

# COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

ICR/OCR FORM

Application No.

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**Investor must read key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.**

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) <b>E</b>	
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Declaration for "execution-only" transaction (only where EUIN box is left blank). - 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 SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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### TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested.  
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

### 1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name	
FOLIO No.	

### 2 APPLICANT(S) DETAILS Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant		Enclosed (Please ✓) <sup>S*</sup>	Date of Birth**		(DD/MM/YYYY)
PAN/ PEKRN*		<input type="checkbox"/> KYC Acknowledgement Letter			
Name of **					
Mr. Ms.	GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)				
PAN/ PEKRN*		Relationship with Minor applicant	<input type="checkbox"/> Natural guardian	Enclosed (Please ✓) <sup>S*</sup>	<input type="checkbox"/> KYC Acknowledgement Letter
		<input type="checkbox"/> Court appointed guardian			
2nd Applicant Name (Should match with PAN Card)		PAN/PEKRN* (2nd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)		
3rd Applicant Name (Should match with PAN Card)		PAN/PEKRN* (3rd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)		

### 3 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT

**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.

<b>MANDATORY</b>	Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR				
	Account Number					
	Name of Bank					
	Branch Name		Branch City			
9 Digit MICR code		11 Digit IFSC Code				
Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.						

### 4 INVESTMENT & PAYMENT DETAILS For Plans & Sub-options please see key features for scheme specific details

Name of scheme		
Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)		
OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	OR AEP- <input type="checkbox"/> Regular <sup>®</sup> OR <input type="checkbox"/> Appreciation
Dividend Frequency:		AEP Frequency:

<sup>®</sup>Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s).

	SIP Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<b>Payment details</b>	<b>Mode of Payment</b> <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS	
Amount Paid ₹	DD Charges ₹ (if applicable)	Amount ₹ Invested
Cheque / DD Number	Date	(DD/MM/YYYY)

**BANK DETAILS:**  Same as above [Please tick (✓) if yes]  Different from above [Please tick (✓) if it is different from above and fill in the details below]

Account Number		Account Type	
Bank Name		<input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO	
Bank Branch		<input type="checkbox"/> FCNR <input type="checkbox"/> Savings	
		City	

**Mandatory Enclosures** [Please tick (✓) if the first instalment is not through cheque]  Cheque Copy  Bank Statement  Banker's Attestation

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular.



**8 KYC DETAILS (Mandatory)**

Occupation [Please tick (✓)]

<b>Sole / First Applicant</b>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
<b>Second Applicant</b>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
<b>Third Applicant</b>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

**Gross Annual Income** [Please tick (✓)]

<b>Sole / First Applicant</b>	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	(DD/MM/YYYY)	
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on						<input type="text"/>	(Not older than 1 year)
<b>Second Applicant</b>	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ <input type="text"/>	
<b>Third Applicant</b>	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ <input type="text"/>	

**Others** [Please tick (✓)]

<b>Sole / First Applicant</b>	<b>For Individuals</b> [Please tick(✓)]: <input type="checkbox"/> I am Politically Exposed Person (PEP) ^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	<b>For Non-Individuals</b> [Please tick(✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h): (i) Foreign Exchange / Money Changer Services - <input type="checkbox"/> YES <input type="checkbox"/> No; (ii) Gaming/Gambling/Lottery/Casino Services - <input type="checkbox"/> YES <input type="checkbox"/> NO; (iii) Money Lending/Pawning - <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Second Applicant</b>	<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
<b>Third Applicant</b>	<input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

**9 NOMINATION DETAILS (Refer instruction VII)**

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my / our credit in event of my/our death as follows:

Nominee 1	<input type="text"/>	Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	<input type="text"/>
Guardian	<input type="text"/>		
	Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)]		Nominee % <input type="text"/>
Nominee's Address (Mandatory)	<input type="text"/>		
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		
Nominee 2	<input type="text"/>	Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	<input type="text"/>
Guardian	<input type="text"/>		
	Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)]		Nominee % <input type="text"/>
Nominee's Address (Mandatory)	<input type="text"/>		
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		
Nominee 3	<input type="text"/>	Date of Birth (DD/MM/YYYY) (Mandatory if nominee is minor)	<input type="text"/>
Guardian	<input type="text"/>		
	Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)]		Nominee % <input type="text"/>
Nominee's Address (Mandatory)	<input type="text"/>		
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		

**ACKNOWLEDGEMENT SLIP (Please Retain this Slip)**

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Name of the Investor \_\_\_\_\_

**Application No.**

/

EXISTING FOLIO NO.

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

