

COMMON APPLICATION FORM

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and In BLOCK LETTERS (all points marked* are mandatory). For SIP investment use the separate SIP Form.

MUTUAL FUND

DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN of Distributor / RIA Code*	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN Code No.	Employee Unique Identification No. (EUIIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
	ARN -				

^Mandatory: Furnishing of EUIIN is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please ✓ the box).

Declaration: "I/We hereby confirm that the EUIIN 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."

*RIA/Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes managed by you to the above mentioned SEBI registered investment adviser/RIA.

SIGNATURE (s)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

"Upfront Fee or commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".

TRANSACTION CHARGES (PLEASE ✓)	(Refer Instruction No.XIX)
<input type="checkbox"/> I am a First Time Investor in Mutual Funds <input type="checkbox"/> I am an Existing Investor in Mutual Funds	

In case the subscription amount is ₹10,000/- or more and your Distributor has opted 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.

INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING (Please tick ✓)
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SPECIAL SIP <input type="checkbox"/> LUMP SUM WITH SIP/STP/SWP	<input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT* <input type="checkbox"/> EITHER OR SURVIVOR (* Default, in case of ambiguity when applicant are more than one)

EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)
Folio No. <input type="text"/>
Require Hard Copy of Annual Report <input type="checkbox"/> Yes <input type="checkbox"/> No

1. APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS* APPLICANTS FROM US and CANADA WILL NOT BE ACCEPTED (Refer Instruction No 7.)

NAME OF SOLE /1ST APPLICANT Mr. Ms. M/s.	PAN/PEKRN <input type="text"/>	CKYC No. <input type="text"/>	DOB/DOI^s D D M M Y Y Y Y
Mobile No.[#] <input type="text"/>	Email ID.[#] <input type="text"/>	Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA			

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory): <input type="text"/>	Valid Upto ___/___/202__
Note : In case the first applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form. LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual.	

^sProof of Date of Birth of Minor Birth Certificate Passport Others _____ (Please specify)

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)			
Mr. Ms. M/s.	Relationship with Minor/Designation		
PAN/PEKRN <input type="text"/>	Date of Birth D D M M Y Y Y Y	CKYC No. <input type="text"/>	
ADDRESS <input type="text"/>			
STATE <input type="text"/>		CITY <input type="text"/>	(As per KYC Records)
RESI. S T D		COUNTRY <input type="text"/>	PIN <input type="text"/>
OFF. S T D		FAX S T D	

SECOND APPLICANT Mr. Ms.	PAN/PEKRN <input type="text"/>	CKYC No. <input type="text"/>	Date of Birth D D M M Y Y Y Y
Mobile No.[#] <input type="text"/>	Email ID.[#] <input type="text"/>	Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA			

THIRD APPLICANT Mr. Ms.	PAN/PEKRN <input type="text"/>	CKYC No. <input type="text"/>	Date of Birth D D M M Y Y Y Y
Mobile No.[#] <input type="text"/>	Email ID.[#] <input type="text"/>	Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA			

SMS and/ Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished. + In case, not ticked, it will be treated to have "opted out".

ACKNOWLEDGEMENT SLIP

Received from: Mr. / Ms. / M/s _____ an application for allotment
 Scheme _____ Plan _____ Option _____
 vide Cheque No _____ Dated ___/___/___ Amount (₹) _____ Drawn
 on Bank and Branch _____
 Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp & Receipt Date and Time

STATUS*

- Resident Individual
 NRI
 AOP/BOI
 Bank
 Company/Body Corporate
 Partnership Firm
 FI
 FII
 Government Body
 HUF
 PIO
 PSU
 On behalf of Minor (RI)
 On behalf of Minor (NRI)
 Society
 Sole Proprietor
 Trust /Charities/NGO's
 Mutual Funds
 Defence Establishment
 Others (if specify) _____

OVERSEAS APPLICANT DETAILS

ADDRESS (Mandatory for NRI/FII applicant) _____

Country _____ Zip Code _____

2. KYC DETAILS (Mandatory - Refer Instruction No. XIII for details)

OCCUPATION (Please tick ✓)

First Applicant
 Business
 Service
 Professional
 Agriculturist
 Housewife
 Student
 Defence
 Govt. official
 Forex Dealer
 Unlisted Company
 Body Corporate
 Listed Company
 Others _____

GROSS ANNUAL INCOME (Please tick ✓)

First Applicant
 For Individual
 Below 1 Lac
 1 - 5 Lacs
 5 - 10 Lacs
 10 - 25 Lacs
 > 25 Lacs - 1Crore
 > 1 Crore
 Net Worth (Mandatory for Non-Individuals) ₹ _____ as on DDMMYYYY [Not older than 1 year]

Second Applicant
 For Individual
 Below 1 Lac
 1 - 5 Lacs
 5 - 10 Lacs
 10 - 25 Lacs
 > 25 Lacs - 1Crore
 > 1 Crore
 Occupation (Please specify) _____

Third Applicant
 For Individual
 Below 1 Lac
 1 - 5 Lacs
 5 - 10 Lacs
 10 - 25 Lacs
 > 25 Lacs - 1Crore
 > 1 Crore
 Occupation (Please specify) _____

POLITICALLY EXPOSED PERSON (Please tick ✓)

First Applicant
 I am Politically Exposed Person
 I am related to Politically Exposed Person
 Not Applicable

Second Applicant
 I am Politically Exposed Person
 I am related to Politically Exposed Person
 Not Applicable

Third Applicant
 I am Politically Exposed Person
 I am related to Politically Exposed Person
 Not Applicable

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

Foreign Exchange / Money Changer Service
 Gamin / Gambling / Lottery / Casino Services
 Money Lending / Pawning
 Not Applicable

3. FATCA/CRS DETAILS MANDATORY FOR INDIVIDUALS (Non Individual Investors should mandatory fill separate FATCA/CRS details form) (Refer Instruction No. XVIII)

Sole / First Applicant / Guardian			2nd Applicant			3rd Applicant			POA
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			
Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	
1.			1.			1.			
2.			2.			2.			
3.			3.			3.			

4. INVESTMENT DETAILS (Pls Refer instruction No. 5)??**

Scheme Name	Plan (Pls tick ✓)	Option	Sub-Option
JM	<input type="radio"/> Direct <input type="radio"/> Regular		

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. ?? Investor desirous of investing directly with the AMC without availing the services of any Distributor/Broker, will have to clearly tick "Direct" under above column titled as "Plan".

5. BANK ACCOUNT DETAILS

(Refer Instruction No. IV)

Account No. _____ Account Type [Please ✓] SB Current NRO NRE FCNR Direct Remittances

Bank Name _____

Branch Add. _____

Pin _____ IFSC CODE _____ MICR CODE _____

(It is mandatory to furnish bank particulars failing which application shall be rejected. Please submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant).

6. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM) For each application and for each plan/option separate cheque / DD to be submitted.

Cheque/DD No./DC Ref No.	Cheque / DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch

Please mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name Yes No
 If No, my relationship with the bank account holder is Spouse Child Parent Relative Others. Application form without this information is liable to be rejected.

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

I / We hereby declare that the above mentioned Demand Draft^^ has been issued:
 from/by debit to my personal/my joint Bank Account against cash (in case of demand draft) upto Rs. 50,000/-.
 ^^In case of Demand Draft, Banker's certificate about the source of funds is attached.
 Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad.



