

Broker/Agent Code ARN/RIA:		SUB-BROKER:		EUIN:	
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**Unit Holder Information**
**UCC \*** For Office Use only

<b>Name of the First Applicant :</b>					
PAN Number :		KYC:		Date of Birth :	
Father Name :		Mother Name :			
Name of Guardian :		PAN :			
<b>Contact Address :</b>					

City :		Pin code :		State :		Country :	
Tel.(Off) :		Tel.(Res) :		Email :			
Fax (Off) :		Fax (Res) :		Mobile :			

Income Tax Slab/Networth :		Occupation Details	
Place of Birth :		Country of Tax Residence :	
Tax Id No. :			

Politically exposed person / Related to Politically exposed person etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Mode of Holding :		Occupation :	
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<b>Name of Second Applicant :</b>			
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PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :		Occupation Details			
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					

Politically exposed person / Related to Politically exposed person etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Name of Third Applicant :</b>			
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PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :		Occupation Details			
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					

Politically exposed person / Related to Politically exposed person etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Other Details of Sole/ 1st Applicant**
**Overseas Address :**

(In case of NRI investor)

City :		Pin code :		Country :	
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**Bank Mandate Details**

Name of Bank :		Branch :	
A/C No.:		A/c Type :	
IFSC Code:			
Bank Address :			
City :		Pin code :	
State :		Country :	

**Nomination Details**

Nominee Name :		Relationship :	
Guardian Name (If Nominee is Minor) :			
Nominee Address :			

City :		Pin code :		Country :	
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**Declaration and Signature**

I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.

Date :		Place :	
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<b>1st applicant Signature</b>	<b>2nd applicant Signature</b>	<b>3rd applicant Signature</b>

NACH/ECS/AUTO DEBIT UMRN  Date

## MANDATE INSTRUCTION FORM

Tick (✓)	Sponsor Bank Code	Utility Code
CREATE	I/We hereby authorize <b>BSE Limited</b>	to debit
MODIFY		SB / CA / CC / SB-NRE /
CANCEL		(tick✓) SB-NRO / Other
	Bank a/c number	

with Bank  IFSC  or MICR

an amount of Rupees

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented

DEBIT TYPE ☐ Fixed Amount ☐ Maximum Amount

Reference 1 (Mandate Reference No.)  Phone No

Reference 2 (Unique Client Code-UCC)  Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

### PERIOD

FROM

TO

OR ☐ Until Cancelled 1.  2.  3.

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ Corporate or the bank where I have authorized the debit.