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Common Application Form for Lump sum/Systematic Investments Plan

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.

Application No.

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Gros	s Annual Incom	e [Please	tick (√)]		
Sole/F	ii se Applicane		○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs Mandatory for Non-Individuals) ₹	○>25 Lacs-1 crore ○>1 crore as on □ □ M M Y	Y Y Y (Not older than 1 year)
Secon	nd Applicant	Below 1 Lac	○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 La	ics \bigcirc >25 Lacs-1 crore \bigcirc >1 crore OR Net	worth ₹
Third	Applicant O	Below 1 Lac	○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 La	ics \bigcirc >25 Lacs-1 crore \bigcirc >1 crore OR Net	: worth ₹
PEP	status [Please tic	k (√)]			
	For Individu	als [Please	tick (✔)]: ○ I am Politically Exposed Person (F	PEP)^ OI am Related to Politically Exposed Pe	rson (RPEP) O Not applicable
Sole/ Appli	icant Of NOII-IIIG			nate Beneficial Ownership (UBO) declaration for /Gambling/Lottery/Casino Services — OYES O	
Seco	nd Applicant OP	olitically Ex	posed Person (PEP)^ ORelated to Polit	ically Exposed Person (RPEP) ONot appl	icable
Third	Applicant OP	olitically Ex	posed Person (PEP) $^{\wedge}$ \bigcirc Related to Polit	ically Exposed Person (RPEP) ONot appl	icable
•			l signatories/ Promoters /Karta /Trustee /\	· · · · · · · · · · · · · · · · · · ·	
senior as PEI As per	politicians, senior P. Family members the prevailing reg	governmen or close rel ulatory req	t/judicial/military officers, senior executiventives of such individuals are considered uirements, it is necessary to obtain approximate in the contract of th	olic functions by a foreign country, including tes of state-owned corporations and import as RPEP. Total of senior management of the AMC for e cant or its UBO is a PEP or RPEP, the applic	ant political party official are considered
appro			of the AMC, which may take upto 2 busi		adon shall be processed subject to
		or OPT-OU	Declaration is Mandatory to process the ap	plication. Please choose from below Option A or	Option B as appropriate. (Refer instruction VII
	. ,			DNED NOMINEE(S) TO RECEIVE THE AMOUNT	• • • •
			MY/OUR DEATH AS FOLLOWS:		
			Nom	nination Details	
	mination can be mee nominees in the		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
			Manda	atory information	
1	Name of the non	ninee(s)	Mr./Ms.	Mr./Ms.	Mr./Ms.
2	Share of each No		%	%	%
3	Nominee is Mino	r)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
4	Relationship wit Applicant (selec		O Spouse	O Spouse	O Spouse
			O Mother O Daughter	O Mother O Daughter	O Mother O Daughter
			O Son	O Son	O Son
			O Others (please specify)	O Others (please specify)	O Others (please specify)
5	Nominee/ Guard (in case of Minor	r)	□ PAN	□ PAN	□ PAN
	Identification de [Please tick any of the following and	one of	Aadhaar(last 4 digits)	Aadhaar(last 4 digits)	Aadhaar(last 4 digits)
	ID Number and nequired].	o copies	**** **** Passport(for NRIs/OCIs/PIOs)	**** **** Passport (for NRIs/OCIs/PIOs)	**** **** Passport(for NRIs/OCIs/PIOs)
			☐ Driving License	☐ Driving License	☐ Driving License
6	Address of Nom Guardian in case City / Place: State & Country				
			Pincode:	Pincode:	Pincode:
7	Mobile of nomin		· ···couc.	1 mease.	, mode.
8	Email ID of nomi				
			Non-n	nandatory details	
9	Nominee Guardi (in case Nominee				
# A	Minor) ny odd lot after div	ision shall l	 pe assigned / transferred to the first nomin	nee mentioned in the form	_L
	-				
1/V	Ve want the details	s of my / ou	r nominee to be printed in the statement Name of nominee(s) with %	of holding, provided to me/ us by the AMC of	
			with %	Nomination: Yes / No (Defo	auit <i>j</i>

BI FUK	NOMINATION OPT-OUT: (Please tick ()) if the unit holder does not wish to nominate anyone)	
1/1	We hereby confirm that I / We do not wish to a	appoint any nominee(s) for my mutual fund units held assues involved in non appointment of nominee(s) and	Signature of First Unit holder
fur	ther are aware that in case of death of all the	account holder(s), my / our legal heirs would need to or other such competent authority, based on the value	Signature of 2nd Unit holder
	isses held in the mattar fund folio.		Signature of 3rd Unit holder
. NON	I-PROFIT ORGANIZATION (NPO) DE	CLARATION (Please Refer instruction no. XVI).	
(15)	of section 2 of the Income-tax Act, 1961 (43	PO] which has been constituted for religious or charitable of 1961), and is registered as a trust or a society under or a Company registered under the section 8 of the Comp	the Societies Registration Act,
	s, please quote Registration No. of Darpan po	. , ,	unies Act, 2013 (10 01 2013).
applion be lia	cable will force MF / AMC to register your entit	th the above information. Failure to get above confirmaticy name in the above portal and may report to the relevan juired under the respective statutory requirements and aumanner as might be applicable.	t authorities as applicable. We am/are aware that we r
ms, con applica e have itimate / Statut Ltd.(th ether w il comm I/We h ching C	ditions, rules and regulations of the scheme and ble from time to time. I/We confirm to have und not received nor been induced by any rebate o sources only and is not designed for the purpos for y Authority. I/We agree that in case my/our in e 'AMC'), has full right to refund the excess to with the current application will result in a total ission or any other mode), payable to him for thave read and understood the instructions on	les 114 F to 114H, as part of the Income-tax Rules, 1962. I/other statutory requirements of SEBI, AMFI, Prevention of Merstood the investment objectives, investment pattern, and or gifts, directly or indirectly, in making this investment. I/We se of contravention or evasion of any Act, Regulations or any exestment in the Scheme is equal to or more than 25% of the me/us to bring my/our investment below 25%. I/We hereby investments exceeding Rs.50,000 in a year. The ARN hold be different competing Schemes of various Mutual Funds from momination and I/We hereby undertake to abide by the sery. I/We interested in receiving promotional material from BSNL) or 1800 200 6666 (Others).	oney Laundering Act, 2002 and such other regulations as risk factors applicable to Plans/Options under the Scheme edeclare that the amount invested in the Scheme is through the plant of t
Applicant		2nd Applicant	3rd Applicant
^ Signo	iture of witness, along with name and addre	ess are required, if the account holder affixes thumb imp	pression, instead of signature
^ Signo	iture of witness, along with name and addre	ess are required, if the account holder affixes thumb imp	pression, instead of signature Signature / Thumb Impression
^ Signo	iture of witness, along with name and addre		
	iture of Witness, along With name and addre	Name of the Holder	Signature / Thumb Impression
	<u> </u>	Name of the Holder Name:	Signature / Thumb Impression Signature / Thumb Impression:
	<u> </u>	Name of the Holder Name: Witness 1 Name & Address:	Signature / Thumb Impression Signature / Thumb Impression: Witness 1 Signature:
Sole /	<u> </u>	Name of the Holder Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature / Thumb Impression Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Sole /	First Holder (Mr./Ms.)	Name of the Holder Name: Witness 1 Name & Address: Witness 2 Name & Address: Name:	Signature / Thumb Impression Signature / Thumb Impression: Witness 1 Signature: Witness 2 Signature: Signature / Thumb Impression:
Sole /	First Holder (Mr./Ms.)	Name of the Holder Name: Witness 1 Name & Address: Witness 2 Name & Address: Name: Witness 1 Name & Address:	Signature / Thumb Impression Signature / Thumb Impression: Witness 1 Signature: Witness 2 Signature: Signature / Thumb Impression: Witness 1 Signature:
Sole /	First Holder (Mr./Ms.)	Name of the Holder Name: Witness 1 Name & Address: Witness 2 Name & Address: Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature / Thumb Impression Signature / Thumb Impression: Witness 1 Signature: Witness 2 Signature: Signature / Thumb Impression: Witness 1 Signature: Witness 2 Signature: