

COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

ICR/OCR FORM

Application No.

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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) ARN 143860	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E
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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	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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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.

1	EXISTING UNITHOLDERS INFORMATION	If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.
Name		
FOLIO No.		

2	APPLICANT(S) DETAILS	Mandatory information – If left blank the application is liable to be rejected.
Sole/First Applicant		
PAN/ PEKRN*		Enclosed (Please ✓) ^{S*} <input type="checkbox"/> KYC Acknowledgement Letter
Date of Birth**		(DD/MM/YYYY)
Name of **		
Mr. Ms. GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)		
PAN/ PEKRN*		Relationship with Minor applicant <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian
		Enclosed (Please ✓) ^{S*} <input type="checkbox"/> KYC Acknowledgement Letter
2nd Applicant Name (Should match with PAN Card)		PAN/PEKRN* (2nd Applicant) <input type="checkbox"/> KYC Proof Attached (Mandatory)
3rd Applicant Name (Should match with PAN Card)		PAN/PEKRN* (3rd Applicant) <input type="checkbox"/> KYC Proof Attached (Mandatory)

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.
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		
MANDATORY	Account Number	
	Name of Bank	
	Branch Name	Branch City
	9 Digit MICR code	11 Digit IFSC Code
		Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.

4	INVESTMENT & PAYMENT DETAILS	For Plans & Sub-options please see key features for scheme specific details
Name of scheme		
Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)		
OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout OR AEP- <input type="checkbox"/> Regular® OR <input type="checkbox"/> Appreciation		
Dividend Frequency:		AEP Frequency:

®Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s).

	SIP Date <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Payment details		
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS		
Amount Paid ₹	DD Charges ₹ (if applicable)	Amount ₹ Invested
Cheque / DD Number	Date	(DD/MM/YYYY)

BANK DETAILS: <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below]		Account Type
Account Number		<input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Bank Name		<input type="checkbox"/> FCNR <input type="checkbox"/> Savings
Bank Branch		City

Mandatory Enclosures [Please tick (✓) if the first instalment is not through cheque] Cheque Copy Bank Statement Banker's Attestation

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular.

8 KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole / First Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Second Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Third Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

Gross Annual Income [Please tick (✓)]

Sole / First Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	(DD/MM/YYYY) OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on _____ (Not older than 1 year)
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	OR Net worth ₹ _____
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	OR Net worth ₹ _____

Others [Please tick (✓)]

Sole / First Applicant	For Individuals [Please tick(✓)]: <input type="checkbox"/> I am Politically Exposed Person (PEP) ^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non-Individuals [Please tick(✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h): (i) Foreign Exchange / Money Changer Services - <input type="checkbox"/> YES <input type="checkbox"/> No; (ii) Gaming/Gambling/Lottery/Casino Services - <input type="checkbox"/> YES <input type="checkbox"/> NO; (iii) Money Lending/Pawning - <input type="checkbox"/> YES <input type="checkbox"/> NO
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

9 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my / our credit in event of my/our death as follows:

Nominee 1	_____	Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	_____
Guardian	_____		
	Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)] Nominee % _____		
Nominee's Address (Mandatory)	_____		
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		
Nominee 2	_____	Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	_____
Guardian	_____		
	Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)] Nominee % _____		
Nominee's Address (Mandatory)	_____		
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		
Nominee 3	_____	Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	_____
Guardian	_____		
	Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)] Nominee % _____		
Nominee's Address (Mandatory)	_____		
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		

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.

_____ / _____

EXISTING FOLIO NO.

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

