor

2nd Applicant Name (Should match with PAN Card) | PAN (2nd Applicant) ☐ KYC (Y/N)

a. Occupation Details (Please tick✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business
○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others _____ (Please Specify)
b. Gross Annual Income ○ Below 1 Lac ○ 1-5 lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore or NET worth ₹ _____
C. Others (Please tick✓) ○ Politically Exposed Person (PEP) ○ Related to Politically Exposed Person (PEP) ○ Not Applicable

3rd Applicant Name (Should match with PAN Card) | PAN (3rd Applicant) ☐ KYC (Y/N)

a. Occupation Details (Please tick✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business
○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others _____ (Please Specify)
b. Gross Annual Income ○ Below 1 Lac ○ 1-5 lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore or NET worth ₹ _____
C. Others (Please tick✓) ○ Politically Exposed Person (PEP) ○ Related to Politically Exposed Person (PEP) ○ Not Applicable

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ACKNOWLEDGEMENT SLIP (To be filled in by the investor) — ESCORTS MUTUAL FUND

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.
From_____

Application No.: 15/ (if applicable)

Scheme	Cheque no.	Amount	Bank Name	Date
ESCORTS				

5. FATCA DETAILS For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form

Any of the applicants has a Country of birth / Citizenship / Nationality or Tax Residency, other than India; ☐ Yes ☐ No? Mandatory to tick any one. If Yes, provide information as required below.

Sole/First Applicant/Guardian		2nd Applicant		☐3rd Applicant ☐ POA	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	☐ Yes ☐ No please provide Tax Payer Id.	Are you a US Specified Person?	☐ Yes ☐ No please provide Tax Payer Id.	Are you a US Specified Person?	☐ Yes ☐ No please provide Tax Payer Id.
Country of Tax Residency# (other than India)	Taxpayer Identification No.	Country of Tax Residency# (other than India)	Taxpayer Identification No.	Country of Tax Residency# (other than India)	Taxpayer Identification No.
1		1		1	
2		2		2	

#Please indicate all countries in which you are a resident for tax purpose and associated taxpayer Identification number.
In Case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.

6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility - Fill separate form) (Enclose Cancel Cheque with this form)

Bank Name

Bank A/C No. A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Branch Address

City Pin

IFSC code: (11 digit) MICR code (9 digit)

7. SCHEMES (Please tick✓)

- ☐ Escorts Liquid Plan
- ☐ Escorts Gilt Plan
- ☐ Escorts Short Term Debt Fund
- ☐ Escorts Income Plan
- ☐ Escorts Opportunities Fund
- ☐ Escorts Balanced Fund
- ☐ Escorts Income Bond
- ☐ Escorts Leading Sectors Fund
- ☐ Escorts Infrastructure Fund
- ☐ Escorts Power & Energy Fund
- ☐ Escorts Growth Plan
- ☐ Escorts Tax Plan
- ☐ Escorts High Yield Equity Plan

Minimum application amount is Rs.1000/- for all the schemes except for Tax Plan which is Rs. 500/-

Amount in Figures (Rs.) ..... D.D Charges (Rs.) ..... Net Amount (Rs.) .....

Cheque/Draft No. ..... Date .....Amount in Words (Rs.) .....

Bank Name/Branch .....

Cheque/Draft payable in favour of "Escorts Income Plan / Escorts Gilt Plan/Escorts Opportunities Fund/Escorts Growth Plan/Escorts Liquid Plan/ Escorts Short Term Debt Fund/Escorts Balanced Fund/Escorts Tax Plan/Escorts Leading Sectors Fund/Escorts Power & Engergy Fund/Escorts Income Bond/Escorts High Yield Equity Plan/Escorts Infrastructure Fund.

☐ Growth Plan*
☐ Divident Plan
◯ Daily ◯ Weekly ◯ Monthly
( ) Payout ( )Reinvestment
☐ Bonus Option (Please (✓)

* Default Option growth

8. SYSTEMATIC INVESTMENT PLAN (SIP) (For Auto Debit Please use SIP Debit Form)

Frequency ☐ Monthly ☐ Quarterly ☐ Enrolment Period From..... (dd/mm/yy) To..... (dd/mm/yy)

Please find enclosed my/our Cheque of Rs.* Each for Months/quarters. The Cheque date should be either 1st or 10th or 25th every month/quarter.

Minimum Rs.1000/- (Monthly) ** Minimum Rs. 1500/- (Quarterly)* *SIP Date* ☐ *1st* ☐ *10th* ☐ *25th*

Cheque Nos. From To

Drawn on Bank Branch

9. SYSTEMATIC WITHDRAWL PLAN (SWP) (Please tick✓)

Frequency ☐Monthly ☐ Quarterly ☐ Half Yearly SWP Date ☐ 1st ☐ 10th

Scheme

Fixed Amount (Rs.) # OR Capital Appreciation ☐

#Minimum Rs.1000/- Period from: M/Y ..... M/Y.....

* In case of Appreciation Withdrawal Option Please note that first withdrawal would be effected after a month/quarter from the start date.

10. SYSTEMATIC TRANSFER PLAN (STP)

Frequency: ☐ Monthly(Min. Rs.1000/-)# ☐ Quarterly(Min. Rs.1500/-)

7. SYSTEMATIC TRANSFER PLAN (STP)

From : ...../..... (MM/YYYY) To: ...../.....(MM/YYYY) Date : ☐ 1st ☐ 10th ☐ 25th

☐ Fixed Amount (Rs.)..... ☐ Capital Appreciation

From Scheme*:..... To Scheme:.....

*(Minimum balance in parent scheme should be Rs.12,000/- on the date of STP enrollment)

Rs.500/- for Escorts Tax Plan

11. NOMINATION DETAIL

☞ ☐ I/We wish to nominate. ☐ I/We DO NOT wish to nominate and sign here.....1st Applicant Signature (Mandatory)

	Nominee Name	Guardian Name (In case of Minor)	Nominee/ Guardian Signature
Nominee			
Address			

12. DECLARATION

The Trustee, Escorts Mutual Fund,

"I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." "I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of ESCORTS Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time."* I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account. ***Applicable to other than Individuals / HUF; **Applicable to NRI** : I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors only). 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.

Signature of (Sole/First Applicant/Guardian)	Signature of (Second Applicant)	Signature of (Third Applicant)

Email : help@escortsmutual.com Website : www.escortsmutual.com Helpline : 011 43587415 / 420

Quick Checklist ☞

- ☐ Name, Address are correctly mentioned
- ☐ Email ID / Mobile number are mentioned
- ☐ PAN / KYC / FATCA details are enclosed
- ☐ Full scheme name, plan, option is mentioned
- ☐ Pay-in bank details and supportings are attached
- ☐ Nomination facility opted
- ☐ Form is signed by all applicants
- ☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- ☐ Non Individual investors should attach
  - ◯ FATCA Details and Declaration Form
  - ◯ UBO Form Declaration Form