

APPLICATION FORM FOR NEW INVESTORS
(Please read Product labeling details available on cover page and instructions before filling this Form)

Cheque/DD No.

Date_

Advisor ARN / RIA cod	e Sub	-broker/Branch	Code	Sub-broker A	1	sentative EUIN		For office use	only
ARN-119042 The unfront commission on investment	ent made by the investo	r if any, shall be naid to	o the ARN Holder (AN	MFI registered distribute		182477	of various factors	including service render	red by the ARN Holder
The upfront commission on investme Applicable only if ARN is mentioned person of the above distributor/sub t give you my/our consent to share/pro	i but EUIN box is left b broker or notwithstand broide the transactions d	lank: "J/We hereby con ing the advice of in-app ata feed/portfolio hold	firm that the EUIN bo propriateness, if any, p lings/NAV etc. in resp	ox has been intentionally l provided by the employed sect of my/our investmen	eft blank by me/us as this transaction / relationship manager/sales person ts under Direct Plan of all Schemes ma	is executed without any int of the distributor/sub bro maged by you, to the SEBI-F	teraction or advic ker." Applicable Registered Invest	by the employee/relati only if RIA Code is men ment Adviser whose code	onship manager/sales tioned: "I / We hereby e is mentioned herein."
First/Sole A	Applicant/Guardi	an		Second A	Applicant		Thi	rd Applicant	
TRANSACTION CH	ARGES (Refer ins	structions and tick t	he appropriate op	tion) Applicable for t	ransactions routed through dist	ributors/agents/broke	ers who have o	pted to receive transa	iction charges.
I am a first time investor					existing mutual funds inves				
MY DETAILS (To be	filled in Block Le	tters. Please prov	vide the followi	ng details in full; P	lease refer instructions)				
My Name (Should match w	ith PAN Card)						PEKRN (1st		КУС
My Guardian's Name (if m	inor)/POA/Conta	act Person				PAN/	PEKRN (Gua	ardian/POA)	KYC
On behalf of Minor (* Attach Mandatory Documents	s as per instructions	Date of Minor's		/ / _	Date of Birtl Proof attache		named is: Mother	Court Appoin	nted
MY CONTACT DET	AILS (As per KY0	C records. To be f	illed in Block Le	etters)					
Email ID (in capital) Mobile +91 Address Landmark			Tel	(STD ¢ode)			a b c.	ress Type (Mar . Residential & E . Residential Business . Registered Offi	Business
City			Pin (Stat	re			
IS JOINT APPLICANT	'S (IF ANY) DE	TAILS			Mode of 0	Operation : Singl	le Joint	Either or Surv	ivor(s) [Default]
2nd Applicant Name (Shot		·					PEKRN (2nd		KYC KYC
ADDITIONAL INFO	ORMATION								
	ORMATION ar No. (If KYC is do	one through Aadhaar	·)	KIN No. (l	f KYC done via CKYC)		Da	te of Birth"	Gender
		one through Aadhaar	r)	KIN No. (I	If KYC done via CKYC)		Da	te of Birth"	□ M □ F
Applicant Adha 1st 2nd		one through Aadhaar)	KIN No. (I	If KYC done via CKYC)		Da	te of Birth"	□ M □ F □ M □ F
Applicant Adha 1st 2nd 3rd		one through Aadhaar)	KIN No. (I	if KYC done via CKYC)		Da	te of Birth"	
Applicant Adha 1st 2nd	ar No. (If KYC is do			KIN No. (I	If KYC done via CKYC)		Da	te of Birth"	□ M □ F □ M □ F
Applicant Adha 1st 2nd 3rd G or POA^ #Date of Birth - Mandatory if CKY	C ID mentioned. G:	Guardian; ÎPOA: Po	wer Of Attorney					te of Birth"	
Applicant Adha 1st 2nd 3rd G or POA #Date of Birth - Mandatory if CKY	TOMER (KYC)	Guardian; POA: Por	wer Of Attorney	ick/ Specify. The a	pplication is liable to get rej		filled.)		
Applicant Adha 1st 2nd 3rd G or POA^ #Date of Birth - Mandatory if CKY	C ID mentioned. G:	Guardian; ÎPOA: Po	wer Of Attorney	ick/ Specify. The a		1 st Applicant 2	filled.)	3 rd Applicant	☐M ☐F ☐M ☐F ☐M ☐F ☐M ☐F ☐M ☐F
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Applicant Adha 1st 2nd 3rd G or POA #Date of Birth - Mandatory if CKY KNOW YOUR CUST Status details for Resident Individual NRI/PIO/OCI Sole Proprietorship Minor through Guardian Non Individual	TOMER (KYC) 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: C ID mentioned. G: C ID mentioned. G: TOMER (KYC) I 1st Applicant C ID mentioned. G: C ID ment	Guardian; POA: Por DETAILS (Mano 2"d Applicant	wer Of Attorney latory. Please Ti 3 rd Applicant	ick/ Specify. The a	pplication is liable to get rej Occupation details for Private Sector Public Sector Government Service Business Professional Agriculturist Retired Housewife Student	1st Applicant 2	filled.)	3 rd Applicant	
Applicant Adha 1st 2nd 3rd G or POA #Date of Birth - Mandatory if CKY **EX** KNOW YOUR CUST Status details for Resident Individual NRI/PIO/OCI Sole Proprietorship Minor through Guardian Non Individual Others (Please specify) Gross Annual Income Ra Below 1 lac	TOMER (KYC) 1st Applicant Company/Bo Trust Bank Inge (in Rs.)	Guardian; POA: Por DETAILS (Mand 2 nd Applicant ody Corporat Society AOP	wer Of Attorney latory. Please Ti 3 rd Applicant	ick/ Specify. The a	Occupation is liable to get rej Occupation details for Private Sector Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others (Please specify)	1st Applicant 2	filled.)	3 rd Applicant	
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Amount

Bank and Branch details_

FATCA/CRS/UBO DETAILS	: For Individuals (Mand	latory). Non Ir	ndividual investors including	HUF should m	andatorily f	ill separate FATCA/CRS/UBO details form
Details	Sole/ 1st Applica	nnt	2nd Applicant	3rd	Applicant	Guardian/POA
Place & Country of Birth						
Nationality Are you a tax resident of any	Yes N	No.	Yes No	Yes	□No	☐ Yes ☐ No
country other than India?	165	10	If Yes: Mandatory to encl			les line
BANK ACCOUNT DETAILS	(Avail Multiple Bank Re	egistration Fac	cility)			
My Bank Name						
Bank A/C No.			A/C	Type Saving	s Current	NRE NRO FCNR Others
Branch Address						
			City			Pin
IFSC code: (11 digit)			MICR code (9 digit)			(This is a 9 digit number next to your cheque number)
MY INVESTMENT DETAILS	(Cheque/DD should be in fa	vour of "Scheme	Name". Default plan/Option will be	applied incase of	no informatio	1, ambiguity or discrepancy)
Full Scheme/Pla	lan/Option	Amount /	Each SIP Amount Pa	yment Mode		Drawn on Bank/Branch
Lumpsum SIP		Rs.	Cheque/D	D	Name/B	ranch:
		Less DD charges	No.			
			RTGS		A /a na	
Lumpsum SIP			Funds tra		A/c no.	way sh
		Rs.	Cheque/D	עו	Name/B	rancu:
		charges	No.	NEFT		
			Funds tra		A/c no.	
Payment through NACH (Attach N	NACH form) Documents	s attached to avo			Bank Certi	ficate, for DD Third Party Declarations
IF '	YOU OPT TO START TWO	SIP'S, THE BEI	LOW MENTIONED DETAILS WIL	L BE APPLICAB	LE FOR BOTH	I THE SIP'S.
Additional details for SIP: SIP Dat	te: D D (If left blank 10	O th will be consid	dered as the default date)			
SIP Period Start Date	End Da	ate Continue	e Until Cancelled	OR		
Investment Frequency Monthly	ly(default) Quarterly	First SIF	P Cheque Date:		Chequ	e No.
	Increase in %:	` .	es of 5%) (Amount invested wil	l be rounded of	to the neare	est Rs. 100)
or	Increase in Rupee Value:		(in multiples of Rs. 500)			
The state of the s						
NOMINATION DETAILS (In	case of more than one nom	ninee, please su	bmit a separate nomination form	available with a	ny of our ISCs	or on our website). Refer instructions.
Nominee Name and		<u> </u>	ominee (Mandatory to attach DOI	3 Proof)	ny of our ISCs Allocation	or on our website). Refer instructions. Nominee/ Guardian Signature
		For Minor No	<u> </u>	3 Proof)	Allocation	Nominee/ Guardian Signature
		For Minor No	ominee (Mandatory to attach DOI	3 Proof)		
Nominee Name and	d Address	For Minor No	ominee (Mandatory to attach DOI	3 Proof)	Allocation	Nominee/ Guardian Signature
	d Address	For Minor No DOB	ominee (Mandatory to attach DOI Guardian Name & Ad	3 Proof)	Allocation	Nominee/ Guardian Signature
Nominee Name and OR I/We DO NOT wish to nomina	d Address ate and sign here holders irrespective of the	For Minor No DOB mode of holding	ominee (Mandatory to attach DOI Guardian Name & Ad	B Proof) Idress	Allocation	Nominee/ Guardian Signature
Nominee Name and OR I/We DO NOT wish to nomina (To be signed by all the joint h	d Address ate and sign here holders irrespective of the	For Minor No DOB mode of holding	ominee (Mandatory to attach DOI Guardian Name & Ad gs.)stor wishes to hold the units i	B Proof) dress n Demat mode	Allocation	Nominee/ Guardian Signature X ructions.
OR I/We DO NOT wish to nomina (To be signed by all the joint h	d Address ate and sign here holders irrespective of the	For Minor No DOB mode of holding	ominee (Mandatory to attach DOI Guardian Name & Ad gs.)stor wishes to hold the units i	B Proof) Idress n Demat mode	Allocation 100 %	Nominee/ Guardian Signature X ructions.
Nominee Name and OR	ate and sign here holders irrespective of the ETAILS (Optional. To be	For Minor No DOB mode of holding e filled if inves	ominee (Mandatory to attach DOI Guardian Name & Ad ges.)stor wishes to hold the units i	n Demat mode	Allocation 100 % Property Action (Control of the Control of the	Nominee/ Guardian Signature X ructions. No. No.
Nominee Name and OR	ate and sign here holders irrespective of the ETAILS (Optional. To be a mentioned in this Application I	For Minor No DOB mode of holding e filled if inves DP ID Form matches with	gs.) stor wishes to hold the units in the sequence of names in the Demat acting)	n Demat mode If Count. Enclosed (Modes)	Allocation 100 % D. Refer inst Beneficiary Act Beneficiary Act Beneficiary Act Conditions Clieft	Nominee/ Guardian Signature X ructions. No. No. No. Place
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