Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

COMMON APPLICATION FORM

For all schemes of Bajaj Finserv Mutual Fund except NFO Schemes



Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

Problem On the /	Outs Business (Assesstin		Internal Code for		IOO Data Tira actama							
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.							
**By mentioning RIA/PMRN code. I/We author	 prize you to share with the Investm	 nent Adviser / Portfolio Ma	anager the details of my/our t	ransactions UNIT HOLDI	NG ORTION							
☐ **By mentioning RIA/PMRN code, I/We author in the scheme (s) of Bajaj Finserv Mutual Fund. (EUIN in the Declaration & Signatures section ov	(Please ✓ if applicable) *In case th erleaf. Commission "if any applical	e EUIN box has been left l ble" shall be paid directly	blank, please refer the point re by the investor to the AMFI re	elated to gistered PHYSICAL	MODE (Default) DEMAT MODE*							
distributor, based on the investor's assessment	of various factors, including the s	ervice rendered by the di	stributor.		, please fill section 10)							
2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY* (Please ✓ any one of the below) (Please refer instruction no. 2) ☐ I confirm that I am a First time investor in Mutual Funds. OR ☐ I confirm that I am an existing investor in Mutual Funds.												
☐ I confirm that I am a First time inve	stor in Mutual Funds. OR	I confirm that I am	an existing investor in Mi	utual Funds.								
3. MODE OF HOLDING					(Please refer instruction no. 6)							
(In case of Demat Purchase Mode of I	Holding should be same as i	n Demat Account)	Single Do	int (Default) 🔲 Anyor	ne or Survivor							
4. APPLICANT'S NAME AND INFOR	MATION (Mandatory) to be f	filled in block letters			(Please refer instruction no. 4)							
	HATTON (Mandatory) to be t	mica in block letters			(Flease Ferei Instruction 110. 4)							
Folio No.	(For Exis	sting unit holders)	Gender 🗌 N	Male Female Ot	hers							
Name of Sole / 1st Applicant Mr. /	Ms. / M/s.											
DAN/DEKDN	CKYC No.			Date of Birt	<u>, D D M M Y Y Y Y </u>							
PAN/PEKRN	CRTC NO.			Date of Birt								
Mobile No.		Email ID										
The Email ID belongs to (Mandatory Please 🗸) The Mobile No. belongs to (Mandatory Please 🔻					dian PMS Custodian POA							
The default Communication mode is E-mail only, (We would recommend you to choose an onl					ged Summary Other Statutory Information.							
			Lalalul	(Legal E	Entity Identifier Number is Mandatory for							
LEI Code			Valid upto D D M		tion value of INR 50 crore and above for dividual investors. Refer instruction no. 4a)							
Resident Indivi	dual NRI-Repatriation	n NRI-Non Repa	triation Partnership	□Trust □ HUI	=							
Tax Status	guardian Company	Fils	_ , _	Body Corporate Soc	eiety/Club Sole Proprietorship							
	anisation 🗌 Financial Institu	tion 🗌 NBFC	☐ Bank	Others								
GUARDIAN DETAILS (In case First /	Sole Applicant is minor) /	CONTACT PERSON	- DESIGNATION / POA H	HOLDER (In case of No	on- Individual Investors)							
Mr. / Ms.		Des	ignation/Relationship	with Minor								
	1 1 1			1 1 1								
PAN	CKYC No.			Gender	Male Female Others							
Mobile No.		Email ID										
Pioblie No.		Emairib										
Date of Birth Proof for minors (Any	y One)											
☐ Birth Certificate ☐ Marks She	eet (HSC/ICSE/CBSE) 🗌 S	school Leaving Certi	ficate Passport	Others								
5a. MAILING ADDRESS												
Local Address of 1st Applicant												
	City			State								
Pin Code				Tel. Off								
5b. OVERSEAS CORRESPONDENCE AI	DDRESS (Mandatory for NRI	/ FII Applicant)										
[Please provide Full Address. P. O. Bo	x address is not sufficient]_											
					Zip Code:							
Tel. Resi.	Tel. Off			Mobile No								
Acknowledgement Slip (To be filled in BAJAJ FINSERV ASSET MANAGEME		Solitaire Business Par	rk (formerly Marvel Edge) N	/iman Nagar Pune 411014								
Received from Mr. / Ms			, ,	ŭ	Collection Centre /							
Application No.			Date	//	Bajaj AMC Stamp & Signature							
Aletetics but et al. Mo												
Application No.												

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

· https://www.bajajamc.com	
· https:	
WEBSITE	
FREE NIJMBER: 1800 309 3900 EMAII - service@bajajamc.com WEBSITE: https://	
FMAII.	
TOLL FREE NUMBER: 1800 309 3900 EMAIL	
FREE NIJMBER.	
TOIL	

6a.	SECOND APPLIC	CANT'S DETAILS* (In case of Mi	nor, there shall be no joint l	holders) [Name and DOB sl	nall be as per PAN Card]							
Nan	ne Mr. / Ms.											
PAN	,		CKYC No.		Gender	Male Female Others						
Mot	oile No.		<u> </u>	Email ID								
	The Email ID belongs to (Mandatory Please 🗸)											
	Tax Status (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation											
6b.	6b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]											
Naı	Name Mr. / Ms.											
PA	N		CKYC No.		Gender	Male Female Others						
Мо	bile No.			Email ID								
The	Mobile No. belo	s to (Mandatory Please 🗸) [ngs to (Mandatory Please 🗸) [Self Spouse De	_	ependent Siblings Dependent ependent Siblings Dependent							
(Ma			NRI-Repatriation 🗌 NRI	I-Non Repatriation								
7. k	(YC Details (Man	datory)			(Please refer instruction no. 4e)						
Firs	st Applicant:	☐ Private Sector Service ☐ Housewife ☐	Public Sector Service Student		Business Professional Others (please specify)	Agriculturist Retired						
Sec	cond Applicant:		Public Sector Service Student		Business Professional Others (please specify)	Agriculturist Retired						
Thi	rd Applicant:		Public Sector Service Student	_	Business Professional Cothers (please specify)	Agriculturist Retired						
Gro	oss Annual Incon	ne										
Fire	st Applicant:	☐ Below 1 Lac ☐ 1-9 OR Net worth* (for Non-Inc	5 Lacs ☐ 5-10 Ladividuals) ₹ (please specify)		s >25 Lacs-1 crore as on D D M M Y Y	>1 crore						
Sec	cond Applicant:	☐ Below 1 Lac ☐ 1-5 OR Net worth* (for Non-Inc	5 Lacs		>25 Lacs-1 crore	>1 crore Y Y (Not older than 1 year)						
Thi	rd Applicant:	Below 1 Lac 1-3	5 Lacs		>25 Lacs-1 crore	>1 crore (Not older than 1 year)						
For	· Individuals					Please refer instruction no. 4d)						
	st Applicant:	☐ I am Politically Exposed Per	son (PEP)	ed to Politically Exposed F	_	Trease refer instruction no. Tay						
Sec	ond Applicant:	I am Politically Exposed Per	son (PEP) 🔲 I am Relat	ed to Politically Exposed F	Person (RPEP) Not applicable							
	rd Applicant:	☐ I am Politically Exposed Per	` , _	ed to Politically Exposed F								
		, if involved in any of the belov										
•••	0 0	-	_	, , , , , , , , , , , , , , , , , , ,	Services Yes No (iii) Money	31 3 =						
8. E	BANK ACCOUNT D	ETAILS FOR PAYOUT (Please at	ttach copy of cancelled che	eque)		(Please refer instruction no. 5)						
Nan	ne of the Bank											
Acc	ount No.			Account Type	e SB CA CC SB-	NRE SB-NRO Other						
Bar	ık Branch		Ac	ddress								
		Bank City	Sta	ate	Pine	code						
міс	R Code (9 digits)		\$IFSC Code for	r NEFT / RTGS		s is an 11 Digit Number, kindly obtain om your cheque copy or Bank Branch.						
	·				Payment I	Details						
Sr. No.	Scheme l	Name /Plan	Option	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch						
1	Bajaj Finserv		☐ Growth									
	Regular	Direct	☐ IDCW Payout									
			☐ IDCW Reinvestment									

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	ENT DETAILS* The name	of the first/ sole applicant must	be pre-printed			(Please refe	erinstruct	1011110.7)	
Scheme Name		Plan			ption				
	_	_		th (Default)	0145		0. /		
ajaj Finserv					ut 🔲 IDCW Reinvestment 🔲 Transfer of IDCW cy 🔲 Daily 🔲 Weekly 🗎 Fortnightly 🗎 Monthly				
			IDCW Fr	equency 🔲 D	ally Weekly	Fortnightly	Monthly		
Payment Type (Please	√)	☐ Non-Third Party		[Third Party Payı	ment (PIs fill third pa	irty declara	tion form)	
Mode of Payment		Lumpsum				□ SIP*			
Amount (INR)									
Mode of Payment (Please •	()	(DD) (UTD)				(DD) (UTD)			
Cheque / DD NEFT /	RTGS	Cheque / DD No. / UTR N	10.		Cheque	e / DD No. / UTR No.			
Drawn on Bank and A/c no									
Date									
Cheque/DD should be dr	awn in favour of scheme	name e.g. "Bajaj Finserv Liqui	d Fund"						
- -		Registration & OTM Debit Mand							
Reason for investment	☐ House ☐ Children's E	ducation 🗌 Children's Marriage	e 🗌 Car 🗌 R	etirement 🔲 C	thers (please spec	ify)			
nvestment horizon Plea	ase (✓) anyone ☐ 5 Year	rs	20 Years	25 Years					
10. UNIT HOLDING OPTIO	N PHYSICAL MO	DE (Default) 📕 DEMAT M	ODE*			(Please refe	er instruct	ion no. 8	
		or wishes to hold the units in Der case of any ambiguity or validat						•	
	National Securities Depos	itory Limited		Cen	tral Depository Servi	ces (India) Limited			
DP Name			DP Name						
DP ID IN	Beneficiary A/c No		Beneficiar	v A/c No.					
	_			_	4				
nclosures - Please (√)	Client Masters List (CM	L) Transaction cum Holdin	g Statement	Delivery Ins	truction Slip (DIS)				
11. FATCA AND CRS DETA	AILS FOR INDIVIDUALS	(Including Sole Proprietor)				(Please refe	er instruct	ion no. 9	
Non-Individual investors s	hould mandatorily fill sepa	rate FATCA and Ultimate Benefic	cial Ownership (UBO) Form. Th	ne below information	n is required for all a	pplicants/	guardian	
Particulars	Diago/City of Di								
	Place/City of Bir	th Country of	Birth		Country of Citi	izenship / Nationa	ality		
First Applicant / Guardian	Flace/ City of Bir	th Country of	Birth	□ Indian	`	•	ality		
	Flace/ City of Bir	th Country of	Birth		U.S. Others	(Please specify)			
First Applicant / Guardian Second Applicant	Flace/ City of Bif	th Country of	Birth		`	(Please specify)			
	Flace/ City of Bif	th Country of	Birth	☐ Indian	U.S. Others	(Please specify)			
Second Applicant Third Applicant	·	,		☐ Indian	U.S. Others U.S. Others U.S. Others	(Please specify)			
Second Applicant Third Applicant Are you a tax resident (i.e.,	are you assessed for Tax)	in any other country outside Ind	ia? □ Yes □	☐ Indian ☐ Indian ☐ Indian No [Please tick	U.S. Others U.S. Others U.S. Others	(Please specify) (Please specify) (Please specify)			
Second Applicant Third Applicant Are you a tax resident (i.e.,	are you assessed for Tax)	,	ia? □ Yes □	☐ Indian ☐ Indian ☐ Indian No [Please tick	U.S. Others U.S. Others U.S. Others	(Please specify) (Please specify) (Please specify)			
Second Applicant Third Applicant Are you a tax resident (i.e.,	are you assessed for Tax)	in any other country outside Ind in which you are a Resident for t	ia? Yes :	☐ Indian ☐ Indian No [Please tick where you are a	U.S. Others U.S. Others U.S. Others (/)] Citizen/Resident/Gr	(Please specify) (Please specify) (Please specify) een Card Holder/Ta	ax Residen	t in the	
Second Applicant Third Applicant Are you a tax resident (i.e.,	are you assessed for Tax)	in any other country outside Ind in which you are a Resident for t	ia? Yes ax purpose i.e.	☐ Indian ☐ Indian No [Please tick where you are a	U.S. Others U.S. Others U.S. Others	(Please specify) (Please specify) (Please specify)	ax Residen	t in the	
Second Applicant Third Applicant Are you a tax resident (i.e., f 'YES' please fill for ALL coespective countries.	are you assessed for Tax) puntries (other than India)	in any other country outside Ind in which you are a Resident for t	ia? Yes ax purpose i.e.	☐ Indian ☐ Indian No [Please tick where you are a	U.S. Others U.S. Others U.S. Others (/)] Citizen/Resident/Gr	(Please specify) (Please specify) (Please specify) een Card Holder/Ta	ax Residen	t in the	
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Second Applicant Third Applicant are you a tax resident (i.e., FYES' please fill for ALL coespective countries. Particulars	are you assessed for Tax) puntries (other than India)	in any other country outside Ind in which you are a Resident for t	ia? Yes ax purpose i.e.	☐ Indian ☐ Indian No [Please tick where you are a	U.S. Others U.S. Others U.S. Others (/)] Citizen/Resident/Gr	(Please specify) (Please specify) (Please specify) een Card Holder/Ta If TIN is not avail, the reason A, B or	ax Residen able pleass C (as defin	t in the e tick (✓ ed below	
Second Applicant Third Applicant are you a tax resident (i.e., FYES' please fill for ALL coespective countries. Particulars	are you assessed for Tax) puntries (other than India)	in any other country outside Ind in which you are a Resident for t	ia? Yes ax purpose i.e.	☐ Indian ☐ Indian No [Please tick where you are a	U.S. Others U.S. Others U.S. Others (/)] Citizen/Resident/Gr	(Please specify) (Please specify) (Please specify) een Card Holder/Ta If TIN is not avail, the reason A, B or	ax Residen able pleass C (as defin	e tick (/ jed below	
Second Applicant Third Applicant Tre you a tax resident (i.e., YYES' please fill for ALL conspective countries. Particulars First Applicant / Guardian	are you assessed for Tax) puntries (other than India)	in any other country outside Ind in which you are a Resident for t	ia? Yes ax purpose i.e.	☐ Indian ☐ Indian No [Please tick where you are a	U.S. Others U.S. Others U.S. Others (/)] Citizen/Resident/Gr	(Please specify) (Please specify) (Please specify) een Card Holder/Ta If TIN is not avail, the reason A, B or	ax Residen able pleass C (as defin	t in the e tick (✓ ed below	
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I/We do hereby nominate the person(s) mor the Units held in my/our Folio in the event of (Please fill the nominee details in the table of the court of the person of the p	re particularly de of my/our death given below)	escribed here und	er to receive OR	I/We hereby c units held in r non-appointn death of all th requisite docu required by th favour of the	onfirm that I/We d ny/our mutual fun nent of any nomine le unit holders in th uments issued by t ne Mutual Fund/AM legal heir(s), base	ont wish to appoint a d folio. I/We understan- te(s) and am/are furth- the folio, my/our legal high the Court or such other IC for settlement of de- d on the value of the ur	ny nomir d the imp er aware eir(s) wou compete ath claim nits held	nee(s) for molications/is that in case uld need to sent authorit n/transmissi	y mutual fun sues involve of my demis submit all th y, as may be ion of units in al fund folio.	d in ee/ e
f you do not wish to nominate (Opt Out of Nomination) Relationship with				an Name Guardian' relationsh with nomin		Signature of Nominee Guardian of Nominee (Optional)		Proport the unit	ion (%) in v s will be sh Nominee (s	vhich ared
	Applicant	(to be fu	nished in case tl	he Nominee i	s a minor)			aggreg	gate to 100	%)
Nominee 1		DD/MM/YYYY								
Nominee 2		DD/MM/YYYY								
Nominee 3		DD/MM/YYYY								
Signature(s) All Unit holders to mandato										
13. CONFIRMATION CLAUSE (We hereby confirm to have read, understood and agree to the confirm to have read, understood and agree to the confirm to the confirmation to the							ing, storin	g, dealing, hai	ndling or disclo	sure of
14. DECLARATION AND SIGNATURES			te or any person acting t	under a contract w	ith the AMC or the Fu	nd.	(Pleas	e refer ins	struction n	o. 11)
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- Irrespective of the Investment amount.

 Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)
- Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. For e.g "Bajaj Finserv Liquid Fund"
- 7. 8. Application Number is mentioned on the reverse of the cheque.
- A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.
- Documents as listed are submitted along with the Application form (as applicable to your specific case)

	Points to reme	mber										
	Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust	NRI	FII(s)/ FPI	Sole Proprietor	Minor	HUF
er	Resolution / Authorisation to invest		✓	✓	✓		✓		✓			
	HUF / Trust Deed						✓					✓
	Bye - Laws			✓								
	Partnership Deed				✓							
	SEBI Registration / Designated Depository Participant Registration Certificate 2								✓			
	Proof of Date of birth										✓	
	Notarised Power of Attorney					✓						
	Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							1				
9	KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Demat Account Details (Client Master List Copy)3	✓	✓	✓	✓	√	✓	✓	✓	✓	√	✓
	FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

^{1.} Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.