

# 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.

<b>1</b>	<b>EXISTING UNITHOLDERS INFORMATION</b>	If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.
Name <input style="width: 95%;" type="text"/>		
FOLIO No. <input style="width: 30%;" type="text"/> / <input style="width: 30%;" type="text"/>		

<b>2</b>	<b>APPLICANT(S) DETAILS</b>	Mandatory information – If left blank the application is liable to be rejected.
Sole/First Applicant <input style="width: 95%;" type="text"/>		
PAN/PEKRN* <input style="width: 35%;" type="text"/>		Enclosed (Please ✓) <sup>S*</sup> <input type="checkbox"/> KYC Acknowledgement Letter
Name of ** <input style="width: 95%;" type="text"/>		Date of Birth** <input style="width: 15%;" type="text"/> (DD/MM/YYYY)
Mr. Ms. GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)		
PAN/PEKRN* <input style="width: 35%;" type="text"/>		Relationship with Minor applicant <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian
		Enclosed (Please ✓) <sup>S*</sup> <input type="checkbox"/> KYC Acknowledgement Letter
2nd Applicant Name (Should match with PAN Card) <input style="width: 60%;" type="text"/>		PAN/PEKRN* (2nd Applicant) <input style="width: 15%;" type="text"/> <input type="checkbox"/> KYC Proof Attached (Mandatory)
3rd Applicant Name (Should match with PAN Card) <input style="width: 60%;" type="text"/>		PAN/PEKRN* (3rd Applicant) <input style="width: 15%;" type="text"/> <input type="checkbox"/> KYC Proof Attached (Mandatory)

<b>3</b>	<b>BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT</b>	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 Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		
MANDATORY	Account Number <input style="width: 80%;" type="text"/>	
	Name of Bank <input style="width: 95%;" type="text"/>	
	Branch Name <input style="width: 50%;" type="text"/>	Branch City <input style="width: 40%;" type="text"/>
	9 Digit MICR code <input style="width: 30%;" type="text"/>	11 Digit IFSC Code <input style="width: 40%;" type="text"/>

<b>4</b>	<b>INVESTMENT &amp; PAYMENT DETAILS</b>	For Plans & Sub-options please see key features for scheme specific details
Name of scheme <input style="width: 95%;" type="text"/>		
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® OR <input type="checkbox"/> Appreciation		
Dividend Frequency: <input style="width: 60%;" type="text"/>		AEP Frequency: <input style="width: 30%;" type="text"/>

®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	
Payment details		
Amount Paid ₹ <input style="width: 30%;" type="text"/>	DD Charges ₹ (if applicable) <input style="width: 30%;" type="text"/>	Amount ₹ Invested <input style="width: 30%;" type="text"/>
Cheque / DD Number <input style="width: 30%;" type="text"/>	Date <input style="width: 30%;" type="text"/> (DD/MM/YYYY)	

BANK DETAILS: <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below]		Account Type
Account Number <input style="width: 60%;" type="text"/>		<input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Savings
Bank Name <input style="width: 95%;" type="text"/>		
Bank Branch <input style="width: 60%;" type="text"/>	City <input style="width: 30%;" type="text"/>	

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.

**Mode of Holding** [Please tick (✓)]  Single  Joint  Anyone or Survivor (Default)

**Tax Status** [Please tick (✓)]

<input type="checkbox"/> Indian Resident Individual	<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government Body	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defense Establishment	<input type="checkbox"/> NON Profit Organization/Charities
<input type="checkbox"/> HUF - Indian	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> FII	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Bank / FI
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

**5 DEMAT ACCOUNT DETAILS**

(Please ✓)

<input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL	<b>Depository Participant (DP) ID</b> (NSDL only)	<b>Beneficiary Account Number</b> (NSDL only)
	<input type="checkbox"/> <b>Depository Participant (DP) ID</b> (CDSL only)	

**6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

**Correspondence Address (Please provide full address)\*** Address Type  Residential  Business  Residential/Business  Registered Office

CITY/TOWN					STATE				
COUNTRY						PINCODE			
Tel. (Off.)					Tel. (Res.)				
Fax					Mobile				
Email <sup>f</sup>									

**Overseas Address (Mandatory for NRI / FII Applicants)**

CITY/TOWN					STATE				
COUNTRY						PINCODE			
Tel. (Off.)					Tel. (Res.)				
Fax					Mobile				
Email <sup>f</sup>									

Please tick (✓)  I/We would like to register to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for registration on the same.

Please ✓ if you wish to receive Account statement / Annual Report / Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive **Account Statement through e-mail<sup>f</sup>** :  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\*Mandatory information - If left blank the application is liable to be rejected.  
 \*\* Mandatory in case the Sole/First applicant is minor.  
<sup>f</sup> For KYC requirements  
<sup>#</sup> Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer AMC Website.

**7 FATCA and CRS details for Individuals (Including Sole Proprietor) (Mandatory)** Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship/ Nationality			

If TIN is not available tick (✓) the reason A B or C as provided below  
 Reason : A  B  C  Reason : A  B  C  Reason : A  B  C

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.
- Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: \_\_\_\_\_

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India?  Yes  No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

**Address Type**  Residential  Registered Office  Business  Residential  Registered Office  Business  Residential  Registered Office  Business

Annexure I and Annexure II are available on the website of AMC viz;

**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 _____ (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 ₹ _____
<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 ₹ _____

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

