

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	Serial No./Date, Time & Stamp
130842				E215826	

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. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

<input type="checkbox"/> EUIN Declaration	I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.
---	---

Signatures	First/Sole Applicant/Guardian	Second Applicant	Third Applicant

1. EXISTING UNIT HOLDER INFORMATION

Folio No.

[Please fill in Folio No. & name of 1st unit holder and proceed to Investment Details]

2. APPLICANT'S PERSONAL DETAILS (MANDATORY)

Mode of holding (Please ✓)	Anyone or Survivor	Single	Joint (Default option is Anyone or Survivor for Joint holding)
Name of First/Sole Applicant/Minor* Ensure that name is as per Aadhaar Card			
PAN/PEKRN	CKYC Id No.	Date of Birth	
Aadhaar Number*	(Please enclose copy of front & back side)		Mobile No.
Gender (Please ✓)	Male	Female	Other
Father's Name			
Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank/FIs <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society <input type="checkbox"/> Other (Please Specify)		
Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <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"/> Other (Please Specify)		
Gross Annual Income Details (Please ✓)	<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"/> >25-1 Crore <input type="checkbox"/> >1 Crore		
Net-worth in ₹	(Net worth should not be older than 1 year) as on (date) <input type="text"/> (Not older than 1 year)		
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> None of the above			

3. COMMUNICATION (Please ✓ to Opt-in)

<input type="checkbox"/> I/We wish to receive Account Statements/Annual Reports/Abridged Annual Report/Newsletter/Updates or any other Statutory/Regulatory Information via Physical Mode.			
Correspondence Address (Please provide full Address)		Overseas Address (Mandatory for NRI/FII Applicants)	
HOUSE FLAT NO.		HOUSE FLAT NO.	
STREET ADDRESS		STREET ADDRESS	
CITY/TOWN	STATE	CITY/TOWN	STATE
COUNTRY	PIN CODE	COUNTRY	PIN CODE
Tel. (Off.)		Tel. (Res.)	
Email		Mobile	
Name of the Guardian#/contact person for non-individual			
Ensure that name is as per Aadhaar Card			
PAN/PEKRN	CKYC Id No.	Date of Birth	
Aadhaar Number	(Please enclose copy of front & back side)		Mobile No.
Nationality	Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

* If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. # In case first applicant is a minor

Acknowledgment slip

Scheme Name : _____
 Option: _____ Sub Option: _____
 Received from Mr./Ms./M/s. _____
 Cheque/DD No. : _____ Date : _____ Amount Rs.: _____

Stamp, Signature & Date

Name of Second Applicant																								
Ensure that name is as per Aadhaar Card																								
(Not applicable for minor/Non Individual Investment)																								
PAN/PEKRN		CKYC Id No.																	Date of Birth	D D / M M / Y Y Y Y				
Aadhaar Number																		Mobile No.						
		(Please enclose copy of front & back side)																						
Gender (Please ✓)	<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Other																			
Father's Name																								
Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI																							
Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <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"/> Other (Please Specify)																							
Gross Annual Income Details (Please ✓)	<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"/> >25-1 Crore <input type="checkbox"/> >1 Crore																							
Net-worth in ₹ (* Net worth should not be older than 1 year)																			as on (date)	D D / M M / Y Y Y Y				(Not older than 1 year)
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																							

Name of Third Applicant																								
Ensure that name is as per Aadhaar Card																								
(Not applicable for minor/Non Individual Investment)																								
PAN/PEKRN		CKYC Id No.																	Date of Birth	D D / M M / Y Y Y Y				
Aadhaar Number*																		Mobile No.						
		(Please enclose copy of front & back side)																						
Gender (Please ✓)	<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Other																			
Father's Name																								
Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI																							
Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <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"/> Other (Please Specify)																							
Gross Annual Income Details (Please ✓)	<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"/> >25-1 Crore <input type="checkbox"/> >1 Crore																							
Net-worth in ₹ (* Net worth should not be older than 1 year)																			as on (date)	D D / M M / Y Y Y Y				(Not older than 1 year)
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																							

4. BANK ACCOUNT DETAILS OF FIRST/SOLE APPLICANT - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)																				
Name of the Bank																				
Branch Address																		City		
State																		Pin Code		
Account No.																		A/C. Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
9 digit MICR Code																		11 digit IFSC Code		
Please attach a cancelled cheque OR a clear photo copy of a cheque																			(Mandatory for credit via NEFT/RTGS)	

5. ■ UNITS IN DEMAT MODE (Please ✓) ■ NSDL ■ CDSL																			
DP ID																			
Beneficiary Account No./Client ID																			
DP Name																			
Note: Please attach the depository transaction statement or DP master data indicating the DP account number of the applicant. Please ensure that sequence of Names as mentioned in the Application Form and matches with that of the account held with the DP.																			