

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 st applicant/Guardian/ Authorised Signatory/POA	2 nd applicant/Authorised Signatory	3 rd 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))

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))

Folio No.	Name of First Unit Holder

4 FIRST APPLICANT'S DETAILS Mr. Ms. M/s (Refer Page no. 5, Instruction No. 2(b))

Name (1st) _____

Date of Birth

D	D	M	M	Y	Y
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 PAN _____ KYC Proof Enclosed | Nationality _____ Country of Birth _____

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

Mailing address _____

City _____ State _____ Pine Code _____

Overseas Correspondence address (Mandatory for NRIs/ FIIs/ PIOs) _____ Country _____

Email ID _____ Mobile +91 _____ Tel. _____

Status Individual Partnership Firm Trust FII NRI Minor PIO Society HUF Company/Body Corporate Proprietor Other _____ Specify _____

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer 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	NON-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	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								
	_____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D		D		M	M	Y	Y	_____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M
D	D	M	M	Y	Y								
D	D	M	M	Y	Y								
Any other information	_____												

SECOND APPLICANT'S DETAILS Mr. Ms. M/s | Mode of Holding: Joint Anyone or Survivor (Default) | Nationality _____ Country of Birth _____

Name (2nd) _____

PAN _____ KYC Proof Enclosed | Mobile +91 _____ Email _____

Status Resident Individual FII NRI PIO HUF Company/Body Corporate

Proprietor Trust Society Other _____ Specify _____

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Retired

Professional Business Agriculture Student Forex Dealer Other _____ Specify _____

Gross Annual Income OR Net-worth* in ₹
*Not older than one year

INDIVIDUALS <1L 1-5L 5-10L 10-25L >25L
_____ as on

D	D	M	M	Y	Y
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Politically Exposed Person (PEP) Related to a PEP

Any other information _____

THIRD APPLICANT'S DETAILS Mr. Ms. M/s Nationality _____ Country of Birth _____

Name (3rd) _____

PAN _____ KYC Proof Enclosed | Mobile +91 _____ Email _____

Status Resident Individual FII NRI PIO HUF Company/Body Corporate

Proprietor Trust Society Other _____ Specify _____

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Retired

Professional Business Agriculture Student Forex Dealer Other _____ Specify _____

Gross Annual Income OR Net-worth* in ₹
*Not older than one year

INDIVIDUALS <1L 1-5L 5-10L 10-25L >25L
_____ as on

D	D	M	M	Y	Y
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Politically Exposed Person (PEP) Related to a PEP

Any other information _____

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

