## Common Application Form for Multiple Schemes- Lumpsum/ SIP

Application No.



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
Declaration for "execution-only" transaction (only where EU intentionally left blank by me/ us as this is an "execution-only"	with the Investment Adviser the details of my/our transactions in the scher JIN box is left blank) (Refer Instruction No. XIII). – I/We hereby cor transaction without any interaction or advice by the employee/relation riateness, if any, provided by the employee/relationship manager/sale ion.	firm that the EUIN box has been nship manager/sales person of the Gu	ature of First / Sole Applicant / ardian / Authorised Signatory
1 EXISTING FOLIO NO.	2 MODE (	OF HOLDING / OPERATION Single	Anyone or Survivor Joint (Default option is anyone or survivor
3 APPLICANT'S DETAILS All fields are n	nandatory. (Name and Date of Birth as per PAN)		Gender Male Fema
1st APPLICANT Mr Ms M/s			Date of Birth** D D M M Y Y
PAN/PEKRN*		KIN <sup>^</sup> Proof Attached	
GUARDIAN NAME IF MINOR/CONTACT PERSON	Mr Ms		Date of Birth D D M M Y
(FOR NON INDIVIDUALS) /POA HOLDER PAN/PEKRN*		KIN <sup>^</sup> Proof Attached	
Relationship with Minor applicant Natural gu	uardian Court appointed guardian	NIN Troof/maoried	
2nd APPLICANT Mr Ms			Date of Birth**
PAN/PEKRN*		KIN <sup>^</sup> Proof Attached	Date of Diffi
		KIN Proof Attached	
Brd APPLICANT Mr Ms			Date of Birth**
AN/PEKRN*		KIN <sup>a</sup> Proof Attached	- D
wandatory information - If left blank, the application is liable to lumber (KIN).	o be rejected.**Mandatory in case the Sole/First applicant is minor. ^In	nalvidual client who has registered under Central KYC Record	s Registry (CKYCR) has to till the 14 digit KYC Identificat
_	SOLE/FIRST APPLICANT (AS PER KYC RE		
Correspondence Address HOUSE /	/ FLAT NO.	Overseas Address (Mandatory for NRI / FII Applic HOUSE /	FLAT NO.
	ADDRESS		ADDRESS
CITY / TOWN	STATE	CITY / TOWN	STATE
COUNTRY	PIN CODE	COUNTRY	PIN CODE
Tel. No.	Resider	Mobile No.	
Mobile No belongs to:- Self S	Spouse Dependent Children Dependent	Siblings Dependent Parents Guardi	an PMS Custodian POA
Email ID			
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Second Holder Contact details Mobile No.	Email ID		
Third Holder Contact details Mobile No.	Email ID		_
	to the registered E-mail ID / Mobile No. In case you bridged Summary via Post (Applicable only if er		lease ✓ here)
5 TAX STATUS (Please ✓)	, , ,		
Resident Individual Foreign National On behalf of Minor Sole Proprietors HUF Partnership Firm NRI LLP	ship Private Limited Company Finance  Body Corporate FII	nment Body AOP/BOI cial Institution Trust / Society / NGO Non Profit Organization In Portfolio Investor QFI	Defence Establishment Other Specify on/Charities
6 DEMAT ACCOUNT DETAILS (OPTIO	ONAL) (Applicable ONLY for investors who are willing to	o hold their investment in DEMAT form)	
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository	Participant (DP) ID (CDSL only)
Mutual Fund  ACKNOWLEDGMEI (Please Retain this Slip. To	NT SLIP io be filled in by the Investor, Subject to realization of chequ	Application No.  ue and furnishing of Mandatory Information)	Evisting Falid No.

Toll Free Number: 1800 266 6688 / 1800 300 666 88

Email: investormf@bandhanamc.com

Website: www.bandhanmutual.com

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GROSS ANNUAL INCOME	E [Please tick (✓)]												
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Third Applicant	Below 1 Lac	1-5 Lacs 5-10	Lacs	10-25 Lacs	>25	5 Lacs-1 crore	>1 crore	e <b>OR</b> Net v	vorth ₹				
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