## **COMMON APPLICATION FORM**

Application No. WEB-709938

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

		lele	egibly in black / o	dark coloured	ink and in BLOCK LE	TTERS.)	
Broker Code/	ARN	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ C Code	RE EUIN* (Refer Section of instructions		Ref. No.
nanager/sales person	of the above of		ding the advice of in				ction or advice by the employee/relations anager/sales person of the distributor and
		I/we hereby give my/our of istered Investment Advisor				gs in respect of my/our ir	vestments under Direct Plan in the Scheme
	Signature			Signatur	re e		Signature
		/ Authorised Signatory lirectly by the investor to t			authorised Signatory on the investors assessme		pplicant/ POA/ Authorised Signatory ding the service rendered by the distributor.
confirm that I an case the subscription	n a First time on amount is `		al Funds our Distributor has o	pted-in to receiv	I confirm the e Transaction Charges,	150/- (for first time mu	sting investor in Mutual Funds utual fund investor) or `100/- (for investo the balance amount invested.
		ORMATION (Please complete	e Section 1, 9 & 11 only)	(The details in our r	records under the Folio No. me	entioned below will only be c	onsidered for this application) *Mandatory
Unitholder's N		Single Joint	(Default option)	○ Anyone o	or Sundivors		Folio No.
MODE OF HOL		DRMATION* [Please ti				ensure that the details r	mentioned matches with the KYC details)
○ Mr. ○ Ms. ○		in the second	c. (		N A M E	ensure enaceme accuses	
PAN			○ KYC	:		. (KIN)^	
3a. Contact D	etails* (Refe	r Section 'J' of Instruction	ons) (Please ensure	to mention Coun	try and Area Code)		
Mobile No <sup>\$</sup> .			E-mail <sup>s</sup>				
Tel. (Off.) Countr	ry/ Area code		Tel. (Res.) Co	ountry/ Area code		Fax Count	try/ Area code
\$Mobile numbe	r specified ab	ove belongs to [Please	e (🗸)]		\$Email address speci	fied above belongs to	[Please (✓)]
Self	Spouse	Guardian (for Min	or investment)		Self Spou	se Guardian	(for Minor investment)
Opendent C	Children	Opendent Parent	ts Depen	dent Siblings	Openendent Childre	n Depender	nt Parents Dependent Sibling
On providing em	nail-id, investor	rs shall receive the schen	ne wise annual repo	rt or an abridged	summary thereof/ accou	int statements/ statutor	y and other documents by email.
		to receive the scheme w		an abriaged sur	illiary triereor in physica	i ioriii [Please (🗸 )] Opt	[-III]
Mailing addre	<b>55</b> " (P. U. DUX	duaress is not sufficient.	•/				
Overseas add	ress (Mandato	ory for NRI/FII. P. O. Box	address is not suffic	State ient. Investors re Country	rsiding overseas and with	P. O. Box address please	Pin Code Provide your Indian address  Area Code
3b. Date of Bir	r <b>th</b> (Mandat	ory for investment rece	eived through mino	ers)	D D M M Y Y Y	′ Y	
		ardian (referred in poin	t no. 4)	○ Father	O Mother	_ Legal G	iuardian
3c. Proof for D relationship v			School Leavin	g Certificate	Marksheet issued by	HSC/ State Board	Passport Others(Please Specify
3d. Status*  O Partnership F  O Government	irm Li	mited Partnership (LLP	)	. , .		Body Corporate	Proprietorship HUF  Bank/FI Insurance Company Fund FII Others (Please Spec
					-		rife O Student O Others (Please Specif
3f. Gross Annu							>25 Lacs - 1 Crore >1 Cro
		O Below I La	ac 01-31	acs O			Y Y (Not older than 1 year)
^Investors who requested to quo	have comple	eted the Central KYC vit KIN.			as on egistry (CKYCR), and h	nave a KYC Identificat	tion Number (KIN) from the CKYCR
<b>DEBIT MAND</b> (Lumpsum Inve		· Union Bank of India a	ccount holders)			Application N	o. WEB-709938
anch Manager - U	Inion Bank of	India					Date//
		_					
orise you to debit	t my / our Ad	ccount No.				Type of Account	
n figures)			` (in words)				
or the purchase of	of units of Ui	nion	(Scheme Name		Signatu	re of Account Holder(s) ( As per Bank	/ Authorised Signatory(ies)
						( As per bank	
OWLEDGEMENT S	•	illed in by the investor)			Application I	lo. WEB-709938	<b>Ynior</b>

Dated\_\_\_/\_\_\_Drawn on Bank & Branch \_

an application for units of \_\_\_\_\_

(Scheme/Plan/Option)

\_\_\_\_ Instrument No\_

**Mutual Fund** 

Collection centre's stamp with date and time of receipt

<ul><li>Related to Politically Exposed Perso</li><li>Not Applicable</li></ul>	n Gai Mo	eign Excha ming / Gan ney Lendin	ange / Mo nbling / L ng / Pawn	oney Change Lottery Servi	ces [eg. casinos,			,	the followir	ng services)	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No
SECOND APPLICANT/ GUARDIAN I (Refer Section 'B' and 'C' of instruction	-	NTACT PE	RSON FO	OR NON-INI	DIVIDUALS/ PO	DA HOLD	DER DE	TAILS* [F	Please tick	(✓)]	
PAN		КҮС			CKYC No. (	KIN)^			Date of	Birth D D	M M Y Y Y
4a. Status* O Resident Individual	○ Minor		NRI (Re	epatriable)	•	Non-Rep	atriable	)	○ Other	·c (PI	ease Specify)
4b. Occupation* OPvt. Sector OPu				. ,	`					-	
4c. Gross Annual Income* O Below											(r tease speer)
4d. Other Details* I am Politically					tically Exposed I			Not Appli			
4e. Contact Details* Mobile No.	/ Exposed i cisc			E-mail	eledily Exposed i	CISOII		тос прри	Cabic		
	NIX 50/	( ()1 (D-6			· · · · · · · · · · · · · · · · · · ·						
THIRD APPLICANT'S INFORMATIO	N* [Please tick	(✓)] (Refe	er Section	J.B. and .C. of	instructions)				<b>.</b>	m: .:	
					elove N				Date of	Birth D D	M M Y Y Y
PAN		KYC			CKYC No. (						
5a. Status* Resident Individual	○ Minor		•	epatriable)		Non-Rep			Other		ease Specify)
<b>5b. Occupation*</b> OPvt. Sector OPu											ners_ <u>(Please Specify</u>
5c. Gross Annual Income*	1 Lac ○ 1-5 L	acs () 5-1	.0 Lacs (	○ 10-25 Lacs	○ >25 Lacs -	1 Crore	○ >1 C	rore <b>Net</b>	-worth in	<u> </u>	
<b>5d. Other Details*</b> O I am Politically	Exposed Perso	n (	I am Re	elated to Poli	tically Exposed I	Person	0	Not Appli	cable		
<b>5e. Contact Details*</b> Mobile No.				E-mail							
^Investors who have completed the	Central KYC wit	th the Cer	tral KYC	Records Re	gistry (CKYCR),	and ha	ve a K	C Identif	ication Nu	ımber (KIN) fı	rom the CKYCR a
requested to quote the 14 digit KIN.											
FATCA INFORMATION/ FOREIGN T Declaration Form available at www	w.unionmf.cor	n or at ou									te FATCA and UB
The below information is required for									T		
Category	First App	icant (inc	luding M	linor)	Second Ap	plicant/	Guardi	an		Third Ap	plicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other	O Y	'es	○ No		○ Yes		○ No			○ Yes	○ No
than India?*	dianta all assumb		-la					d T D-4	Faurana a Ni.	uas la sus la silacci	
* If Yes, please in	dicate all count	ries in whic	ch you ar	e resident fo	r tax purposes a	ind the a	ssociate	ed Tax Ref	ference Nu	umbers below.	
* If Yes, please in Place/ City of Birth	dicate all count	ries in whic	ch you ar	e resident fo	r tax purposes a	ind the a	ssociate	ed Tax Ref	ference Nu	umbers below.	
* If Yes, please in			,								
* If Yes, please in Place/ City of Birth Country of Birth	dicate all count		,	e resident fo				ed Tax Ref		umbers below.	ss
* If Yes, please in Place/ City of Birth Country of Birth Address Type			,								ss Residentia
* If Yes, please in Place/ City of Birth Country of Birth Address Type (of address in KYC records)			,								ss Residentia
* If Yes, please in Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1			,								ss Residentia
* If Yes, please in Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1			,								ss ( Residentia
* If Yes, please in Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1	○ Residential	/ Business	,			usiness				ential / Busines	SS Residentia
* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C	○ Residential	/ Business	○ Re	esidential	Residential / B	usiness	○ Re	esidential	O Resid	ential / Busines	
* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C [as defined below]	○ Residential	/ Business	○ Re	esidential	Residential / B	usiness	○ Re	esidential	O Resid	ential / Busines	
* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C [as defined below]  Country of Tax Residency 2	○ Residential	/ Business	○ Re	esidential	Residential / B	usiness	○ Re	esidential	O Resid	ential / Busines	
* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C [as defined below]  Country of Tax Residency 2  Tax Payer Ref. ID No. 2  Documentation Type 2	Reason	/ Business	○ Re	esidential	Residential / B	usiness A	○ Re	esidential	O Resid	ential / Busines	
* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C [as defined below]  Country of Tax Residency 2  Tax Payer Ref. ID No. 2  Documentation Type 2 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C	Reason Reason Reason Account Holder	/ Business      A      A  is liable to ly if the au	Re B	C C does not issu	Reason Reason Reason ETax Identification	usiness  A  A  tion Num	○ Re	C C	Reas Reas	ential / Busines	○ B ○ C
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* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C [as defined below]  Country of Tax Residency 2  Tax Payer Ref. ID No. 2  Documentation Type 2 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( ✓ )] the reason A, B or C [as defined below]  • Reason A - The country where the A or Reason B - No TIN required. (Selection Reason C - others; please state the	Reason  Reason  Account Holder this reason On reason thereof.	/ Business      A      A  is liable to ly if the au	B B pay tax c	C C does not issu of the respect	Reason Reason Reason ETax Identification	A Cition Numtax resid	○ Re	C C	Reas Reas Reas HUF	ential / Busines	B C B C
* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( / )] the reason A, B or C [as defined below]  Country of Tax Residency 2  Tax Payer Ref. ID No. 2  Documentation Type 2 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( / )] the reason A, B or C [as defined below]  • Reason A - The country where the / e Reason B - No TIN required. (Selection Reason C - others; please state the ment Checklist  Card [Micro Investments, Investor(s) from n, government officials specifically exempt]	Reason  Reason  Account Holder t this reason On reason thereof.	/ Business  A  A  is liable to ly if the au  Company	B B pay tax controllers	C C C C C C C C C C C C C C C C C C C	Reason Reason Reason Investment through POA	A Cition Numtax reside	B B B B B B B B B B B B B B B B B B B	C C its resident not requi	Reas Reas Reas HUF	ential / Busines	B C B C
* If Yes, please in Place/ City of Birth  Country of Birth  Address Type (of address in KYC records)  Country of Tax Residency 1  Tax Payer Ref. ID No. 1  Documentation Type 1 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( * / )] the reason A, B or C [as defined below]  Country of Tax Residency 2  Tax Payer Ref. ID No. 2  Documentation Type 2 (TIN or Other Please specify)  If TIN is not applicable, [Please tick ( * / )] the reason A, B or C [as defined below]  If TIN is not applicable, [Please tick ( * / )] the reason A, B or C [as defined below]  Reason A - The country where the A Reason B - No TIN required. (Selection Reason C - others; please state the ment Checklist  Card [Micro Investments, Investor(s) from	Reason  Reason  Account Holder this reason On reason thereof.	/ Business      A      A  is liable to ly if the au  Company	B B pay tax c	C C does not issu of the respect	Reason Reason Reason Investment through POA	A Cition Numtax resid	B B abers to ence do	C C its resident	Reas Reas Reas HUF	ential / Busines	B C B C

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	1	✓	1	✓	1	1	✓		✓	1	1
KYC Acknowledgement	1	✓	1	✓	<b>√</b>	/	✓	/	✓	1	/*
Resolution/ Authorisation to invest		✓	1	✓		1		/		1	
List of authorised signatories with specimen signatures		✓	1	✓	1	1		/		1	
Memorandum & Articles of Association		✓									
Certificate of Incorporation		✓	1	✓		/					
Trust Deed			1			1					
Bye-laws											
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	1	✓	1	✓	1	1	✓		✓	1	
Demat Statement (Latest available)											1
Client Master Statement (Latest available)											1
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
FATCA Form & UBO Declarations	1	✓	1	✓	<b>√</b>	1	✓	/	✓	1	/

\*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Ltd.,
Unit: Union Mutual Fund
158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq\_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059
Toll Free: 1800 200 2268/1800 572 2268 | Tel No.: 022 67483333
Website: www.unionmf.com | Email: investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



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DF	EMAT ACCO	JNT DETAI	LS (R	efer S	Section 'H	l' of insti	ructions)											
N:	SDL: Deposito	ory Participa	nt (DF	) Nar	ne			DP I	D No: I	N			Benefici	ary Acco	unt Num	ber		
CI	<b>DSL:</b> Deposito	ory Participa	nt (DF	) Nar	ne				Benef	ficiary A	count Nu	mber						
	may be noted																	articipant.
	vestor willing																Form.	
	NVESTMENT			_		ase tick	(✓)] (⊦	Refer Section	n 'F' of ins	tructions	) [Third Pa	arty paym	ient(s) wil	not be a	accepted	IJ		
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		Scheme/ Pla	n/ Op	tion					Daily Mont	Freque	ency#  Weekly  Quarterly	SIP Date*		#		onth/Yea		
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