

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 appli ation 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 ` _____ **DD Charges `** (if applicable) _____ **Amount ` Invested** _____

Cheque/DD Number _____ **OTM/CAMS** _____ **OTM Reference Number** _____ **Date** D D M M Y Y Y Y

Account Number _____ **Account Type** Savings Current NRE NRO FCNR

Bank Name _____ **City** _____

Bank Branch _____

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)** **Beneficiary Account Number (NSDL)** **ENCLOSE FOR DEMAT OPTION**

Demat Mode CDSL **Depository Participant (DP) ID (CDSL Only)** Client Master List Transaction/ Holding Statement DIS Copy

7 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)
For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Type Savings Current NRI NRO FCNR OTHERS (PLEASE SPECIFY) _____

Account Number _____

Name of Bank _____

Branch Name _____ **Branch City** _____

9 Digit MICR Code _____ **11 Digit IFSC Code** _____ **Enclosed (Please ✓):** _____ **Bank Account Details Proof Provided.** _____

8 Systematic Investment Plan (SIP) Registration:

First Installment through cheque/DD **OTM/CAMS OTM Reference Number** _____ **Date** _____

First cheque/DD No: _____ **Amount** _____

Bank Name _____ **Branch** _____ **City** _____

Each SIP Amount: Rs. _____ **SIP Frequency:** Daily Weekly Monthly Quarterly (Default SIP frequency is Monthly)

SIP Date: 1st 5th 7th 10th 15th 20th 25th **SIP Start Month/Year**

M	M	Y	Y	Y	Y
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Others (As Per AMC) _____ **SIP END Month/Year**

M	M	Y	Y	Y	Y
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Maximum 30 years Tenure

SIP TOP UP (Optional) (Tick to avail this facility) **Percentage:** _____ **TOP UP Amount:** _____ (* TOP UP amount has to be in multiples of Rs.500 only).

TOP UP Frequency: Half Yearly Yearly **SIP TOP UP CAP: Amount** _____ **OR Month-Year:**

M	M	Y	Y	Y	Y
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(Investor has to choose only one option – either CAP Amount or CAP Month-Year)

9 Systematic Transfer Plan (STP)

STP in to SCHEME SCHEME/Plan/Option _____

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

STP Frequencies Daily Weekly Monthly Quarterly **STP Date:** 1st 5th 7th 10th 15th 20th 25th **Others (As Per AMC)** _____

STP Amount: _____ **OR** CAPITAL APPRECIATION

STP Start Month / Year

M	M	Y	Y	Y	Y
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STP End Month/Year

M	M	Y	Y	Y	Y
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No. of Installment (In case Daily or Weekly STP) _____

10 FATCA and CRS details for Individuals (Including Sole Proprietor) (Mandatory) Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship/Nationality			

If TIN is not available tick (✓) the reason A B or C as provided below Reason : A B C Reason : A B C Reason : A B C

Country of Citizenship/Nationality

Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C ⇒ Others, please state the reason thereof: _____

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? Yes No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA , the POA holder should mandatorily fill Annexure for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

Address Type Residential Registered Office Business Residential Registered Office Business Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC viz;

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

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 1st Nominee	<input type="text"/>	Date of Birth**(DD/MM/YYYY)	<input type="text"/>
Name of the Guardian**	<input type="text"/>	(Mandatory if nominee is minor)	
		PAN of the Nominee/Guardian\$	<input type="text"/>
	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="text"/>
Nominee's Address⁵ (Mandatory)	<input type="text"/>		
	SIGNATURE OF NOMINEE ⁵ / GUARDIAN, IF NOMINEE IS A MINOR**		
Name of the 2nd Nominee	<input type="text"/>	Date of Birth**(DD/MM/YYYY)	<input type="text"/>
Name of the Guardian**	<input type="text"/>	(Mandatory if nominee is minor)	
		PAN of the Nominee/Guardian\$	<input type="text"/>
	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="text"/>
Nominee's Address⁵ (Mandatory)	<input type="text"/>		
	SIGNATURE OF NOMINEE ⁵ / GUARDIAN, IF NOMINEE IS A MINOR**		
Name of the 3rd Nominee	<input type="text"/>	Date of Birth**(DD/MM/YYYY)	<input type="text"/>
Name of the Guardian**	<input type="text"/>	(Mandatory if nominee is minor)	
		PAN of the Nominee/Guardian\$	<input type="text"/>
	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="text"/>
Nominee's Address⁵ (Mandatory)	<input type="text"/>		
	SIGNATURE OF NOMINEE ⁵ / GUARDIAN, IF NOMINEE IS A MINOR**		

*Mandatory ⁵Optional **Mandatory & Applicable in case the Nominee is a Minor
⁵In 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)

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, understand 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 / 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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