

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

Advisor ARN / RIA code	cuk	o-broker/Branch	Codo	Cub buolton Al	DN Renres	entative EUIN		For office use	only	
Advisor ARN / RIA code	e Sut	o-broker/Branch	Code	Sub-broker Al	KN Repres	entative BUIN		roi office use	Olly	
The upfront commission on investme	nt made by the investo	or, if any, shall be paid t	o the ARN Holder (AM	FI registered distributor	r) directly by the investor, based on th	ne investor's assessme	ent 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 b give you my/our consent to share/pro	l but EUIN box is left b roker or notwithstand	lank: "I/We hereby cor ing the advice of in-app	nfirm that the EUIN box propriateness, if any, pr	has been intentionally le ovided by the employee	eft blank by me/us as this transaction /relationship manager/sales person	is executed without an of the distributor/sub	y interaction or advic broker." Applicable (e by the employee/relati only if RIA Code is men	onship manager/sales tioned: "I / We hereby	
give you my/our consent to share/pro	ovide the transactions o	data feed/portfolio holo	lings/ NAV etc. in respe	ect of my/our investment	ts under Direct Plan of all Schemes ma	naged by you, to the SE	BI-Registered Investr	ment Adviser whose code	e is mentioned herein."	
					-					
First/Sole A	applicant/Guardi	an		Second Applicant			Third Applicant			
TRANSACTION CH	ARGES (Refer in:	structions and tick t	he appropriate opt	ion) Applicable for t	ansactions routed through distr	ributors/agents/br	okers who have or	oted to receive transa	action charges.	
I am a first time investor					existing mutual funds inves					
I ain a mst unie mvestor	III IIIutuai Iulius	(KS.130 WIII be u	leducted).		existing mutual funus mives	stor (KS.100 WIII	be deducted).			
MY DETAILS (To be	filled in Block Le	etters. Please pro	vide the followin	g details in full; P	lease refer instructions)					
My Name (Should match w	ith PAN Card)					PA	N/PEKRN (1st	Applicant)	KYC	
M - C 1' / - N C'C	: 2/POA/C	. D				DΛ	N/PEKRN (Gua	rdian /POA)	КУС	
My Guardian's Name (if m	inorj/POA/Cont	act Person				IA	IV) I LIKKIV (Gua	irulali/i Orij	KIC	
On behalf of Minor		Date of		/ M M / Y	Date of Birth		ian named is:			
(* Attach Mandatory Documents	as per instructions	s). Minor's	D	7 1-1 1-1 7 1	Proof attache	ed * Fath	er Mother	Court Appoir	nted	
MY CONTACT DETA	AILS (As per KY	C records. <u>To be f</u>	illed i <u>n Block Le</u> t	tters)						
Email ID									a data	
(in capital)								ress Type (Mar	• •	
Mobile +91			Tel	(STD Code)				Residential & E	susiness	
Address								Residential		
								Business		
							d.	Registered Offi	ice	
Landmark										
City			Pin C		Stat					
			(Mandat	tory)	Stat	e				
IS JOINT APPLICANT	S (IF ANY) DE	TAILS			Mode of 0	Operation : Si	ngle Joint	Either or Surv	rivor(s) [Default]	
						· <u> </u>	<u> </u>	<u> </u>		
2nd Applicant Name (Show	uld match with P.	AN Card)				FA	N/PEKRN (2nd	Аррисанс	кус	
3rd Applicant Name (Shou	ıld match with P	AN Card)				PA	N/PEKRN (3rd	Applicant)	КУС	
oranippiicane mame (once		our uj								
∏ ADDITIONAL INFO	DRMATION									
ADDITIONAL INFO	RMATION									
		one through Aadhaai	r)	KIN No. (I	f KYC done via CKYC)		Da	te of Birth [#]	Gender	
		one through Aadhaai	r)	KIN No. (I	f KYC done via CKYC)		Da	te of Birth"	Gender Y M F	
Applicant Adha		one through Aadhaai	r)	KIN No. (I	f KYC done via CKYC)		D D /	M M / Y		
Applicant Adha 1st 2nd		one through Aadhaai	r)	KIN No. (I	f KYC done via CKYC)		D D /	M M / Y Y Y Y Y Y Y Y Y	Y □ M □ F Y □ M □ F	
Applicant Adha 1st 2nd 3rd		one through Aadhaai	r)	KIN No. (I	f KYC done via CKYC)		D D / D D / D D / D D / D	M M / Y Y M M M / Y Y	Y	
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Bank and Branch details_

Bank and Branch details_

Amount

Cheque/DD No.

Date

FATCA/CRS/UBO DETAILS:	Tor marviadais (Marie	atory J. Non Ind	ividual ilivestors iliciddilig	TIOF SHOULD III	andatorily i	iii separa	te raica/crs/		
Details	Sole/ 1st Applica	nt	2nd Applicant	3rd	Applicant		Guardia	n/POA	
Place & Country of Birth									
Nationality									
Are you a tax resident of any country other than India?	Yes N	lo	Yes No If Yes: Mandatory to encl	Yes	□ No		Yes	□No	
BANK ACCOUNT DETAILS (Avail Multiple Bank Pd	gistration Facili		iose PATCA / CR3 Alli	iexui e				
	Avail Multiple Balik Re	gistration racin	icy)						
My Bank Name									
Bank A/C No.			A/C	Type Savings	Current	NRE _	NRO FCNR	Others	
Branch Address									
			City			F	'in (TIL:: 0	<u> </u>	
IFSC code: (11 digit)			MICR code (9 digit)				your cheque	digit number next to e number)	
MY INVESTMENT DETAILS	(Cheque/DD should be in fa	vour of "Scheme Na	nme". Default plan/Option will be	e applied incase of	no information	n, ambiguit	y or discrepancy)		
Full Scheme/Pla	an/Option	Amount / Ea	ach SIP Amount Pa	yment Mode		Draw	n on Bank/Branch	1	
Lumpsum SIP		Rs.	Cheque/I	Cheque/DD		Name/Branch:			
		Less DD	No.	No.					
		charges	RTGS						
			Funds tra	nsfer	A/c no.				
Lumpsum SIP		Rs.	Cheque/I)D	Name/B	ranch:			
		Less DD	No.						
		charges	RTGS	NEFT					
			Funds tra	Funds transfer					
Payment through NACH (Attach N	IACH form) Documents	attached to avoid	Third Party Payment Rejection	n, if applicable:	Bank Certi	ficate, for	DD Third Par	ty Declarations	
			W MENTIONED DETAILS WIL	L BE APPLICABI	E FOR BOTH	I THE SIP	'S.		
Additional details for SIP: SIP Date		" will be conside	red as the default date)						
SIP Period Start Date m m /	y y y y End Da	te Continue U	Intil Cancelled	OR m 1	n /	у у			
Investment Frequency Monthly	(default) Quarterly	First SIP C	Cheque Date:		Chequ	e No.			
Step-up my SIP annually by:	Increase in %:	(in multiples	of 5%) (Amount invested wil	l be rounded off	to the neare	est Rs. 100))		
or l	Increase in Rupee Value:	(i	in multiples of Rs. 500)						
NOMINATION DETAILS (In c	case of more than one non	ninee, please subr	nit a separate nomination form	ı available with aı	ny of our ISCs	or on our	website). Refer in	structions.	
Nominee Name and	l Address	For Minor Nom	ninee (Mandatory to attach DOI	B Proof)	A11+i	N	.i		
Trommos trame and	. Hadi oos	DOB	Guardian Name & Ac	ldress	Allocation	Non	iinee/ Guardian Si	gnature	
					100 %	Χ			
OR I/We DO NOT wish to nominal	te and sign here								
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