



For existing unitholders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section. Please fill in the information below in English and in BLOCK Letter

Date:

D	D	M	M	Y	Y	Y	Y
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PANNo.	
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☐ RI to NRO ☐ NRI to RI

Address																			
Landmark																			
City		Pin Code (Mandatory)										State							

Mandatory to attach proof as given in the instruction. For unit holders opting to hold units in demat form. Please ensure that the bank account linked with the demat account is mentioned here.

Name of the Bank	
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Bank City _____ State _____ Pincode _____

MICR Code(9 digits)									11 Digit IFSC code										This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.
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[illegible]

Mobile number specified above belongs to:

☐ Self-Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ PMS ☐ POA

Email ID.	
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E-mail Id specified above belongs to:

☐ Self-Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ PMS ☐ POA

Occupation	<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"/> Home Maker	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others <input type="text"/> (Please specify)
The applicant is	<input type="checkbox"/> a Politically Exposed Person	<input type="checkbox"/> Related to a Politically Exposed Person	<input type="checkbox"/> Neither (Not applicable)		
Gross Annual Income	(₹) <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 -1crore <input type="checkbox"/> >1 crore

Country of Birth															Place of Birth														
Nationality																													
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below																													
Country										Tax -Payer Identification Number										Identification Type									

I/We have read and understood the contents of Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agreed to abide by the terms, conditions, rules and regulations of the Scheme(s) on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this month. I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC is reserves to right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. I/We declare that the email address provided in the form belongs to me/us or to spouse, dependent children or dependent parents (applicable to individual investors only). If you do not wish to receive, please call on tollfree no. 1800 425 4255, 1800 258 4255.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT



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Sole/1st Applicant	Mr.	Ms.	M/s.	
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Folio No.	
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Sign and Stamp