

SCHEDULE I - INDIVIDUALS

I GENERAL INFORMATION (Please ✓) ☐ Resident Individual ☐ Minor ☐ NRI

Name of the First /Sole Applicant					Date of Birth		
Mr./Mrs./Ms	First	Last	DD	MM	YYYY		

PAN of the First /Sole Applicant(attach self attested copy of PAN Card)									
---	--	--	--	--	--	--	--	--	--

Name of the Second Applicant							
Mr./Mrs./Ms	First	Last	DD	MM	YYYY		

Relationship with First Applicant							
-----------------------------------	--	--	--	--	--	--	--

PAN of the Second Applicant (attach self attested copy of PAN Card)									
---	--	--	--	--	--	--	--	--	--

Mode of Holding (Please ✓)	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor
-----------------------------	---------------------------------	--------------------------------	---

Correspondence Address of First / Sole Applicant					
City		State		Pincode	Country

Permanent Address of First / Sole Applicant					
City		State		Pincode	Country

Contact Details of First/Sole Applicant					
Tele		Mobile		Fax	
Email*			Alt. E-mail		

* Email Id is compulsory

Correspondence Address of Second Applicant					
City		State		Pincode	Country

Permanent Address of Second Applicant					
City		State		Pincode	Country

II CAPITAL COMMITMENT

Amount (Rs).	(In figures)
	(In words)

III

BANK ACCOUNT DETAILS: Please attach copy of cheque leaf (All Payments by the Fund will be made directly to this Account)

Account Number		Account Type	
Name of Bank / Branch			
City		Pincode	
IFSC Code		MICR Code	

IV OTHER DETAILS OF FIRST/ SOLE APPLICANT

Gross Annual Income						
Occupation Details (√)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Retired
	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> House wife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others Pls Specify	
Please (√) if applicable	<input type="checkbox"/> Politically Exposed Person			<input type="checkbox"/> Related to Politically Exposed Person		

V OTHER DETAILS OF SECOND APPLICANT

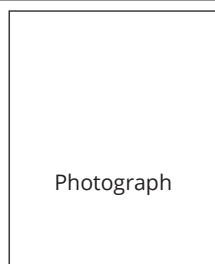
Gross Annual Income						
Occupation Details (√)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Retired
	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> House wife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others Pls Specify	
Please (√) if applicable	<input type="checkbox"/> Politically Exposed Person			<input type="checkbox"/> Related to Politically Exposed Person		

VI DECLARATIONS AND SIGNATURE(S)

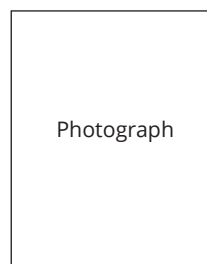
"I/We hereby declare that all the information and particulars given by me/us in this application form are true to the best of my/our knowledge and belief. I/We agree to immediately inform you if there is any change in any of the information given in this application or in the Annexure(s) to this application. I/ We declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, the Fund/Investment Manager, inter alia, has the right to ask me/us to withdraw from the Fund or transfer the units held by me/us to a transferee as may be designated by it and/or take necessary steps for breach of representation and warranties. I/We also agree to furnish such further information as you or SEBI or any other regulatory authority may require from me/us from time to time in relation to the holdings of Units of the Fund and I/we agree that if I/we fail to give such information, you shall have the right to treat me/us a Defaulting Contributor."

First Applicant/ Guardian

Second Applicant



First Applicant



Second Applicant

SCHEDULE I - NON-INDIVIDUALS

I	GENERAL INFORMATION (Please ✓)	<input type="checkbox"/> Corporate	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF
		<input type="checkbox"/> Bank	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Others Pl. specify _____		

Name		Date of Regn./ Incorporation	
M/s		DD	MM
			YYYY

Registered Office address					
City		State		Pincode	
				Country	

Correspondence address					
City		State		Pincode	
				Country	

Name and Address of Contact Person

(Mr./Ms./Ms.)					
Tele		Mobile		Fax	
Email*				Alt. E-mail	

* Email Id is compulsory

PAN (attach self attested copy of PAN Card)														
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Law under which formed / Incorporated	
---------------------------------------	--

II CAPITAL COMMITMENT

Amount (Rs.)	(In figures)	
	(In words)	

III BANK ACCOUNT DETAILS:

Account Number		Account Type	
Name of Bank / Branch			
City		Pincode	
IFSC Code		MICR Code	