Instrument No.

Dated

Drawn on Bank

Account No.

Amount (Rs.)

Scheme / Plan / Option

Application Form (For Lumpsum and SIP)Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (*) whichever is applicable, strike out whichever is not required.



All sections should be completed	in English and in BLOCK LETT	ERS with blue o	or black ink only.				
Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distribu	utor / RM Internal Co	de EUIN*	LG Code	For Offi	ice use only (Time Stamp
Upfront commission shall be paid dir	• •	•		estors' assessment of	various factors incl	uding the servic	e rendered by the distribu
*I/We hereby confirm that the EUIN is executed without any interaction of the above distributor / sany, provided by the employee / re	on or advice by the employee sub broker or notwithstanding the	/ relationship e advice of in-a	manager / sales appropriateness, if	First / Sole Applica / Guardian / POA Ho / Authorised Signato	Ider Second App	plicant / POA	Third Applicant / POA Holder
TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one)	I confirm that I am a first tin	ne investor acro	oss Mutual Funds. (Rs. 150 deductible a	s Transaction Cha		
1. EXISTING INVESTOR'S FO		Ing investor der	oss mutual i anas.		The details in ou	r records unde	er the Folio number
2. FIRST APPLICANT'S DE				1	mentioned alongsid	e will apply for t	his application.
Name of First Applicant (In CAPI		ctions)				Date of Birth (Ma	ndatory - If Minor, attach pro
						D D M	MYYY
Name of Guardian (if minor)/POA/C	ontact Person (As per PAN) (Refer	Instructions)	Guardian is: O Fathe	er Mother Cour	t Appointed	Date of Birth (G	uardian)
						D D M	M Y Y Y
PAN (1st Applicant / Guardian)				CKYC - KIN			
PAN of POA			CKY	C - KIN (POA)			
3. CONTACT DETAILS AND	CORRESPONDENCE ADDR	ESS (AS PER	KYC RECORDS)	NRI Investors shoul	d mention their C	verseas addr	ess (Refer instructions
Email ID* (in capital)	,						ult mode of communication
		Tal				(delau	it mode of communication
Mobile +91	-1		TD Code				
Wherever email ID is registered an Contact details belong to family Address Type (Mandatory) \bigcirc F	due to investor being, O Self	O Spouse		Dependent Parent			
Mailing Address							
Landmark					City		
State	w NDI Investors)	Country			Pin Code	(Mandatory)	
Overseas Address (Mandatory fo	r NRI Investors)						
Mailing Address Landmark					City		
State		Country				(Mandatory)	
Non-Individual : Company HUF Trust^ (^ Trust/Societies/Section 8 companies We are a "Non-Profit Orgnization" (NF trust or a society under the Societies R	to give below declaration : 20) which has been constituted for re	ligious or charitabl	le purposes referred to	in clause (15) of sectio	n 2 of the Income-tax	Act, 1961 (43 of	f 1961), and is registered a
If yes, please quote Registration No. o	f Darpan portal of Niti Aayog		(If not	registered already, plea	se register immediate	ely and confirm w	rith the above information)
B. Occupation Details (Please tick Proprietorship Housewife		_	Service Govern Others (Please spe		siness Profes	sional Agri	culturist Retired
C. Gross Annual Income (Please	tick ✓) ○ Below 1 Lac ○ 1-5	Lacs	acs 010-25 Lacs	>25 Lacs-1 cror	re >1 crore		
Net-worth in (Mandatory for Non-l	ndividuals) Rs.		a	s on DDMM	1 Y Y Y Y	(Not older that	an 1 year)
D. Politically Exposed Person (P	EP) Status : (Please tick ✓) ○ N	lot Applicable (I am Politically Ex	posed Person O I a	am Related to Politi	cally Exposed P	erson
5. JOINT APPLICANTS (IF A	ANY) DETAILS Mo	de of Holding	(Please tick ✓)	Joint Anyo	ne or Survivor (Do	efault)	
Name of 2nd Applicant (As pe	r PAN) (Refer Instructions)					Date of Birth (
						D D M	MYYYY
PAN (2nd Applicant)	O Drivete Control Coming	Dublic Costes	0	CKYC - KIN	-in OPf		
a. Occupation Details (Please tick Housewife Student F			Service Govern	ment Service Bu	Siness Profess	ionai Agric	culturist Retired
b. Gross Annual Income (Please			acs 10-25 Lacs	>25 Lacs-1 cror	e >1 crore		
c. Politically Exposed Person (Pl	EP) Status : (Please tick ✓) ○ N	ot Applicable (I am Politically Exp	oosed Person O I a	m Related to Politic	ally Exposed P	erson
Name of 3rd Applicant (As per	PAN) (Refer Instructions)					Date of Birth (
DAN (O. LA. II. O. T.				010/6 1/2:		D D M	MYYYY
PAN (3rd Applicant) a. Occupation Details (Please tick	✓) ○ Private Sector Service	Public Sector :	Service OGovern	CKYC - KIN	siness Profess	sional O Agric	culturist Retired
○ Housewife ○ Student ○ F	, -					J	
b. Gross Annual Income (Please c. Politically Exposed Person (Pi	, -	_	_	_	_	ally Exposed P	erson
ACKNOWLEDGEMENT SLIP	(To be filled in by the Applica	nt)					
Application form received for purcha			conditions				
Mr. / Ms. / M/s							

	First Appl	icant/Guard	dian			2nd Appl	icant			O 3rd	d Applicant	○ POA
Place & Country of Birth PLACE COUNTRY		Place 8	Place & Country of Birth PLACE COUNTRY				Place 8	Place & Country of Birth PLACE COUNTRY				
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Coun	Ide	Tax entification Number	Identification Type/Reaso		Country#	Ta: Identific	cation	Identification Type/Reason		Country#	Tax Identification	Identification Type/Reason
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