| | URIVIATION (Inve | stors applying une | der Direct Plan must | t mention "Direct" | in ARN column.) | (Refer Instruction 1 |) | | FOR OFFICE | USE ON |
|--|---|--|--|---|---|--|---------------------------------------|---|--|---|
| | | | | | | Internal Code | Employee | | (TIME S | TAMP) |
| ARN/RIA | ARN/RIA N | lame | Sub Agent's ARN | l Bank E | Branch Code | for Sub-Agent/ Employee | Identificatio (EUI | | | |
| N- | | | | | | | | | | |
| I Declaration (only where E | | | | 41.1.4 | | | | | - I- 4' b' | |
| hereby confirm that the El e above distributor/sub bro | oker or notwithstar | iding the advice of | of in-appropriaten | ess, if any, provi | ded by the emplo | yee/relationship i | n or advice by th nanager/sales p | erson of the d | istributor/sub brok | er/sales p er. |
| | | | | | | | | | | |
| First/ Sole | Applicant/ Guardia | n | | Second | I Applicant | | | Thir | d Applicant | |
| SACTION CHARGES F | | | | | er Instruction 2) | | | | | |
| | | | | | , | ransaction Charg | es, the same ar | e deductible | as applicable from | n the purc |
| ase the purchase/ subscri cription amount and paya stered Distributor) based o | ble to the Distribu n the investors' as | itor. Units will be sessment of vari | e issued against ti ous factors includ | he balance amo ing the service r | unt invested. Up endered by the A | front commission RN Holder. | shall be paid d | irectly by the | investor to the AF | N Holder (|
| KISTING UNIT HOLDER | INFORMATION | (IF YOU HAVE | EXISTING FOLIO, | PLEASE FILL IN | SECTIONS viz. | 1, 5, 6, 10 AND 1 | 3 ONLY. Refer in | struction 3). | | |
| Folio No. | | | | Т | he details in our | records under the | e folio number m | entioned alon | gside will apply fo | r this appli |
| DDE OF HOLDING [Plea | ase tick (√) | Single | Joint | Anyone | or Survivor | | | | | |
| IIT HOLDER INFORMAT | ON (Refer instru | uction 4) | | | BIRTH@ | | | Proof | of date of birth@ | Please (√) |
| AME OF FIRST / SOLE APP | , | , | shall be no joint h | | DINTIN | DD MM | YYYY | 11001 | | Attache |
| Mr. Ms. M/s. | | | | | | | | | | |
| Nationality | | | | PAN#/ PEKRN | # | | | | Please tick (√)] [Mandatory) | Proof At |
| atus of First/ Sole App | licant [Please t | ick (√)] 🗌 lı | ndividual No | | Please attach FA struction 4 & 19) | | nate Beneficial (| Ownership (U | BO) Self Certificat | ion Form] |
| Resident Individual | IRI-Renatriation | NRI-Non Repa | triation Partn | ership 🗌 Trus | | | Company F | Ils Minor | through guardian | BOI |
| Body Corporate | | | National Resident i | | I Sole Prop | | on Profit Organis | | thers <u>(please sp</u> | |
| AME OF GUARDIAN (in cas | • | | | | · · | • | • | | | |
| Mr. Ms. | | | | | | | | | | |
| Nationality | | | Designation | | | Co | ntact No. | | | |
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| 5. ADDITIONAL KYC DETAILS, If any | (Refer instruc | tion 4b) Conto | d. | | | | | | | |
|--|-----------------------------|---|---|--|-----------------------|---|------------------------------|--------------------------------------|-------------------------------|--------------------------|
| Gross Annual Income Range (in Rs.) | 1 st Applicant | 2 nd Applicant | 3 rd Applicant | Guardian | Gross A | nnual Income Range (in Rs | .) 1 st Applicant | 2 nd Applicant | 3 rd Applicant | Guardian |
| Below 1 lac | | | | | 10-25 la | | | | | |
| 1-5 lac | | | | | 25 lac- | 1 cr | | | | |
| 5-10 lac | | | | | > 1 cr | | | | | |
| OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) | | | | | | | as o | n DD MM | YYYY | |
| 6. FATCA & CRS INFORMATION (for | Individual in | cludina Sole | e Proprietor) (| Self Certifi | cation) (Ref | er instruction 4) | | | | |
| The below information is required Address Type: Residential or Is the applicant(s)/ guardian's Co If Yes, please provide the following Please indicate all countries in whi | Business ountry of Birt | Residentia h / Citizensh [mandatory] | I 🗌 Business nip / Nationali] | ty / Tax Re | sidency oth | er than India? 🗌 Yo | es 🗌 N | | ppearing in F | olio) |
| Category | | | ding Minor) | u 110 0000 | | Applicant/ Guardian | | Third | Applicant | |
| | гизт мрр | iicaiii (iiiciu | ully millor) | | Second | Applicant/ Guarulan | | TIIITU | мррисан | |
| Place/ City of Birth | | | | | | | | | | |
| Country of Birth | | | | | | | | | | |
| Country of Tax Residency# | | | | | | | | | | |
| Tax Payer Ref. ID No ^ | | | | | | | | | | |
| Identification Type [TIN or other, please specify] Country of Tax Residency 2 | | | | | | | | | | |
| Tax Payer Ref. ID No. 2 | | | | | | | | | | |
| Identification Type [TIN or other, please specify] | | | | | | | | | | |
| Country of Tax Residency 3 | | | | | | | | | | |
| Tax Payer Ref. ID No. 3 | | | | | | | | | | |
| Identification Type [TIN or other, please specify] | | | | | | | | | | |
| #To also include USA, where the | individual is | a citizen/ gre | een card holde | r of USA. | ^ In case Ta | x Identification Number | is not available | , kindly provi | de its function | al equivaler |
| 7. POWER OF ATTORNEY (PoA) HOL | DER DETAILS | S | | | | | | | | |
| Name of PoA Mr. Ms. M/s. PAN#/ PEKRN# | | | KYC# [Pl | ease tick (√ |)] (Mandatory | /) Proof Attached | | | | |
| # Please attach Proof. Refer instruction N 8. BANK ACCOUNT DETAILS OF THE (Mandatory to attach proof, in case the For unit holders opting to hold units in de Bank Name Branch Name | FIRST / SOL pay-out bank | E APPLICAN account is di | NT (For redem fferent from the | bank accou | nt mentioned | under Section 10 below.) | | | | |
| Account Number | | | | | | | | | | |
| MICR Code | | | | (The 9 d | igit code appe | ars on your cheque next to t | he cheque numb | er) | | |
| Account Type (Please ✓) □ S IFSC Code*** | Savings 🗌 |] Current | NR0 [|] NRE [| FCNR [| Others (please specify r Instruction 5C (Mandatory for af. If you do not find this on you | | ' RTGS) (11 Cha ease check for th | racter code appea | aring on your r bank) |
| 9. MODE OF PAYMENT OF REDEMPT | יסוענס / מסו | | FDS (refer inc | truction 11 | | | | | | • |
| Unitholders will receive redemption/ o | dividend procee | eds directly int | to their bank acc | ount (as furr | ished in Secti | , | | ugh ECS into m | y / our bank acc | ount |
| 10. INVESTMENTS & PAYMENT DETAIL | LS [Please (✓ |)] (refer instru | uction 6 & 7 for So | cheme details | and instruction | 8 & 9 for Payment Details) Th | ne name of the first | / sole applicant m | nust be pre-printed | I on the cheau |
| Regular Plan (Purchase/ Sut Mention valid ARN in Key Part | oscription rout | ed through D | | | Dir | rect Plan (Purchase/ Sub ntion DIRECT in Key Partr | scription made c | lirectly with th | | |
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| Payment Type [Please (✓)] | | hird Party P | - | | arty Payme | nt (Please attach 'Third Pa | arty Payment De | claration Form | l') | |
| Cheque/ DD/ Payment Instrument/ UTR No. | Chequ Payment li UTR | ie/ DD/ nstrument/ Date | Amount of Che Payment Inst RTGS/ NEFT in fi | que / DD / rument / igures (Rs.) | DD Charges, if any | Net Cheque/ DD Amount Dra | wn on Bank / Bra | Inch | Pay-In Bank Ac (For Cheque | count No. Only) |
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| | Partice | ılars | |
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| Scheme Name / Plan / Option / Sub-option / Payout Option | Cheque / DD / Payment Instrument / UTR No. / Date | Drawn on (Name of Bank and Branch) | Amount in figures (Rs.) |
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Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

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| emat Ac | ccount details are mand | atory if the inves | tor wishes to hold | d the units | in Demat | Mode | | | | | | | | | | _ | <i>.</i> | | | | - | | | , | , |
| ISDL | DP Name | | | | I | DP ID | Ι | N | | | | | | | | Bene Acco | ficiary unt No | | | | | | | | |
| DSL | DP Name | | | | | B | enefic ccoun | iary t No. | | | | | | | | | | | | | | | | | |
| ivestor c | opting to hold units in de | emat form, may p | provide a copy of | the DP sta | tement er | nable u | is to m | atch th | e dem | nat de | etails | as | stated | d in [.] | the a | pplica | ation fo | orm. | | | | | | | |
| | TION (refer instruct | | | | | | | | | | | | | | | | | | at Fo | orm) | | | | | |
| [Please | (✓) and sign] □ I/W | /e do not wish to | Nominate | | | | | | | | | | | | | | | | | | | | | | |
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| | First / | Sole Applicant | | | | S | Second | Applic | ant | | | | | | | | | ٦ | Third | l Appli | ican | ıt | | | |
| □ I/We | wish to nominate as un | ider: | | | | OR | | | | | | | | | | | | | | | | | | | |
| | | | | | (| | | | | | | | | | | <u>.</u> | | | | | | Propo | ortion | (%) i | n whi |
| Name | and Address of Nomine | ee(s) | Relationship with | Date | of Birth | | Nam | e and <i>i</i> | Addres | SS OT | Guar | diar | 1 | _ | | (Optic | ature o onal)/ (| Guardi | an o | f | | he uni | its wil each N | l be s | hared |
| | | | Applicant | | (to be fur | nished | in cas | e the N | lomine | ee is | a mir | nor) | | | | Nomi | inee (N | landat | tory) | | (s | | aggr | | |
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