Investor must read key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

| BROKER CODE (ARN CODE) <br> ARN 143860 | SUB-BROKER ARN CODE <br> ARN | SUB-BROKER CODE (As allotted by ARN holder) | Employee Unique Identification No. (EUIN) | E |
| :---: | :---: | :---: | :---: | :---: |
| Declaration for "execution-only" transaction (only where EUIN box is left blank). - 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 OF SOLE / FIRST APPLICANT
TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY
In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested.
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.



3 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT
Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here


4 INVESTMENT \& PAYMENT DETAILS For Plans \& Sub-options please see key features for scheme specific details
Name of scheme

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Option \& Sub option (Please $\checkmark$ the appropriate boxes only if applicable to the scheme in which you plan to invest)

${ }^{\circledR}$ Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s).

Reason $A \Rightarrow$ The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.Reason $B \Rightarrow N o$ TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
$\square$ Reason $\mathrm{C} \Rightarrow$ Others, please state the reason thereof:
Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India?
$\square \mathrm{Ye}$ $\square$ No [Please tick ( $\checkmark$ ]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure for complete details.

Category
Country of Tax
Residency 1
Tax Payer
Reference ID No. 1
Country of Tax
Residency 2
Tax Payer
Reference ID No. 2

## Address Type

First Applicant / Guardian


Second Applicant
Third Applicant

$\square$ Residential $\quad \square$ Registered Office $\quad \square$ Business $\square$
$\square$ ResidentialRegistered OfficeBusiness $\square$ Residential
 Registered OfficeBusiness

Annexure I and Annexure II are available on the website of AMC viz;



ACKNOWLEDGEMENT SLIP (Please Retain this Slip)
To be filled in by the Investor: Subject to realization of cheque and furnishing of Mandatory Information.
Name of the Investor

| Application No. |
| :--- |
|         |


| Scheme Name | Plan | Option/Sub-option | Payment Details |
| :---: | :---: | :---: | :---: |
|  |  |  | Amt. __Ceque/DD No. |
|  |  |  | Bank \& Branch |



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 the bank.


Declaration: IWe hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH. IWe hereby confirm adherence to the eerms of OTM facility offered by (the AMC) and as amended form time to time and of NACH (Debits). Authorisation to Bank. This is to confirm that the declaration has been carefully read, understood \& made by me/us. I am authorizing the user entity/corporate to debit my account. / /We have understood hat I/We authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit. This is to inform that IWe have registered for NACH (Debit Clearing) facility and that my/our payment towards my/our investment in shall be made from my/our above mentioned bank account with your Bank. IWe authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

10 INVESTOR(S) DECLARATION \& SIGNATURE(S)
To the Trustee, AMC, I/We have read the Scheme Information Document/Key Information Memorandum/Statement of Additional Information (including Instructions / addenda issued from time to time) of the applicable Scheme(s) for which I/We am/are applying for the units of the specified scheme(s) of the participating Mutual Fund(s) vide this application, understood the contents of the same and hereby agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We hereby acknowledge and confirm that the information provided above is true, correct and complete. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, $I /$ We am/are aware that $I /$ We may liable for it.
I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion or any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the scheme is equal to or more than $25 \%$ of the corpus of the plan, then respective AMC has full right to refund the excess to me/us to bring my/our investment below $25 \%$. $/$ We hereby declare that I am/we are not US Person(s). I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding INR 50,000 in a year. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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.
/We hereby authorize you [CAMS/participating Fund(s)/AMC(s)] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties')/ any other intermediaries registered with various regulators or to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the tax/ revenue authorities in India or outside india wherever it is legally required and other investigation agencies and also authorize to close or suspend the account without any obligation of advising me/us of the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information / document(s) as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities. I also confirm that I have read and understood the FATCA \& CRS Terms and Conditions given below and hereby accept the same. The email id and mobile number provided in the common application form will be used as registered email and mobile number for verification, confirmation of transactions, validations \& sending transaction confirmation and hence am/are authorizing you/participating Fund or AMC for sharing of such information to the applicable service providers.
FOR REGISTRATION OF ONLINE FACILITY: I/We hereby request you to register me/us for availing the facility of carrying out transactions of additional purchase/ redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of AMC to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.
I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes.
$\square$
SIGNATURE OF SECOND APPLICANT
SIGNATURE OF THIRD APPLICANT

