



Broker/Agent Code ARN/RIA:					SUB-BROKER: Rajesh Sharn				Sharma	a EU	IIN:	1234	15		
Unit Holder Information					UCC * For Of				* For Office	Use only					
Name of the First Applicant :															
PAN Numb	er:				KYC:					Date of	Birth :				
Father Nar	ne :						Mothe	r Nar	ne :						
Name of G	uardian					PAN:									
Contact Ac	ddress :														
City:				Pin code	:		State :				Count	ry :			
Tel.(Off) :				Tel.(Res)	el.(Res) :			Ema	Email :						
Fax (Off) :				Fax (Res)	Res): Mobi			ile :							
Income Tax Slab/Networth :			th :		Occupation Det			Details							
Place of Bi	rth :				Country of Tax Residence :										
Tax Id No.	:														
Politically 6	exposed	perso	n / Rela	ated to Pol	itically	exposed p	erson et	c.?	Yes	5	N	lo			
Mode of H	olding :						Occupa	ation	:						
Name of S	econd A <sub>l</sub>	plica	nt :												
PAN Numb	er:				KYC:				Date of	Birth :					
Income Ta	x Slab/Ne	etwor	th:	Occu			Occupa	upation Details							
Place of Bi	rth :						Country of Tax Residence :								
Tax Id No.	:						,								
Politically 6	exposed	perso	n / Rela	ated to Pol	itically	exposed p	erson et	c.?	Yes	5	N	lo			
Name of T	hird App	licant	::												
PAN Numb	er:				KYC:					Date of	Birth :				
Income Ta	x Slab/Ne	etwor	th:				Occupation Details								
Place of Bi	rth :						Countr	ountry of Tax Residence :							
Tax Id No.	:			,											
Politically exposed person / Related			ated to Pol	itically	exposed p	erson et	c.?	Yes	;	N	lo				
Other Deta	ails of So	le/ 1s	t Appli	icant											
Overseas A	Address :														
(In case of	NRI inve	stor)													
City:				Pin code :				Country:							
Bank Man	date Det	ails				•									
Name of B	ank :						Branch :								
A/C No.:					A/c T	ype :			IF	SC Code	::				
Bank Addr	ess :														
City:				Pin code	:		State :				Count	ry :			
Nominatio	n Details	5													
Nominee Name : Relationship :															
Guardian Name (If Nominee is Minor) :															
Nominee Address :															
City:				Pir	code :				Co	ountry :					
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 :															
Mihi	ir Jad	hai	·												
1st applicant Signature				2nd applicant Signature					3rd applicant Signature						

SPA	RK	
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NACH/	CS/AUTO DEBIT UMRN			Date				
MANDATE INSTRUCTION FORM								
Tick (	Sponsor Bank Cod	е	Utility Code					
CREA	I/We hereby authoriz	e RSF Limited	to debit SB / CA / CC / SB-NRE /					
MODI	FY 1, We hereby duthern		(tick✓) SB-NRO / Other					
CANC	EL Bank a/c numbe	er						
with Ba	nk	IFSC	o	or MICR				
an amount of Rupees								
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented								
DEBIT TYPE Fixed Amount Maximum Amount								
Referen	ce 1 (Mandate Reference No	Phone No						
Referen	ce 2 (Unique Client Code-UC	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	Monday							
то	Saturday							
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.
- Ihaveunderstoodthatlamauthorisedtocancel/amendthismandatebyappropriatelycommunicatingthecancellation/amendmentrequesttotheUserentity/Corpora teorthebankwhereIhaveauthorizedthedebit.