

COMMON APPLICATION FORM

(FOR LUMP SUM/SYSTEMATIC INVESTMENTS)

ICR/OCR FORM

Application No.

[illegible]

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

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
ARN-9992	ARN-		E

☐ Declaration for "execution-only" transaction (only where EUIN box is left blank). - I/We hereby confirm that the EUIN box has been intentionally left blank by 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY

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

1	FUND NAME
---	-----------

[illegible]

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

[illegible]

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

[illegible]

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

Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian Enclosed (Please ✓)^{5*}

2nd Applicant Name (Should match with PAN Card)

[illegible]

3rd Applicant Name (Should match with PAN Card)

PAN/PEKRN* (3rd Applicant)																				KIN NO.								<input type="checkbox"/> KYC Proof Attached (Mandatory)	

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

Address Type ☐ Residential ☐ Business ☐ Residential/Business ☐ Registered Office

[illegible]

Page 1 of 4

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)
To be filled in by the Investor: Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

[illegible]

EXISTING FOLIO NO.

Name of the Investor _____

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

CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Overseas Address (Mandatory for NRI / FII Applicants)[illegible]

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

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

Please ☒ any of the frequencies to receive Account Statement through e-mail ☐ Daily# ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

*Mandatory information - If left blank the application is liable to be rejected.

** Mandatory in case the Sole/First applicant is minor. For KYC requirements

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

Mode of Holding [Please tick (✓)] ☐ **Single** ☐ **Joint** ☒ **Anyone or Survivor (Default)**

Tax Status [Please tick (✓)]

<input type="checkbox"/> Indian Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government Body	<input type="checkbox"/> Foreign Portfolio Investor
<input type="checkbox"/> QFI	<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defense Establishment
<input type="checkbox"/> NON Profit Organization/Charities	<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> FII	<input type="checkbox"/> Public Limited Company
<input type="checkbox"/> Bank / FI	<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify)	

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

[illegible]

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

OPTION: ☐ Growth/Cumulative ☐ Dividend SUB-OPTION: ☐ Dividend Reinvestment ☐ Dividend Payout OR AEP- ☐ Regular® OR ☐ Appreciation

Dividend Frequency:

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

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

Attach OTM form, if not already registered. Mention First SIP Cheque Details below

Payment details

☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS ☐ OTM

Amount Paid ₹								
Cheque/DD Number								

DD Charges ₹
(if applicable)
OTM/CAMS OTM
Reference Number

Amount ₹ Invested								
Date	D	D	M	M	Y	Y	Y	Y

[illegible]

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

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

6 UNIT HOLDING OPTION

<input type="checkbox"/> Physical (Mode Default)	<input type="checkbox"/> NSDL	<div style="display: flex; justify-content: space-between; font-size: 0.8em; font-weight: bold;"> Depository Participant (DP) ID (NSDL) Beneficiary Account Number (NSDL) </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">I</td> <td style="width: 20px;">N</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	I	N																	<div style="font-weight: bold;">ENCLOSE FOR DEMAT OPTION</div> <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/ Holding Statement <input type="checkbox"/> DIS Copy
I	N																				
<input type="checkbox"/> In a Demat Mode	<input type="checkbox"/> CDSL	<div style="font-size: 0.8em; font-weight: bold;">Depository Participant (DP) ID (CDSL Only)</div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																			

ENCLOSE FOR DEMAT OPTION

☐ Client Master List

☐ Transaction/ Holding Statement

☐ DIS Copy

11	KYC DETAILS (Mandatory)												
Occupation [Please tick (✓)]													
Sole / First Applicant		<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired					
		<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____								
Second Applicant		<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired					
		<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____								
Third Applicant		<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired					
		<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____								
Gross Annual Income [Please tick (✓)]													
Sole / First Applicant		<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> > 1 crore						
		OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY) (Not older than 1 year)											
Second Applicant		<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> > 1 crore						
Third Applicant		<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> > 1 crore						
Others [Please tick (✓)]													
Sole / First Applicant		For Individuals [Please tick(✓)]: <input type="checkbox"/> I am Politically Exposed Person (PEP) ^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable											
		For Non-Individuals [Please tick(✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services - <input type="checkbox"/> YES <input type="checkbox"/> No; (ii) Gaming/Gambling/Lottery/Casino Services - <input type="checkbox"/> YES <input type="checkbox"/> NO; (iii) Money Lending/Pawning - <input type="checkbox"/> YES <input type="checkbox"/> NO											
Second Applicant		<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable											
Third Applicant		<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable											

12	NOMINATION DETAILS (Refer instruction VII)																														
I/We hereby nominate the undermentioned nominee(s) to receive the amount to my / our credit in event of my/our death as follows:																															
Nominee 1																									Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)						
Guardian																															
Relationship with the Nominee: [Please tick (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ Nominee % 																															
Nominee's Address (Mandatory)																															
																								SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR							
Nominee 2																									Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)						
Guardian																															
Relationship with the Nominee: [Please tick (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ Nominee % 																															
Nominee's Address (Mandatory)																															
																								SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR							
Nominee 3																									Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)						
Guardian																															
Relationship with the Nominee: [Please tick (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ Nominee % 																															
Nominee's Address (Mandatory)																															
																								SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR							

13 INVESTOR(S) DECLARATION & SIGNATURE(S)

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

We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). [We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. We declare that the amount invested in the scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion or any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. We agree that in case my/our investment in the scheme is equal to or more than 25% of the corpus of the plan, then respective AMC has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I am/are not a US Person(s). I/We hereby declare that I/we do not have any existing MISO SIPs which together with the current application will result in a total investments exceeding INR 50,00,000 in a year. [We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.]

I/We hereby authorize you [CAMS/participating Fund(s)/AMC(s)] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its sponsor, Asset Management Company, trustees, their employees.

ATAs (the "Authorized Parties") any other intermediaries registered with various regulators or to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies and also authorize to close or suspend the account without any obligation of advising me/us of the same. I also undertake to keep you informed in writing about any changes / modification to the above information in writing within 30 days and also undertake to provide any other additional information / document/s as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same. The email id and mobile number provided in the common application form will be used as registered email and mobile number for verification, confirmation of transactions, validations & sending transaction confirmation and hence am/are authorizing you/participate Fund or AMC for sharing of such information to the applicable service providers.

FOR REGISTRATION OF ONLINE FACILITY: I/We hereby request you to register me/us for availing the facility of carrying out transactions of additional purchase/ redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/We also authorize the AMC, on behalf of AMC to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/verification of the transaction due to any reason, I/We shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes.

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