



Broker/Agent Code ARN/RIA:					SUB-BROKER: Rajesh Shar				Sharma	a EL	JIN:	1234	15		
Unit Holder Information					UCC * For O			* For Office	Use only						
Name of the	he First A	pplic	ant :												
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):			Ema	il:						
Fax (Off):				Fax (Res):			Mob	ile :						
Income Ta	x Slab/Ne	etwor	th:				Occupa	ation	Details						
Place of Bi	rth :					Country of Tax Residenc			dence :						
Tax Id No.	:														
Politically 6	exposed	perso	n / Rela	ated to Po	litically	exposed	person et	c.?	Yes	5		lo			
Mode of H	olding :						Occupa	ation	:						
Name of S	econd Ap	plica	nt :												
PAN Numb	er:				KYC:					Date of	Birth :				
Income Ta	x Slab/Ne	etwor	th:				Occupa	ation	Details			•			
Place of Bi	rth :						Countr	y of T	ax Resi	dence :					
Tax Id No.	:														
Politically 6	exposed	perso	n / Rela	ated to Po	litically	exposed	person et	c.?	Yes	5		lo			
Name of T	hird App	licant	t:												
PAN Numb	er:		<u> </u>		KYC:					Date of	Birth :				
Income Tax Slab/Networth :			th:				Occupation Details								
Place of Bi	rth :			Country of Tax			ax Resi	dence :							
Tax Id No.	:			,											
Politically exposed person / Re			n / Rela	ated to Po	litically	exposed	person et	c.?	Yes	5	□ N	lo			
Other Deta	ails of So	le/ 1s	st Appli	icant		-									
Overseas A	Address :														
(In case of	NRI inve	stor)													
City:				Pi	n code :				Co	ountry :					
Bank Man	date Det	ails													
Name of B	ank :						Branch :								
A/C No.:					A/c	Гуре :			IF	SC Code	2:				
Bank Addr	ess :														
City:				Pin code	::		State :				Count	ry :			
Nominatio	n Details	5													
Nominee Name : Relationship :															
Guardian Name (If Nominee is Minor) :															
Nominee A	Address :														
City:				Pi	n code :				Co	ountry :					
Declaratio	n and Sig	gnatu	re	<u>'</u>		'					_				
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.															
	Mutual F	und F	rom ar			scheme i	s being re	comr	mended	l to me/	us.				
Date :					Place :										
1st applicant Signature				2nd applicant Signature				3rd applicant Signature							

SPA	RK	
	PRO-EOUITIES	37

NACH/ECS/AUTO DEBIT UMRN Date								
MANDATE INSTRUCTION FORM								
Tick (✓)	Sponsor Bank Code		Utility Cod	de				
CREATE	I/We hereby authorize	RSE Limited	to deb	to debit SB / CA / CC / SB-NRE /				
MODIFY	if we hereby authorize	DSL Lillilled	(tick √	(tick✓) SB-NRO / Other				
CANCEL	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.)								
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								
ТО								
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.