COMMON APPLICATION FORM Please read Product Labeling available on the Front Inside Cover Page and instructions before filling this form



		DISTRIBUTOR INFORMATIO	N		F	OR OFFICI	USE (ONLY	Ар	plication No:	
Name & Distributor (Code Sub-Broker C	Code Employee Unique Indentification Nu		roker Code E - Code mal Code	Registrar/Bank S	erial No.	Date &	Time of Red	ceipt CA	F	
*Investors should men	tion the EUIN of th	e person who has advised the investor. If le	eft blank, the fund wil	Il assume following der	claration by the in	vestor "I/We l	nereby co	nfirm that t	he EUIN box ha	s been intentionally l	left bla
by me/us as this trans	action is executed w	without any interaction or advice by the en nanager/sales person of the distributor/sul	mployee/relationship	manager/sales persor	n of the above dis	tributor/sub b	roker or I	otwithsta	nding the advice	e of in-appropriatene	ss, if ar
Upfront commission s	nall be paid directly	y by the investor to the AMFI registered I me & Distributor Code'	Distributors based on	the investors' assessn	ment of various fa	actors includin	g the serv	ice render	ed by the distrik	outor. For Direct inve	stmen
All sections to be filled			e(s)								
Use this form If you ar the separate SIP Form	e making a one tim	ne investment. For SIP investment use	atri	t Annelian the Connelian	,						
All columns marked * a	re mandatory		b0	t Applicant/Guardian , Signatory / POA Signa		oplicant / Auth		gnatory		nt / Authorised Signa	atory
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TRANSACTIO	CHARGES (F	Please ✓) (Default option Exist	ing Investor) (R	efer Instruction	No. XIV)						
I am a First	Time Investor	r in Mutual Funds		lam a	an Existing In	vestor in N	Autual	Funds			
		10,000/- or more and your Distributo	r has opted to rece						r) or₹100/- (fo	or investor other th	han fir
		ducted from the subscription amount	-		-						
EXISTING UNI	HOLDER INF	FORMATION / EXISTING ZERO) BALANCE FOL	LIO NO. If you have	e existing folio, p	olease fill in se	ection 2 a	nd procee	d to section 8.	(Refer Instruction I	No. XV
Folio No.		Name of Fir	st Applicant								
Mandatory *		PAN Please attach certified	PAN copy (Refe	r Instruction No	. VI)	Know	/our Cι	stomer	(KYC) (Refe	er Instruction N	o. XI
1st Applicant /	Guardian	PAN NB	E R Yes	(Please submit	proof)	Yes	(P	ease su	bmit KYC A	pplication Form	ר)
APPLICANT IN	FORMATION	I (Refer Instruction No. II) to b	e filled in BLOC	K LETTERS* Ap	oplications fr	om reside	nts of	JSA and	l Canada w	ill not be accep	oted
Name of Sole /1	st Applicant	Mr. Ms. M/s. Others (Plea	se Specify)								
					Date of B	irth (DOB)	^ / Dat	e of Inco	orporation	D D M M	Y
In case of Mino	r - Parent/ Leg	al Guardian Name of 1st Appli	cant /Contact p	erson (in case of	non individual	applicant)					
				Relationship	p with Minor	/ Designat	ion				
^Mandatory pro	oof of Date of	Birth Certificate		School L	eaving Certi	ficate			Pa	assport	
Birth for Minors	(Any One)	Mark sheet issued by Hig	her Secondary [Board / ICSE / C	BSE	Others			Please Specify		
Mailing Addres	s of Sole/First	Applicant (P.O. Box alone may	not be sufficier	nt) Overseas Inve	estor must pr	ovide Indi	an Add	ress			_
City		State			Co	ountry	N D	ΙA	Pin Code		
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Applicant	Tel. No.	STD Code R	les.		Office				Fax		
Email ID & Mobile	No. are essent	ial to enable us to communicate w			onice						
Overseas Addre	ss (mandatory	y for NRI/FII applicant*)									
Country		Zip Code		Addre	ess for corres	pondence	(for N	RI applio	cants)	Indian Ove	ersea
Gross Annual Inc	ome [please √]	*	Occupation* [p	please √]			Le	•	s* [please √]]	
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Intanuatory for	15 the churc	y involved/providing any of the fo	llowing services	Yes No							
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I/we wish to receive the following docume BANK ACCOUNT DETAILS* (Refe										
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(Default Plan/Option/Facility will b	pe applied in case of no ir	nformation, ar	mbiguity or dis	crepancy)						
Dividend Sweep to Scheme										
*Dividend Sweep facility not applie			Fund							
SIP ENROLLMENT DETAILS Opte (Mandatory if opted for SIP) Type of SIP: Note : 1. Incase you have opted for SIP ti 2. In case you have opted for SIP ti STP ENROLLMENT DETAILS Opte	Normal SIP Mici hrough ECS / Auto Debit mode through Post dated cheques (P	ro SIP e it is mandatory DC) it is mandat	ory to submit Spe	rolment and ECS/Auto I ecial Product Form			t Form)			
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Mode of Payment [please ✓] Gross Amount (₹)		DD Charges			mount (₹)	Date	<u> </u>	MM	T Y 	T Y
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DEMAT ACCOUNT DETAILS* Do you want units in demat Form? [plea:		ensure that the	sequence of no	mes as mentioned in tl	he application form	matches	with that	of the do	mat A /	hold
with the depository participant]. In case						i matches (with trid	. or the de	mat A/t	. neiu
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Depository Participant (DP) Na	me.									
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