

COMMON APPLICATION FORM FOR LUMPSUM

Application No.



ARN- Di306467 / PMRN Code#	ARN- Sub-Distributor Code	E137275	Internal Code for Sub-broker/ Employee
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#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XII). – I/We hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant /
Guardian / Authorised Signatory

I am a first-time investor in mutual funds (~150 will be deducted) OR

(Please select any one of the below) (Refer Instruction No. S)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

I am an existing investor in mutual funds (~100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1 EXISTING FOLIO NO.

2 MODE OF HOLDING / OPERATION

☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is anyone or survivor)

3 APPLICANT'S DETAILS

(Please refer to the Instruction No. A, C, D, R) All fields are mandatory.

Gender ☐ Male ☐ Female

1st APPLICANT Mr Ms M/s Date of Birth**

PAN/PEKRN* Aadhaar No. KIN* ☐ Proof Attached

GUARDIAN NAME IF MINOR/CONTACT PERSON

(FOR NON INDIVIDUALS) / POA HOLDER

PAN/PEKRN* Aadhaar No. KIN* ☐ Proof AttachedRelationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian

2nd APPLICANT Mr Ms Date of Birth

PAN/PEKRN* Aadhaar No. KIN* ☐ Proof Attached

3rd APPLICANT Mr Ms Date of Birth

PAN/PEKRN* Aadhaar No. KIN* ☐ Proof Attached

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/First applicant is minor. *Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN)

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN STATE

COUNTRY PIN CODE

Tel. No. Office Mobile No.

Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email ID

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA (Please refer Instruction No. Z and ii)

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please)

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please P here)

(Refer instruction Z)

5 TAX STATUS (Please P)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL)

(Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only)

7 BANK DETAILS

(Mandatory)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number Account Type ☐ Current ☐ Savings ☐ NRI ☐ NRE ☐ Others (please specify)

Bank Name & Branch

Branch City IFSC Code 11 digit MICR Code 9 digit

Bandhan MUTUAL FUND - ACKNOWLEDGMENT SLIP

(To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions

From

Stamp & Signature

8 FATCA AND CREDIT DETAILS FOR INDIVIDUALS

Non-Individual Investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant /		<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <input type="checkbox"/> Please specify
Guardian Second		<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <input type="checkbox"/> Please specify
Applicant		<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <input type="checkbox"/> Please specify

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ YES ☐ NO (please tick ü)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

or Functional Equivalent	Country of Tax Residence	Tax Identification Number	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A è The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B è No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C ☐

è Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
ResidentialRegistered OfficeBusinessResidentialRegistered OfficeBusinessResidential	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

9 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)

Scheme	Bandhan	Plan	Option
Mode of payment	<input type="checkbox"/> Self <input type="checkbox"/> Third Party Payment (Please fill the Third Party Payment Declaration Form)	Payment mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Bandhan OTM Fund TransferRTGS/NEFT
Amount (figures)		Cheque/DD/UTR/UMR No.	Cheque DateDDMMYY
Account No.		Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NREFCNROthersPlease specify
Bank & Branch Name			

10 NOMINATION DETAILS Mandatory section for Individuals (Single or Joint) ☐ I/We wish to nominate ☐ I/We do not wish to nominate \$\$

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)	Allocation %
Nominee		Guardian NameRelationship with the minor	Date of birth
1			
Nominee			

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee	PAN	Mobil	Email ID	Nominee/ Guardian sign
1	PAN	e	Email ID	Nominee/ Guardian sign
Nominee	PAN	Mobil	Email ID	Nominee/ Guardian sign

OPT-OUT: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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11 KYC DETAILS (Mandatory)

OCCUPATION [Please tick (ü)]	Private Sector	Service Public Sector	Service Government	Service Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GROSS ANNUAL INCOME [Please tick (ü)]

Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	>25 Lacs	>1 crore	
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR Net worth (Mandatory for Non-Individuals) as on DDMMYY as on (Not older than 1 year)
Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	>25 Lacs	>1 crore	>1 crore
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR Net worth
Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	>25 Lacs	>1 crore	>1 crore
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR Net worth

OTHERS [Please tick (ü)]

First Applicant / Guardian	For Individuals Please tick (ü) I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable For Non-Individuals Please tick (ü) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)); (i) Foreign Exchange / Money Changer ServicesYN(ii) Gambling / Gambling / Lottery / Casino ServicesYN(iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second	Politically Exposed Person (PEP)^ Related to Politically Exposed Person (RPEP)Not applicable <input type="checkbox"/>
Applicant Third	Politically Exposed Person (PEP)^ Related to Politically Exposed Person (RPEP)Not applicable <input type="checkbox"/>

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s). Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of IDFC Asset Management Company Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding RS. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. for NRIs / PDS / PPS only. I / We confirm that I am / we are Non-Resident Indian(s) / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to IDFC Asset Management Company Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecal, SMS, etc.

* Unitholders are requested to note that the name of IDFC Asset Management Company Limited would be changed to Bandhan AMC Limited or any other name as may be approved by Regulatory Authorities in due course.

Sign Here →	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (Rs.)	Scheme
	D D M M Y Y		