

COMMON APPLICATION FORM

(FOR LUMP SUM/SYSTEMATIC INVESTMENTS)

ICR/OCR FORM

Application No.

Investor must read key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E
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☐ Declaration for "execution-only" transaction (only where EUIN box is left blank). - I/We hereby confirm that the EUIN box has been intentionally left blank by us as this is an execution-only transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

1 FUND NAME

FUND Name

2 EXISTING UNITHOLDERS INFORMATION - If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name

FOLIO NO.

3 APPLICANT(S) DETAILS Mandatory information - If left blank the application is liable to be rejected.

Sole/First
Applicant

PAN/PEKRN*
(Applicant/Guardian)

KIN NO.

Name Of
Guardian*

Enclosed (Please P)* ☐ KYC Acknowledgment Letter

Date of Birth*

D D M M Y Y Y Y

Aadhaar No

GUARDIAN (in case First/Sole applicant is minor) / CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian Enclosed (Please P)*

2nd Applicant Name (Should match with PAN Card)

PAN/PEKRN*
(2nd Applicant)
Aadhaar No

KIN NO.

☐ KYC Proof Attached
(Mandatory)

3rd Applicant Name (Should match with PAN Card)

PAN/PEKRN*
(3rd Applicant)
Aadhaar No

KIN NO.

☐ KYC Proof Attached
(Mandatory)

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

Address Type

☐ Residential ☐ Business

☐ Residential/Business

☐ Registered Office

City/Town

Country

Tel.(Off.)

FAX

STATE

PINCODE

Tel.(Res.)

Mobile No.

Mobile Number belong to family due to investor being, ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor

Email ID:

Email ID belong to family due to investor being, ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor

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ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor: Subject to realization of cheque and furnishing of Mandatory Information.

Name of the Investor

Application No.

EXISTING FOLIO NO.

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Overseas Address
(Mandatory for NRI/FII Applicants)

City/Town

Country

Tel.(Off.)

FAX

Email ID:

STATE

PINCODE

Tel. (Res.)

Mobile No.

☐ Please tick (✓) I/We would like to register to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for registration on the same.

☐ please ✓ if you wish to receive Account statement / Annual Report / Other statutory information via Post instead of Email

please ✓ any of the frequencies to receive Account Statement through e-mail ☐ Daily* ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

*Mandatory information - If left blank the application is liable to be rejected.
** Mandatory in case the Sole/First applicant is minor. For KYC requirements

#Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor
For documents to be submitted on behalf of minor folio refer AMC Website.

Mode of Holding [Please tick (✓)]

☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

Tax Status [Please tick (✓)]

☐ Indian Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership Firm ☐ Government Body ☐ Foreign Portfolio
☐ QFI ☐ On behalf of Minor ☐ Foreign National ☐ Company ☐ AOP/BOI ☐ Defense Establishment
☐ NON Profit Organization/Charities ☐ HUF ☐ Body Corporate ☐ Private Limited Company ☐ FII ☐ Public Limited Company
☐ Bank / FI ☐ Trust/Society/NGO ☐ Limited Partnership (LLP) ☐ Sole Proprietorship ☐ Others (Please Specify) _____

5 INVESTMENT & PAYMENT DETAILS For Plans & Sub-options please see key features for scheme specific details

Name of scheme

Option & Sub option

(Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: ☐ Growth/Cumulative ☐ IDCW **SUB-OPTION:** ☐ IDCW Reinvestment ☐ IDCW Payout OR AEP- ☐ Regular* or ☐ Appreciation

IDCW Frequency: _____ **AEP Frequency:** _____

*Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s).

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan.

Attach OTM form, if not already registered. Mention First SIP Cheque Details below ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS ☐ OTM

Payment details

Amount Paid`

Cheque/ DD Number

DD Charges` (if applicable)

OTM/CAMS

OTM Reference Number

Amount` Invested

Date

D D M M Y Y Y Y

Account Number

Bank Name

Bank Branch

Account Type

☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

City

Mandatory Enclosures [Please tick (✓) if the first Installment is not through cheque] ☐ Cheque Copy ☐ Bank Statement ☐ Banker's Attestation _____

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular.

6 UNIT HOLDING OPTION

☐ Physical Mode (Default)

☐ NSDL

Depository Participant (DP) ID (NSDL)

I N _____

Beneficiary Account Number (NSDL)

ENCLOSE FOR DEMAT OPTION

☐ Client Master List

☐ Transaction/ Holding Statement

☐ DIS Copy

☐ Demat Mode

☐ CDSL

Depository Participant (DP) ID (CDSL Only)

11		KYC DETAILS (Mandatory)					
Occupation [Please tick (✓)]							
Sole / First Applicant	<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"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Second Applicant	<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"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Third Applicant	<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"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Gross Annual Income [Please tick (✓)]							
Sole / First Applicant	<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-1 crore	<input type="checkbox"/> >1 crore	
	OR Net worth (Mandatory for Non-Individuals) ` _____ as on _____ (DD/MM/YYYY) (Not older than 1 year)						
Second Applicant	<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-1 crore	<input type="checkbox"/> >1 crore	
Third Applicant	<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-1 crore	<input type="checkbox"/> >1 crore	
Others [Please tick (✓)]							
Sole / First Applicant	For Individuals [Please tick(✓)]: <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable						
	For Non-Individuals [Please tick(✓)]: (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange/Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Money Lending/Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No						
Second Applicant	<input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable						
Third Applicant	<input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable						

12	NOMINATION (PREFERABLE) OR OPT-OUT(AVOIDABLE) Nominee Details or Opt-Out Declaration(by way of tick) is mandatory to process the application
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NOMINATION Opt-In: I/We, the above-named Unitholder/s of respective Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death.

Name of the 1 st Nominee		Date of Birth**(DD/MM/YYYY) (Mandatory if nominee is minor)	
Name of the Guardian**		PAN of the Nominee/ Guardian\$	
Relationship with the Nominee* [‡] [Please tick (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		Nominee%* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nominee's Address [‡] (Mandatory)			
SIGNATURE OF NOMINEE [‡] / GUARDIAN, IF NOMINEE IS A MINOR**			
Name of the 2 nd Nominee		Date of Birth**(DD/MM/YYYY) (Mandatory if nominee is minor)	
Name of the Guardian**		PAN of the Nominee/ Guardian\$	
Relationship with the Nominee* [‡] [Please tick (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		Nominee%* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nominee's Address [‡] (Mandatory)			
SIGNATURE OF NOMINEE [‡] / GUARDIAN, IF NOMINEE IS A MINOR**			
Name of the 3 rd Nominee		Date of Birth**(DD/MM/YYYY) (Mandatory if nominee is minor)	
Name of the Guardian**		PAN of the Nominee/ Guardian\$	
Relationship with the Nominee* [‡] [Please tick (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		Nominee%* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nominee's Address [‡] (Mandatory)			
SIGNATURE OF NOMINEE [‡] / GUARDIAN, IF NOMINEE IS A MINOR**			

*Mandatory [‡]Optional ** Mandatory & Applicable in case the Nominee is a Minor

In case of each minor as Nominee, please mention Guardian's relationship with minor as Father/Mother/Legal Guardian & Attach Proof Like Birth Certificate/School Leaving Certificate/Passport/Other

☐ **OPT-OUT Declaration:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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13	INVESTOR(S) DECLARATION & SIGNATURE(S)
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To the Trustee, AMC, I/We have read the Scheme Information Document/Key Information Memorandum/Statement of Additional Information (including Instructions / addenda issued from time to time) of the applicable Scheme(s) for which I/We am/are applying for the units of the specified scheme(s) of the participating Mutual Fund(s) vide this application, understood the contents of the same and hereby agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We hereby acknowledge and confirm that the information provided above is true, correct and complete. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it.

I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion or any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the scheme is equal to or more than 25% of the corpus of the plan, then respective AMC has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I am/we are not US Person(s). I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding INR 50,000 in a year. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 authorize you (CAMS/participating Fund(s)/AMC(s)) to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its sponsor, Asset Management Company, trustees, their employees / RTAs (the Authorized Parties) / any other intermediaries registered with various regulators or to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies and also authorize to close or suspend the account without any obligation of advising me/us of the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information / document(s) as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same. The email id and mobile number provided in the common application form will be used as registered email and mobile number for verification, confirmation of transactions, validations & sending transaction confirmation and hence am/are authorizing you/participating Fund or AMC for sharing of such information to the applicable service providers. FOR REGISTRATION OF ONLINE FACILITY: I/we hereby request you to register me/us for availing the facility of carrying out transactions of additional purchase/ redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of AMC to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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