

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.)

Broker Code/ ARN	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	Ref. No.
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*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 inappropriateness, 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

Signature

Signature

Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory

Second Applicant/ POA/ Authorised Signatory

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)

I confirm that I am a First time investor across Mutual Funds

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, 7, 9 & 11 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. MODE OF HOLDING Single Joint (Default option) Anyone or Survivors

3. 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="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	PAN	KYC	CKYC No. (KIN) ^
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3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No. _____ E-mail _____

Tel. (Off.) _____ Country/ Area code _____ Tel. (Res.) _____ Country/ Area code _____ Fax _____ Country/ Area code _____

I/ we wish to receive the Account Statement, Annual Report or Abridged Report, Consolidated Account Statement and other statutory documents in Physical E-mail

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 _____

3b. 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. 4) Father Mother Legal Guardian

3c. Proof for Date of Birth and relationship with Guardian Birth Certificate School Leaving Certificate Marksheets issued by HSC/ State Board Passport Others (Please Specify)

3d. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Sole Proprietorship HUF
 Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corporate Bank/FI Insurance Company
 Government Body AOP/BOI Trust Society Provident Fund Superannuation/Pension Fund Gratuity Fund FII Others (Please Specify)

3e. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

3f. Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore

Net-worth in ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)

Please tick (✓)* **For Non - Individual Investors*** (Is the entity involved in / providing any of the following services)
 Politically Exposed Person Yes No
 Related to Politically Exposed Person Yes No
 Not Applicable Yes No
 Foreign Exchange / Money Changer Services
 Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates]
 Money Lending / Pawning
 Any other information [Please specify]: _____

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

12. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)

Application No. _____

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India Date ____/____/____

I / We _____

authorise you to debit my / our Account No. _____ Type of Account _____

₹ (in figures) _____ ₹ (in words) _____ to _____

pay for the purchase of units of Union _____ (Scheme Name) _____

Signature of Account Holder(s) / Authorised Signatory(ies)
(As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____

Received from: Mr./ Ms. /M/s _____

an application for units of _____ (Scheme/Plan/Option)

Amount _____ Instrument No. _____

Dated ____/____/____ Drawn on Bank & Branch _____


Your Bridge to Responsible Investing

Collection centre's stamp with date and time of receipt

4.

SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)]

(Refer Section 'B', 'C' and 'G' of instructions)

<input type="radio"/> Mr. <input type="radio"/> Ms.	NAME OF SECOND APPLICANT	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN		KYC		CKYC No. (KIN) ^						
4a. Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)										
4b. Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)										
4c. Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹										
4d. Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable										
4e. Contact Details* Mobile No. <input type="text"/> E-mail <input type="text"/>										

5.

THIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions)

<input type="radio"/> Mr. <input type="radio"/> Ms.	NAME OF THIRD APPLICANT	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN		KYC		CKYC No. (KIN) ^						
5a. Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)										
5b. Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)										
5c. Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹										
5d. Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable										
5e. Contact Details* Mobile No. <input type="text"/> E-mail <input type="text"/>										

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

6.

FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA and UBO Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)

The below information is required for all applicant(s)/ guardian

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

- Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C - others; please state the reason thereof.

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FI's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓*
Resolution/ Authorisation to invest	✓	✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures	✓	✓	✓	✓	✓	✓		✓		✓	
Memorandum & Articles of Association											
Certificate of Incorporation	✓	✓	✓	✓		✓					
Trust Deed		✓				✓					
Bye-laws											
Partnership Deed				✓							
Notarised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
FATCA Form & UBO Declarations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:
Computer Age Management Services Pvt. Ltd.,
 Unit: Union Mutual Fund (formerly Union KBC Mutual Fund)
 Ground Floor No.178/10, Kodambakkam High Road, Opp. Hotel Palmgrove,
 Nungambakkam, Chennai, Tamil Nadu - 600 034.
 Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
 (formerly Union KBC Asset Management Company Private Limited)
 Unit 802, 8th Floor, Tower 'A', Peninsula Business Park,
 Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400 013.
 Toll Free : 1800 200 2268 | Tel No. : 022 24833333
 Website: www.unionmf.com | Email: investorcare@unionmf.com



7.

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. '9' below 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																	
A/C Type	<input type="radio"/> Savings	<input type="radio"/> Current	<input type="radio"/> NRE	<input type="radio"/> NRO	<input type="radio"/> FCNR	<input type="radio"/> Others	(Please Specify)										
Bank City							State	PIN									
IFSC CODE							MICR CODE										
Document Attached	<input type="radio"/> Bank Statement	<input type="radio"/> Cancelled cheque with name pre-printed	<input type="radio"/> 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.

8.

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.

9.

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="radio"/> Union Equity Fund	<input type="radio"/> Union Liquid Fund~	<input type="radio"/> Union Asset Allocation Fund - Moderate Plan
	<input type="radio"/> Union Tax Saver Scheme	<input type="radio"/> Union Ultra Short Term Debt Fund~	<input type="radio"/> Union
	<input type="radio"/> Union Small and Midcap Fund	<input type="radio"/> Union Dynamic Bond Fund	
Plan	Option	Sub Option	Dividend Frequency~
<input type="radio"/> Regular/ Other than Direct Plan	<input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Reinvestment <input type="radio"/> Sweep	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Dividend Sweep to	U N I O N		
Plan/ Option	Facility		

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.

LUMPSUM	Payment Mode: <input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> 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 Y Y		
	Amount in ₹ (Figures)	Amount in ₹ (words)				
	Source Bank Name	Source Branch				
	Source Bank A/C No.	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR			
	Source Bank IFSC Code	Cheque Issuer Name	In case the cheque is issued by a person other than the investor			
Document attached in the case of third party payments (Mandatory)		<input type="radio"/> Third Party Declarations				

TO BE FILLED ONLY IN CASE OF SIP APPLICANT

SIP	Name	PAN				
	Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)*
			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y
			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y
			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y
			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y

*Default

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM**MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT** (Refer overleaf for instructions)

UMRN	F o r o f f i c e u s e	Date D D M M Y Y Y Y	
Sponsor Bank Code	For Office use	Utility Code	For Office use
I/We, hereby authorize	Union Mutual Fund	To debit [Tick (✓)]	SB/CA/CC SB-NRE/SB-NRO/Other
Bank a/c number			
with Bank	Name of Customer's Bank	IFSC	or MICR
an amount of Rupees	in words		₹ in figures

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1	Folio No.	Phone No.
Reference 2	Application No.	Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD	Signature Primary Account Holder	Signature of Account Holder	Signature of Account Holder
From D D M M Y Y Y Y			
To D D M M Y Y Y Y			
Or <input type="radio"/> Until cancelled	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.