

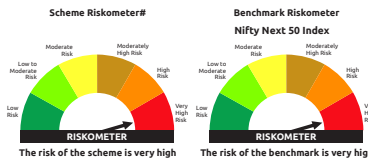
# Bandhan Nifty Next 50 Index Fund

New Fund Offer Period : February 13, 2025 to February 25, 2025

This product is suitable for investors who are seeking\*:

- To create wealth over a long term.
- Investment in equity and equity-related instruments belonging to Nifty Next 50 Index.
- \*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

All sections should be filled in English and in BLOCK LETTERS only.



Application No. NN501F

ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E	EUIJ No.	Internal Code for Sub-broker/ Employee
-------------------------------------	---------------------------	---	----------	--

#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.  
Declaration for "execution-only" transaction (only where EUIJ box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIJ box has been intentionally left blank by me/ 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 in-appropriateness, 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 First / Sole Applicant / Guardian / 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** (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. Gender  Male  Female

**1st APPLICANT** Mr Ms M/s First Middle Last

PAN / PEKRN\* KIN<sup>a</sup>  Proof Attached Date of Birth\*\*  
D D M M Y Y Y Y

**GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER** Mr Ms First Middle Last

PAN / PEKRN\* KIN<sup>a</sup>  Proof Attached Relationship with Minor applicant  Natural guardian  Court appointed guardian Date of Birth\*\*  
D D M M Y Y Y Y

**2nd APPLICANT** Mr Ms First Middle Last

PAN / PEKRN\* KIN<sup>a</sup>  Proof Attached Date of Birth\*\*  
D D M M Y Y Y Y

**3rd APPLICANT** Mr Ms First Middle Last

PAN / PEKRN\* KIN<sup>a</sup>  Proof Attached Date of Birth\*\*  
D D M M Y Y Y Y

\*Mandatory information - If left blank, the application is liable to be rejected. \*\*Mandatory in case the Sole/ First applicant is minor. <sup>a</sup>Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

## 4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)

<b>Correspondence Address</b>	<b>Overseas Address (Mandatory for NRI / FI Applicants)</b>
HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY / TOWN STATE	CITY / TOWN STATE
COUNTRY PIN CODE	COUNTRY PIN CODE

Mobile No. Tel. No. Office Tel. No. Residence

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email ID Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA (Please refer Instruction No. Z and Y)

**Second Holder Contact details** Mobile No. Email ID

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

**Third Holder Contact details** Mobile No. Email ID

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here)  (Refer instruction Z)

## 5 TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

## 6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to 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)

## 7 BANK DETAILS (Mandatory)

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 Number Account Type  Current  Savings  NRO  NRE  FCNR  Others (please specify)

Bank Name & Branch

Branch City IFSC Code 11 digit MICR Code 9 digit

## BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions

From

Stamp & Signature

**8 INVESTMENT & PAYMENT DETAILS** (Please refer to the Instruction No. E & J) (Please refer SID for Scheme Riskometer, Benchmark Riskometer, Plans and Sub-options)

<b>Scheme Name</b>	<b>Bandhan Nifty Next 50 Index Fund</b>	<b>Plan</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Direct <b>Option</b>	<input type="checkbox"/> Growth
<b>Mode of payment</b>	<input type="checkbox"/> Self <input type="checkbox"/> Third Party Payment (Please fill the Third Party Payment Declaration Form)	<b>Payment mode</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> OTM <input type="checkbox"/> RTGS/NEFT	
<b>Amount (figures)</b>	<input type="text"/>	<b>Cheque/DD/UTR/UMR No.</b>	<input type="text"/>	<b>Cheque Date</b> <input type="text"/>
<b>Account No.</b>	<input type="text"/>	<b>Account Type</b>	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<small>Please specify</small>
<b>Bank &amp; Branch Name</b>	<input type="text"/>			

(\*Please fill STP/SWP/DCW Transfer Registration Form separately)

**9 NOMINATION DETAILS** Mandatory section for Individuals (Single or Joint)  I/We wish to nominate  I/We do not wish to nominate<sup>ss</sup>

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 1				
Nominee 2				
Nominee 3				

<sup>ss</sup>OPT-OUT: 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 my / our folio.

**Sign Here** →  First / Sole Applicant / Guardian  Second Applicant  Third Applicant

**10 FATCA AND CRS DETAILS FOR INDIVIDUALS** (including Sole Proprietor) (Mandatory)

HUF & Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>

**Are you a tax resident (i.e. are you assessed for tax) in any other country outside India?**  YES  NO (please tick ✓)  
 If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

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 reasons Only if the authorities of the country of tax residence do not require the TIN to be collected)  Reason C → Others please state the reasons thereof:

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

**11 KYC DETAILS** (Mandatory)

**OCCUPATION** [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<small>Please specify</small>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<small>Please specify</small>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<small>Please specify</small>

**GROSS ANNUAL INCOME** [Please tick (✓)]

First Applicant / Guardian	<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
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 OR Net worth ₹ <input type="text"/>
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 OR Net worth ₹ <input type="text"/>

**OTHERS** [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP) <sup>a</sup> <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Second Applicant	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"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) <sup>a</sup> <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

**12 DECLARATION & SIGNATURES** (Please refer to the Instruction No. K)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

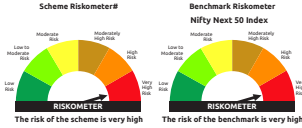
**Sign Here** →  First / Sole Applicant / Guardian / Authorised Signatory  Second Applicant  Third Applicant

Instrument No.	Dated	Amount (₹)	Scheme
	<input type="text"/>		Bandhan Nifty Next 50 Index Fund

**COMBO NFO APPLICATION FORM**  
**Bandhan Nifty Next 50 Index Fund**  
 (Start Date : February 13, 2025 End Date : February 25, 2025)



**Bandhan Nifty Next 50 Index Fund**  
 This product is suitable for investors who are seeking\*:  
 • To create wealth over a long term.  
 • Investment in equity and equity-related instruments belonging to Nifty Next 50 Index.  
 \*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



**Bandhan Overnight Fund**  
 This product is suitable for investors who are seeking\*:  
 • To generate short term optimal returns in line with overnight rates & high liquidity.  
 • To invest in money market and debt instruments, with maturity of 1 day.  
 \*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



Application No. **NN50IF**

All sections should be filled in English and in BLOCK LETTERS only.

ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E	EUIN No.	Internal Code for Sub-broker/ Employee
#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund. Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIN box has been intentionally left blank by me/ 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 in-appropriateness, 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 First / Sole Applicant / Guardian / 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** (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. Gender  Male  Female

**1st APPLICANT** Mr Ms M/s \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

PAN / PEKRN\* \_\_\_\_\_ KIN\*  Proof Attached \_\_\_\_\_ Date of Birth\*\* \_\_\_\_\_  
 D D M M Y Y Y Y

**GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER** Mr Ms \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

PAN / PEKRN\* \_\_\_\_\_ KIN\*  Proof Attached Relationship with Minor applicant  Natural guardian  Court appointed guardian Date of Birth\*\* \_\_\_\_\_  
 D D M M Y Y Y Y

**2nd APPLICANT** Mr Ms \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

PAN / PEKRN\* \_\_\_\_\_ KIN\*  Proof Attached \_\_\_\_\_ Date of Birth\*\* \_\_\_\_\_  
 D D M M Y Y Y Y

**3rd APPLICANT** Mr Ms \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

PAN / PEKRN\* \_\_\_\_\_ KIN\*  Proof Attached \_\_\_\_\_ Date of Birth\*\* \_\_\_\_\_  
 D D M M Y Y Y Y

\*Mandatory information - If left blank, the application is liable to be rejected. \*\*Mandatory in case the Sole/First applicant is minor. \*Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

**4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)**

<b>Correspondence Address</b>	<b>Overseas Address (Mandatory for NRI / FII Applicants)</b>
HOUSE / FLAT NO. _____	HOUSE / FLAT NO. _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY / TOWN _____ STATE _____	CITY / TOWN _____ STATE _____
COUNTRY _____ PIN CODE _____	COUNTRY _____ PIN CODE _____

Mobile No. \_\_\_\_\_ Tel. No. \_\_\_\_\_ Office \_\_\_\_\_ Tel. No. \_\_\_\_\_ Residence \_\_\_\_\_

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email ID \_\_\_\_\_

Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA (Please refer Instruction No. Z and ✓)

**Second Holder Contact details** Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

**Third Holder Contact details** Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here)  (Refer instruction Z)

**5 TAX STATUS (Please ✓)**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society/ NGO	<input type="checkbox"/> Other _____ Specify _____
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

**6 BANK DETAILS (Mandatory)**

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 Number \_\_\_\_\_ Account Type  Current  Savings  NRO  NRE  FCNR  Others (please specify) \_\_\_\_\_

Bank Name & Branch \_\_\_\_\_

Branch City \_\_\_\_\_ IFSC Code \_\_\_\_\_ 11 digit MICR Code \_\_\_\_\_ 9 digit

**BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor.)

Application No. \_\_\_\_\_

Received, subject to realisation, verification and conditions

From \_\_\_\_\_

Stamp & Signature \_\_\_\_\_

7 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Scheme Riskometer, Benchmark Riskometer, Plans and Sub-options)

Scheme Name Bandhan Overnight Fund Plan Option Payment mode Cheque DD Fund Transfer OTM RTGS/NEFT Amount (figures) Cheque/DD/UTR/UMR No. Cheque Date Account No. Account Type Saving Current NRO NRE FCNR Others Bank & Branch Name

8 SWITCH\* - SWITCHES WILL HAPPEN ON THE CLOSING DATE OF NFO - Bandhan Nifty Next 50 Index Fund \*Please read Instruction 'S'

I/We request you to switch existing units/amount from Bandhan Overnight Fund to Bandhan Nifty Next 50 Index Fund (subject to the Terms & Conditions of Bandhan Overnight Fund) Amount ₹ in figure Amount ₹ in words OR Units OR All Units

From Bandhan Overnight Fund Plan Option To Bandhan Nifty Next 50 Index Fund Plan Option Growth

9 NOMINATION DETAILS Mandatory section for Individuals (Single or Joint) I/We wish to nominate I/We do not wish to nominate

Table with columns: Nominee Name & Address, Relationship with Investor, In case of Minor (Guardian Name & Address, Date of birth), Allocation %

Other Details (Guardian details to be furnished in case nominee is a minor) Table with columns: Nominee, PAN, Mobile, Email ID, Nominee/ Guardian sign

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 my / our folio.

Sign Here First / Sole Applicant / Guardian Second Applicant Third Applicant

10 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

HUF & Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

Table with columns: Applicant, Place/City of Birth, Country of Birth, Country of Citizenship / Nationality

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? YES NO (please tick ✓) If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

Table with columns: Applicant, Country of Tax Residency, Tax Identification Number or Functional Equivalent, Identification Type (TIN or other please specify)

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 reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C -> Others please state the reasons thereof:

Table with columns: Applicant, Address Type of Sole /1st Holder, Address Type of 2nd Holder, Address Type of 3rd Holder

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

11 KYC DETAILS (Mandatory)

Table with columns: Applicant, Occupation (Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer, Others)

Table with columns: Applicant, GROSS ANNUAL INCOME (Below 1 Lac, 1-5 Lacs, 5-10 Lacs, 10-25 Lacs, >25 Lacs-1 crore, >1 crore), OR Net worth (Mandatory for Non-Individuals) ₹ as on

Table with columns: Applicant, OTHERS (Politically Exposed Person (PEP)^, Related to Politically Exposed Person (RPEP), Not applicable)

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/We have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorized Signatory Second Applicant Third Applicant

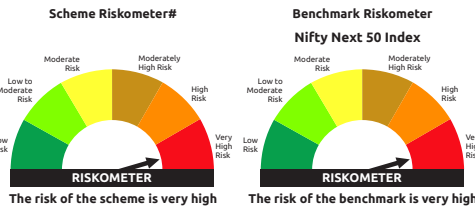
Table with columns: Instrument No., Dated, Amount (₹), Scheme

**Bandhan Nifty Next 50 Index Fund**  
**New Fund Offer Period : February 13, 2025 to February 25, 2025**

**This product is suitable for investors who are seeking\*:**

- To create wealth over a long term.
- Investment in equity and equity-related instruments belonging to Nifty Next 50 Index.

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



Application No. **NN50IF**

**Transaction Slip for Existing Investors**

DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA / PMRN Code#	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN- (ARN stamp here)	ARN-			

\*By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

\*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

MANDATORY	KYC compliance status (Please ✓)	<input type="checkbox"/> 1st Applicant	<input type="checkbox"/> 2nd Applicant	<input type="checkbox"/> 3rd Applicant	Folio No.									
	Name of the Sole/ First Unit Holder													

**1 PURCHASE REQUEST** (Cheque/DD to be drawn in favour of "Bandhan Nifty Next 50 Index Fund"). In case you do not mention Plan and/or Option units will be allotted under default option as per SID/KIM.

Scheme Name	Bandhan Nifty Next 50 Index Fund	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth
PAYMENT MODE (Please ✓):	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM	<input type="checkbox"/> RTGS / NEFT
Bank A/c No		A/c. Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others		
Cheque / DD / UTR No. / UMRN		Date	D D M M Y Y	Amount (figures ₹)	
Drawn on Bank		Drawn on Branch & City			
Payment Type (Please ✓)	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment	(Please attach 'Third Party Payment Declaration Form')		
<b>DEMAT ACCOUNT DETAILS</b> (Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned as given in folio, matches as per the Depository Details.)					
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)			

**2 SWITCH REQUEST** (Please refer to the SID of the scheme you are switching from and to)

FROM Scheme Name	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW - Transfer* <input type="checkbox"/> IDCW frequency		
Amount ₹	in figure	Amount ₹	in words
		OR Units	OR <input type="checkbox"/> All Units
TO Scheme Name	Bandhan Nifty Next 50 Index Fund	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Option <input type="checkbox"/> Growth

(\*Please fill STP/SWP/IDCW Transfer Registration Form separately)

**YOUR CONFIRMATION/DECLARATION**

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

SIGN HERE	Sole/First Applicant	Second Applicant	Third Applicant

**ACKNOWLEDGEMENT SLIP**

Received, subject to realisation, verification and conditions

Scheme	Bandhan Nifty Next 50 Index Fund	Time Stamping
Folio No.		<input type="checkbox"/> ADDITIONAL PURCHASE <input type="checkbox"/> SWITCH



*This page has been intentionally left blank*

# Bandhan Nifty Next 50 Index Fund

## SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUN No.	Internal Code for Sub-broker/ Employee
-------------------------------------	---------------------------	-----------	--

#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.  
 Declaration for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUN box has been intentionally left blank by me/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 in-appropriateness, 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 First / Sole Applicant /  
Guardian / Authorised Signatory

Please Tick (✓)  SIP Registration  SIP Renewal  SIP with Top-up Registration  SIP - Change in Bank Details Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

### UNIT HOLDER INFORMATION

Existing Folio Number  PAN

Name of the First Holder (Name and Date of Birth as per PAN)

### SYSTEMATIC INVESTMENT PLAN DETAIL (For Monthly / Quarterly frequency, choose any date from 1<sup>st</sup> to 31<sup>st</sup> of a given month)

Scheme **Bandhan Nifty Next 50 Index Fund** Plan  Option

Frequency Please (✓)  Weekly Datewise (Transfer date will be 7<sup>th</sup>/ 14<sup>th</sup>/ 21<sup>st</sup>/ 28<sup>th</sup> of the month)  Monthly (Default date 10<sup>th</sup>)  Quarterly (Default date 10<sup>th</sup>)

SIP Day  SIP Period From  To  OR  40 Years Installment Amount (₹)  in figures

**SIP TOP-UP** (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency  Half Yearly  Yearly\* (Default) Amount ₹  in figures (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

### INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP instalments.)

My existing OTM registered to be used for initial & subsequent SIP instalments  (OR)

Cheque No.  Cheque Date  Cheque Amount  Bank & Branch Name

### DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
---	------------------	-----------------

### Bandhan One Time Mandate (OTM)

UMRN  FOR OFFICE USE ONLY Date

Sponsor Bank Code  FOR OFFICE USE ONLY Utility Code  FOR OFFICE USE ONLY

Tick (✓)  CREATE  MODIFY  CANCEL I/We hereby authorize  Bandhan Mutual Fund to debit tick (✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c. number

with Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

PAN / Application No.  Mobile No.  +91

Reference  Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

**PERIOD**

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or  Until Cancelled

Signature of Primary Account Holder      Signature of Account Holder      Signature of Account Holder

1.  Name as in bank records      2.  Name as in bank records      3.  Name as in bank records

This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.  
 I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

## TERMS AND CONDITIONS :

- 1) Bandhan Mutual Fund can register the attached 'One Time mandate' to facilitate collection of payments towards investments in Mutual Funds as directed by the investors.
- 2) The facility is made available to investors of Bandhan Mutual funds who subscribe to use this one time mandate for their intended investment collections only.
- 3) The Scheme Information Document (SID), Scheme Additional Information (SAI) and Key Information Memorandum, all Instructions, Addenda issued from time to time, as available on the Bandhan Mutual Funds' website, Risk Factors, Loads and all other information related to various requirements of the respective Scheme/Plan shall be understood and referred to before providing the mandate by the investor. It is deemed that the investor agrees to the terms and conditions of the respective chosen scheme as stipulated by AMC from time to time.
- 4) Bandhan MF shall map this mandate, after due acceptance from investor's bank, as one of the authorised payment modes in the RTA folio records for all investments in Bandhan Mutual Fund and the above mapping shall be purely based on automatic matching of PAN mentioned in the attached mandate with the first holder's PAN (Guardian's PAN for Minors) in investor's folios.
- 5) Bandhan MF, directly as or through its appointed aggregator (service provider) shall arrange to lodge only the duly valid Mandate with investor's bank under Automated Clearing House (ACH) Rules.
- 6) As per NPCI, mandate can be registered upto 40 years.
- 7) Any charges payable by the investor to his/her bank for registering and honoring this mandate will not be borne by Bandhan and for the same to be debited to bank account, the mandate contains necessary authorization.
- 8) Bandhan MF or its aggregator shall also facilitate collection of periodical or adhoc payments due from the Investor, (either for fresh purchase or additional purchase or SIP investments as the case may be) as per duly lodged and accepted mandate terms. This will be as per specific instructions received from Bandhan Mutual Fund for the desired adhoc/ periodical transactions instructions issued/conveyed to them directly by the investor through various permitted modes.
- 9) Bandhan MF shall ensure that under any circumstances, the funds will not be used other than for the intended purpose and Bandhan MF shall not have any title or ownership over the proceeds except for the interim period pending pass through to the Bandhan MF.
- 10) Bandhan MF shall be bound by rules and procedures prescribed by NPCI from time to time for this ACH Debit mandate collection services operated by them.
- 11) The investor cannot hold the Bandhan Mutual Fund or the aggregator responsible for any loss, if mandate is rejected or any of its transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason at or of the investor bank.
- 12) Bandhan MF will not be responsible or liable for nor be in default for reasons of any failure or delay in ensuring obligations under this facility, where such failure or delay is caused, in whole or in part, by any force majeure event (including network failures) which are beyond the reasonable control of Bandhan MF.
- 13) The investor clearly understands that this common ACH mandate provides for multiple debits on same settlement date to pay various underlying transactions for values, each of which shall be less or equal to the maximum amount specified in the relevant mandate. Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/periodical commitments for transactions under the relevant mandates. Investor shall note that his bank may charge service fees for any dishonor.
- 14) All the intended transactions will be presented on best efforts basis if received by and within the timelines agreed by the service provider and the decision of the investor's bank will be final in acceptance or rejection of any or all transaction.
- 15) Bandhan MF shall recover any wrongful credits afforded in investor's folios and for which notice/information is hereby waived.
- 16) The investor clearly understands that debit of funds for transactions using Bandhan One Time Mandate form will be subject to normal processing time taken for clearing such transactions through the ACH platform and in accordance with NPCI guidelines.
- 17) SIPs can be registered for a maximum period of 40 years.
- 18) All Applicants name and date of birth should be as per PAN.
- 19) In case the chosen SIP date is not available in a particular month, the SIP instalment will be processed on the last available calendar day of the month. If last available calendar day falls on a non-business day, then the SIP instalment will be processed on the next available business day.

**Toll free 1800 266 6688 / 1800 300 66688**  
Available Between  
9:00 am - 6:00 pm on weekdays

Please note our investor  
service email id  
**investormf@bandhanamc.com**

**[www.bandhanmutual.com](http://www.bandhanmutual.com)**



# Bandhan Nifty Next 50 Index Fund Registration Form for Systematic Transfer Plan



## DISTRIBUTOR / BROKER INFORMATION TIME STAMPING

Name & Broker Code / ARN / RIA / PMRN	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee
ARN- (ARN stamp here)	ARN-		

\*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/ 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 in-appropriateness, 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 First / Sole Applicant /  
Guardian / Authorised Signatory

## EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

<b>MANDATORY</b>	Name of the First Holder	<input type="text"/>		
	Folio No.	<input type="text"/>	PAN/PERN (mandatory)	<input type="text"/>
	KIN	<input type="text"/>	KYC Identification Number	<input type="text"/>

Enclosed  PAN/PERN Proof  KYC Compliant

## SYSTEMATIC TRANSFER PLAN (STP) (Please read overleaf instructions carefully)

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment
TO Scheme	Bandhan Nifty Next 50 Index Fund	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth	

## SYSTEMATIC TRANSFER PLAN - FIXED SYSTEMATIC TRANSFER PLAN - CAPITAL APPRECIATION

<p><b>Transfer Frequency (Please tick (✓) any one of the below frequencies)</b></p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly - Daywise (<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday)</p> <p><input type="checkbox"/> Weekly - Datewise (Transfer date will be 7<sup>th</sup>/14<sup>th</sup>/21<sup>st</sup>/28<sup>th</sup> of the month)</p> <p><input type="checkbox"/> Fortnightly (Transfer date will be 1<sup>st</sup>/16<sup>th</sup> of the month)</p> <p><input type="checkbox"/> Monthly (Any day of the month except 29<sup>th</sup>, 30<sup>th</sup> &amp; 31<sup>st</sup>)</p>	<p><b>Transfer Frequency (Please tick (✓) any one of the below frequencies)</b></p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Half Yearly</p> <p><input type="checkbox"/> Annual</p> <p>Any day of the month except 29<sup>th</sup>, 30<sup>th</sup> &amp; 31<sup>st</sup>.</p>
---	---

Transfer Instalment ₹  ₹ in words

STP Period Start       End       OR No. of Installments  (Please select either Period or no. of instalments)

**STP WILL START ONLY AFTER 10 DAYS FROM THE NFO ALLOTMENT DATE.**

## DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 ₹ 50,000 in a year. 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.

For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
---	------------------	-----------------	------------

## INSTRUCTIONS

1. The STP/ Cap STP/ SWP/ Cap SWP Enrolment Form should be completed in English and in Block Letters only. Please tick (✓) in the appropriate box where boxes have been provided. The STP/ Cap STP/ SWP/ Cap SWP Enrolment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of Bandhan Mutual Fund.
2. Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Transferor/ Transferee Scheme(s) and Statement of Additional Information (SAI) carefully before investing. The SIDs / KIMs of the respective Scheme(s) and SAI are available with the ISCs of Bandhan Mutual Fund, brokers/distributors and also displayed at the Bandhan Mutual Fund website i.e. [www.bandhanmutual.com](http://www.bandhanmutual.com)
3. Unitholders' names should match with the details in the existing folio number, failing which; the application is liable to be rejected.
4. Investment through Distributors/ Agents is not entitled to distribute units of mutual funds unless they are registered with Association of Mutual Funds in India (AMFI). Every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote the Employee Unique Identification Number (EUIIN) obtained by him/her from AMFI in the Application Form. Individual ARN holders including senior citizens distributing mutual fund products are also required to obtain and quote EUIIN in the Application Form. Hence, if your investments are routed through a distributor, please ensure that the EUIIN is correctly filled up in the Application Form. However, in case of any exceptional cases where there is no interaction by the employee/ sales person/relationship manager of the distributor/sub broker with respect to the transaction and EUIIN box is left blank, you are required to provide the duly signed declaration to the effect as given in the form. These requirements do not apply to Overseas Distributors. They also hold an EUIIN which must be quoted in the application form. In case your application through such distributor is not for an eligible scheme, it is liable to be rejected. Direct Investments Investors applying under Direct Plan must mention "Direct" in ARN column. In case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Transferee Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.
5. In respect of STP/ Cap STP/ SWP/ Cap SWP enrollments made in the Bandhan Mutual Fund Scheme(s), the Load Structure prevalent at the time of enrollment shall govern the investors during the tenure of the facility. For Scheme load structure, please refer to Key Information Memorandum or contact the nearest Investor Service Centre (ISC) of Bandhan Mutual Fund or visit our website [www.bandhanmutual.com](http://www.bandhanmutual.com)
6. Bandhan Mutual Fund / Bandhan AMC reserve the right to change/modify the terms and conditions of the STP/ Cap STP/ SWP/ Cap SWP. For the updated terms and conditions of STP, contact the nearest ISC or visit our website [www.bandhanmutual.com](http://www.bandhanmutual.com).

### SYSTEMATIC TRANSFER PLAN

1. STP is a facility wherein unit holder(s) of designated open-ended scheme(s) of Bandhan Mutual Fund (Transferor Scheme) can opt to transfer a fixed amount at regular intervals to designated open-ended schemes) of Bandhan Mutual Fund (Transferee Scheme). The STP Facility is available only for units held / to be held in Non - demat Mode in the Transferor and the Transferee Scheme. The schemes are subject to change from time to time. Please contact the nearest Investor Service Centre (ISC) of Bandhan Mutual Fund for updated list.
2. Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme, Units will be allotted under the same folio number.
3. One STP Enrolment Form can be filled for one Scheme/Plan/ Option only.
4. The minimum 6 number of instalments required under all frequencies.
5. The application for enrollment for STP should be submitted at least 10 Days and not more than 90 days before the desired commencement date. In case the Start Date is mentioned but End Date is not mentioned, the application form is liable to be rejected. There will be no maximum duration for STP enrolment. However, STPs will be registered in a folio held by a minor, only till the date of the minor attaining majority, even though the instructions may be for a period beyond that date. The STP facility will automatically stand terminated upon the Unit Holder attaining 18 years of age.
6. Capital Appreciation STP will be terminated / not processed if (i) On marking of lien or pledge of units in the source scheme (ii) On receipt of intimation of death of the unit holder.
7. The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document(s) of the respective designated Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document(s) of the respective designated Transferee Schemes will not be applicable for STP.
8. Unit holders will have the right to discontinue the STP facility at any time by sending a written request to the ISC. Notice of such discontinuance should be received at least 10 days prior to the due date of the next transfer date. On receipt of such request, the STP facility will be terminated.
9. Units of Bandhan ELSS Tax Saver Fund (open-ended equity linked savings schemes with a lock-in period of 3 years) cannot be assigned / transferred / pledged/ redeemed / switched - out until completion of 3 years from the date of allotment of the respective units.
10. A confirmation message (SMS + email) for registration / rejection will be sent by CAMS (Registrar and Transfer Agent) to the investor once the registration has been completed / form has been rejected, as the case may be. The statement of account will be triggered on the STP installment date similar to a normal switch transaction.
11. Change in target or source scheme will not be permitted. Any such request will be construed as de-registration from the existing facility and re-registration for the new facility in the new source / target scheme, as applicable. The tracking will commence post successful registration by CAMS (Registrar and Transfer Agent).
12. Fixed STP Plan:
  - I. Offers unit holders the Fixed Systematic Transfer Plan facility at daily, weekly - Day wise (Transfer on every Monday), weekly - Datewise (Transfer date will be 7th, 14th, 21st, 28th of the month), fortnightly (Transfer date will be 1st, 16th of the month) and monthly (Any date except 29th, 30th, 31st of the month) intervals.
  - II. Unit holder is free to opt for any of the Plans and also choose the frequency of such transfers. If no frequency is chosen, the application form is liable to be rejected.
  - III. Unit holders are requested to refer the individual scheme information document (SID) for 'minimum subscription' and 'subsequent installment amount'.
  - IV. In case there is no minimum amount available in the source scheme, the residual amount will be transferred to the Transferee Scheme.
  - V. If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date/ Day and the same will be considered for the purpose of determining the applicability of NAV.
13. Capital Appreciation STP Plan:
  - I. The source scheme should have Growth option.
  - II. The date on which the request is given by the investor is entered in the system as commencement date. The capital appreciation will be calculated from the commencement date and the investor's opted start date.
  - III. Frequency: Monthly, Quarterly, Half yearly, Annual. The capital appreciation will be determined on the next business day if the 30th, 90th, 180th or 366th day turns out to be a non-business day for the switch-out scheme.
  - IV. Monthly Option – Any day STP except for 29th, 30th & 31st; Quarterly Option – Any day STP except for 29th, 30th, 31st of the first month of each quarter which may start from any month; Half yearly Option – Any day STP except for 29th, 30th & 31st of the first month of each 6 month period, Annual - Any day STP except for 29th, 30th & 31st of the first month of a 12 month period.
  - V. If the commencement date is 15th December 2022 and if the investor provides the start date 1st January 2023, then capital appreciation for first trigger will be calculated between the commencement date (15th December 2022) and the investor's opted start date (1st January 2023)
    - a. For Monthly frequency the subsequent trigger date is 1st February 2023
    - b. For Quarterly Frequency the subsequent trigger date is 1st April 2023
    - c. For Half -yearly Frequency the subsequent trigger date is 1st July 2023
    - d. For Year yearly Frequency the subsequent trigger date is 1st January 2024
  - VI. If the investor has not mentioned any date then the default date will be considered as 10th.
  - VII. Minimum Capital Appreciation Transfer Amount: INR 500
  - VIII. There will be no upper limit on the Capital Appreciation Switch out amount.
  - IX. The investor will have to mention the start and end date. The investor may choose to mention the start date and the number of installments. In case the start date is mentioned but end date is not mentioned and number of installments is not mentioned, the application will be registered for the minimum number of installments. In case the end date is mentioned but start date is not mentioned, the application will be registered after the expiry of 10 days from submission of the application from the default date i.e. 10th of every month / quarter / half year / annual provided the minimum number installments are met.
14. The switch will be triggered only if the required minimum capital appreciation clause is achieved. If this is not the case as on the trigger date the switch for that respective month / quarter / half year / year will be skipped. There is no limitation on number of skips.
15. If any trigger is skipped for a particular frequency due to the appreciation amount being less than the minimum amount, the subsequent tracking of the capital appreciation will continue with the amount as on the last executed STP.
16. The calculation of capital appreciation will be done at a transaction level in the respective scheme and folio. For example: If the investor has opted for this facility (monthly frequency) and CAMS (Registrar and Transfer Agent) has registered the STP in their system on 1st January 2017. All subsequent lump sum purchases (including switch-ins) in the source scheme will be tracked from the date of purchase for a period till the next Cap STP date. If at an individual transaction level there has been a minimum appreciation of INR 500, then such a transaction will qualify for switch and accordingly the capital appreciation amount would be calculated and switched to the target scheme. For all qualifying transactions, the switch amount into the target scheme will be a single collective amount after adding transaction level appreciation for all qualifying transactions.

# Bandhan Nifty Next 50 Index Fund SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN- (ARN stamp here)	ARN-			

\*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.  
#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.  
Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/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 in-appropriateness, 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 First / Sole Applicant /  
Guardian / Authorised Signatory

**EXISTING UNIT HOLDER INFORMATION** (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

**MANDATORY** Name of the First Holder

Folio No.  PAN/PERN (mandatory)  Enclosed  PAN/PERN Proof  KYC Compliant

SWITCH CUM SYSTEMATIC WITHDRAWAL PLAN  SYSTEMATIC WITHDRAWAL PLAN

**SWITCH OPTION** (To be filled along with SWP section below)

I wish to switch ₹  OR Units

FROM Scheme  Plan  Regular  Direct

Option  Growth  IDCW  IDCW Payout  IDCW Reinvestment  IDCW Transfer  IDCW Frequency \_\_\_\_\_

TO Scheme  Plan  Regular  Direct  Option  Growth

**SYSTEMATIC WITHDRAWAL PLAN**

Scheme  Plan  Regular  Direct  Option  Growth

SWP Period Start  End  (If End date is not mentioned SWP will be effected till funds are available)

Option (select ANY ONE option)	Frequency	Date	Amount (₹)
<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> Others	₹ <input type="text"/>
<input type="checkbox"/> Percentage Withdrawal of Specified Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> Others	<input type="checkbox"/> 5% p.a. <input type="checkbox"/> 7% p.a. <input type="checkbox"/> 9% p.a. <input type="checkbox"/> Other (Not less than 5%) <input type="text"/>
	Specified Amount (Minimum ₹ 50,000/-) <input type="text"/>	₹ (in figures) <input type="text"/>	₹ (in words) <input type="text"/>
<input type="checkbox"/> Capital Appreciation** <sup>5</sup>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> Others	N. A.

SWP SHALL COMMENCE ONLY AFTER 10 DAYS FROM THE NFO ALLOTMENT DATE.  
\*Capital Appreciation : Start date for Capital appreciation under SWP is the date from which capital appreciation, if any, will be calculated till the first withdrawal date. <sup>5</sup>Refer instructions

**DECLARATION & SIGNATURES**

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory

Second Applicant

Third Applicant

POA Holder

## ACKNOWLEDGMENT - SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



Name of the First Holder  Folio No.

SWP Scheme  Plan  Option

Frequency  Date  Amount (₹) / Percentage

STAMP & SIGNATURE

# INSTRUCTIONS

## GENERAL INSTRUCTIONS

1. SWP facility is available only for units held / to be held in Non - Demat Mode in the Scheme. Currently it is available for all debt as well as equity schemes. (SWP from Bandhan Tax Advantage (ELSS) Fund is subject to completion of 3 years from the date of allotment of the respective units.) However, the schemes are subject to change from time to time. Please contact the nearest Investor Service Centre (ISC) of Bandhan Mutual Fund for updated list.
2. Please read the Key Information Memorandum and the terms of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information carefully before filling the Application Form.
3. New Investors who wish to enroll for SWP are required to fill the SWP enrolment form along with the Scheme Application Form. Existing unit holders should provide their Folio Number.
4. If SWP falls on a Non-Business Day or on a date which is not available in a particular month, the SWP will be processed on the immediate next Business Day.
5. In case none of the frequencies have been selected then Monthly frequency shall be considered as the Default frequency (except Capital Appreciation plan).
6. In case no date is mentioned, 10th will be default date. In case no month is mentioned, 13th month will be the starting month.
7. Minimum number of instalments for SWP Facility for all frequencies shall be 6.
8. In case the number of instalments or SWP End Date is not specified, SWP will be effected till funds are available.
9. The SWP will terminate automatically if all the units are withdrawn from the folio, or if the enrollment period expires; whichever is earlier.
10. The applicant may choose to discontinue the SWP facility at any time, by providing a written request at their nearest Bandhan AMC Branch / CAMS Investor Service Centre.
11. All requests for discontinuing Systematic Withdrawal Plans (SWP) shall be subject to an advance notice of 10 days' prior the next withdrawal date.
12. The unitholder should submit the duly filled in SWP Enrolment Form minimum 10 days before the first withdrawal date.
13. Unitholders must use separate 'SWP' enrolment forms for different Schemes/ Plans/Options.
14. Commencement date is the date from which the first withdrawal will commence.
15. If there is inadequate balance on the SWP date, the SWP will be processed for the balance units and SWP will continue.
16. If there is nil balance on the SWP date on 6 consecutive due dates, the SWP will be automatically terminated and there will not be any further trigger.
17. The provision for 'Minimum Redemption Amount' specified in the respective Scheme Information Document will not be applicable for SWP.
18. <sup>§</sup>SWP facility through Capital Appreciation Option are available ONLY for 'GROWTH' option of a selected scheme.
19. Bank Account for Payout: In order to protect the interest of Unitholders from fraudulent encashment of redemption / IDCW cheques, as per SEBI mandate, redemption / withdrawal proceeds under the SWP will be paid by forwarding a cheque or by directly crediting the Bank Account registered in the Scheme on the date of each withdrawal.
20. SWP will be automatically terminated if all units from the Scheme are pledged or upon receipt of intimation of death of the unit holder.
21. Unitholders can choose to apply for SWP directly from funds available in their folio OR by effecting switch and then subsequent SWP, by selecting the appropriate check-box.

### A. SWITCH CUM SYSTEMATIC WITHDRAWAL PLAN:

- i. Facility is provided to investors for a one-time switch from 'source' scheme (already available in folio) to a 'target' scheme, so as to enable them to initiate SWP from 'target' scheme.
- ii. SWP (Fixed amount or percentage withdrawal or capital appreciation) will be processed from the 'target' scheme. i.e. 'target' scheme under switch facility

should be the same as 'source' scheme under SWP facility. In case they differ, or is not mentioned, the request will be declined.

- iii. SWP will be based on the outstanding amount in 'target' scheme (if existing investment is available in 'target' scheme, that also will be accounted).
- iv. Investors can opt for this facility and withdraw their investments systematically on Monthly/ Quarterly/ Half Year/Yearly basis. Withdrawals will be made/ effected on the date chosen for the selected frequency and would be treated as redemptions.
- v. The SWP start date shall be at least 7 working days after the date of switch-in transaction.

### B. PERCENTAGE WITHDRAWAL PLAN:

- i. Facility is provided to investors for withdrawal of an amount, as a percentage of the specified amount, on Monthly/Quarterly/Half Year/Yearly basis. Withdrawals will be made/effected on the date chosen for the selected frequency and would be treated as redemptions.
- ii. In case a percentage has not been opted by the investor, 7% would be considered as default.
- iii. The % will have to be in multiples of 1% and minimum SWP should amount to ₹ 200 and above.

### C. CAPITAL APPRECIATION PLAN:

- i. SWP under this plan is available for Monthly/ Quarterly/ Half Yearly / Annual intervals.
- ii. This plan is ONLY available from a GROWTH option of a scheme.
- iii. The capital appreciation, if any, will be calculated (subject to completion of lock-in/ pledge period, if any), from the commencement date of SWP under the folio, till the first SWP withdrawal date.
- iv. Subsequent capital appreciation, if any, will be the capital appreciation\* between the previous SWP date\*\* (where redemption has been processed and paid) and the next SWP withdrawal date. Provided such capital appreciation is minimum ₹ 200, on each withdrawal date.
- v. In case the SWP dates fall on a holiday or fall during a Non Business Day, the next Business Day will be deemed as the SWP withdrawal date. Capital appreciation, if any, in such cases will be calculated upto such deemed withdrawal date.
- vi. In case of redemption, capital appreciation will be computed on the balance units post redemption.
- vii. In case of interim additional purchase, capital appreciation will be calculated from the date of additional purchase for the units additionally purchased between two SWP dates.
- viii. Unitholders should note that in the event of there being no capital appreciation, no withdrawal / payment will be effected. If there is nil balance on the Cap SWP date on 6 consecutive due dates, the system will automatically cease the SWP and there will not be any further trigger.

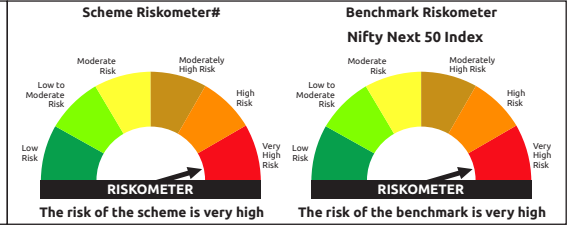
### D. FIXED AMOUNT PLAN:

- i. Facility is provided to investors for withdrawal of a fixed amount, on Monthly/ Quarterly/ Half Year/ Yearly basis, on the specified date. Withdrawals will be made/effected on the date chosen for the selected frequency and would be treated as redemption.
- ii. Fixed Plan is available for BOTH Growth and IDCW Option under the selected scheme.
- iii. Unitholders under the Fixed Plan can redeem (subject to completion of lock-in/ pledge period, if any), under each Scheme / Plan / Option a minimum of ₹ 200 and in multiples of ₹ 100 thereafter.
- iv. Commencement date for Fixed Plan, is the date from which the first withdrawal will commence.

**This product is suitable for investors who are seeking\*:**

- To create wealth over a long term.
- Investment in equity and equity-related instruments belonging to Nifty Next 50 Index.

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



I	Bandhan Nifty Next 50 Index Fund	APPLICATION FORM	New Fund Offer Opens : February 13, 2025 New Fund Offer Closes : February 25, 2025																				
	NFO																						
II	SCSB	IFSC CODE	APPLICATION NUMBER																				
III	Please read the SID / SAI and instruction carefully before filling this form.		Date :																				
IV	(INVESTMENT DETAILS) Bandhan Nifty Next 50 Index Fund	V Folio No.																					
VI	Investor Category - please tick, as applicable																						
	<input type="checkbox"/> Resident Individuals <input type="checkbox"/> Bank <input type="checkbox"/> HUF <input type="checkbox"/> Proprietor <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI - NR <input type="checkbox"/> Partnership Firm <input type="checkbox"/> NRI - NRO <input type="checkbox"/> PIO <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Others (specify)																						
VII	NAME OF SOLE/ FIRST APPLICANT (in block letters) Mr. / Ms. _____																						
VIII	INVESTORS' DEPOSITORY ACCOUNT DETAILS																						
	National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)																				
	Depository Participant Name _____		Depository Participant Name _____																				
	DP ID No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Client ID No. _____											
I	N																						
	Beneficiary A/c. No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
IX	PAN (Permanent Account Number) _____																						
X	PAYMENT DETAILS (Total Amount to be blocked)																						
	PAYMENT AMOUNT	₹ in figures	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
		₹ in words	_____																				
	DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS																						
	Bank Account Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
	IFSC Code	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
	Bank and Branch where account is held _____																						

**UNDERTAKING BY ASBA INVESTOR AND ACCOUNT HOLDER:**

1) I/We hereby undertake that, I/ we have read the instructions contained in this Application Form and Scheme Information Document (SID) and Statement of Additional Information (SAI) I am/ we are an eligible ASBA applicant(s) as per the applicable provisions of the SEBI Circular no. SEBI / CFD / DIL / DIP / 31 / 2008 / 30 / 7 dated July 30 2008. 2) In accordance with provisions of ASBA in the SEBI Circular no. SEBI / IMD / CRR No. 18 / 198647 / 2010 dated March 15, 2010 and as disclosed in the SID / SAI, I/We authorize (a) the Self Certified Syndicate Bank (SCSB) to do all acts as are necessary to make an application in the New Fund Offer, including uploading of bid, blocking the amount to the extent mentioned in 'X' above in "DETAILS OF BANK ACCOUNT" or unblocking of funds in the bank account maintained with the SCSB specified above, transfer of funds to the Fund / Scheme account on receipt of instructions from the Registrar to the Fund / Scheme after finalisation of the basis of allotment, entitling me/us to receive Units on such transfer of funds etc. (b) Registrar to the Fund / Scheme to issue instructions to the SCSB to unblock the funds in the bank account specified above upon finalisation of the basis of allotment and to transfer the requisite money to the Scheme account. 3) In case the amount available in the bank account specified above is insufficient, the SCSB shall reject the application. 4) If the DP ID, Beneficiary or PAN furnished by me/us above is incorrect or incomplete or not matching with the depository records, my/ our application shall be rejected and Bandhan Mutual Fund or SCSB shall not be liable for losses, if any.

SIGNATURE OF THE APPLICANT/S	SIGNATURE OF BANK ACCOUNT HOLDER(S)
------------------------------	-------------------------------------

**TO BE RETAINED WITH APPLICANTS**

**Bandhan Nifty Next 50 Index Fund**  
 APPLICATION FORM New Fund Offer Period : February 13, 2025 to February 25, 2025

Date :	Application Number :
Bandhan Nifty Next 50 Index Fund	Amount Blocked (₹) :
All future communication in connection with Applications made in this Issue should be addressed to the SCSB quoting the full name of the Sole/First Applicant, Application number, Investor's Depository Account Details, application amount, date of application form, and the account number from where application amount was blocked.	Bank Account no. :
	SCSB (Bank and Branch) :
Note: Only application registered on the electronic bidding system will be considered for allocation. Therefore, kindly ensure that you get a Transaction Registration Slip/ Order number confirming upload of your application, from the SCSB.	Name of Sole/ First Applicant :
	Date & Time of Submission :

*This page has been intentionally left blank*

# Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non-Individuals / Legal Entity) (Form 1B)

(All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)



Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

\*Address of residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes\*

PAN

Date of incorporation

City of incorporation  Country of incorporation

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India  Yes  No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number <sup>6</sup>	Identification Type (TIN or Other, please specify)

<sup>6</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>5</sup>.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here \_\_\_\_\_ (Refer Instruction No. viii)

## FATCA & CRS DECLARATION

### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a,  Global Intermediary Identification Number (GIIN)

Financial institution<sup>3</sup>  Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

or  
Direct reporting NFE<sup>4</sup>  Name of sponsoring entity

GIIN not available (please tick as applicable)  Applied for

If the entity is a financial institution  Not required to apply for (please specify 2 digits sub-category)   Not obtained - Non-participating FI

### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>1</sup> Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive <sup>2</sup> Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

<sup>1</sup>Refer 2 of Part D | <sup>2</sup>Refer 3(ii) of Part D | <sup>3</sup>Refer 1(i) of Part D | <sup>4</sup>Refer 3(vi) of Part D |

...Continued Overleaf

## BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)



Received, subject to realisation, verification and conditions, form for application KYC Details, FATCA and CRS declarations for Non Individual Accounts.

From

In Folio No.

On Date

Stamp & Signature

# DECLARATION

## UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category)  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  Private Trust  Public Charitable Trust  Religious Trust  Others \_\_\_\_\_

### UBO / Controlling Person(s) details

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?  Yes  No

- If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.
- If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) is to be provided below.

Details	UBO1/Senior Managing Official (SMO)	UBO2	UBO3
Name of the UBO/SMO <sup>1</sup>			
UBO Type code (refer 3 (iv) (A) of Part (D))			
UBO/SMO PAN/ Any Other Identification Number <sup>2</sup>			
UBO/SMO KYC complied? <sup>3</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please attach the KYC acknowledgement <input type="checkbox"/> If 'No' complete the KYC and confirm the status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please attach the KYC acknowledgement <input type="checkbox"/> If 'No' complete the KYC and confirm the status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please attach the KYC acknowledgement <input type="checkbox"/> If 'No' complete the KYC and confirm the status
UBO/SMO Country of Tax residency <sup>4</sup>			
UBO/SMO Type of ID Document <sup>5</sup> (If PAN not Provided)			
UBO/SMO City of Birth			
UBO/SMO Country of Birth			
UBO/SMO Address	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
UBO/SMO Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
UBO/SMO Nationality			
UBO/SMO Father's Name (Mandatory if PAN is not available)			
UBO/SMO Date of Birth <sup>6</sup>	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
UBO/SMO Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
UBO/SMO % of Holding/ Beneficial Interest <sup>7</sup>			
UBO/SMO PEP Details <sup>8A</sup>	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N.A.	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N.A.	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N.A.

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India. @PAN, Aadhaar, Passport, Election Id, Government ID, Driving Licence, NREGA Job Card, Others (Please Specify). TIN number in case of foreign national. \*To include US, where controlling person is a US citizen or green cardholder. %In case Tax identification number is not available, kindly provide functional equivalent. \$ Mandatory fields.

### FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114 F to 114H as part of the Income-tax Rules 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US tax Identification Number.

# It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If No TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**CERTIFICATION**  I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA& CRS Terms and Conditions below and hereby accept the same.

**DECLARATION**  I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, 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/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date         Place \_\_\_\_\_

**Toll free 1800 266 6688 / 1800 300 66688**  
Available Between  
9:00 am - 6:00 pm on weekdays

Please note our investor  
service email id  
**investormf@bandhanamc.com**

**www.bandhanmutual.com**