

Application No.:

Name & Broker Code/ ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-64917			EUIN-E434563		

**EUIN Declaration:** Declaration for Execution Only Transaction (where Employee Unique Identification Number-EUIN" box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. 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 distributors/sub broker. **RIA/Declaration:** "I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of mv/our investments under Direct Plan of All Schemes managed by you to the above mentioned SEBI-Registered Investment Adviser/RIA".

Sign of 1 <sup>st</sup> Applicant / Guardian / Auth. Signatory / PoA / Karta	Sign of 2 <sup>nd</sup> Applicant / Guardian / Auth. Signatory / PoA	Sign of 3 <sup>rd</sup> Applicant / Guardian / Auth. Signatory / PoA
Please <b>Lumpsum Investment</b> <input type="checkbox"/>	<b>Micro Application</b> <input type="checkbox"/>	<b>SIP Application</b> <input type="checkbox"/>

TRANSACTION CHARGES (Please ☒ any one of the below. Refer Instructions No. 11)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder (AMF registered Distributor) based on the investor's assessment of various factors including the services rendered by the ARN Holder.

**1. EXISTING UNIT HOLDER INFORMATION-** Please fill in your Folio Number, PAN, KIN in below Sections 2, 3, 4 & proceed to Section 7 for Investment Details.

<b>Folio No.</b>											The details in our records under the Folio No. mentioned alongside will apply for this application.All Unit Holders in the given Folio should be KYC compliant.Any updation in KYC credentials may be filled in the below sections.
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**2. APPLICANT(S) NAME AND IN INFORMATION [Refer Instruction 2] If the 1<sup>st</sup> / Sole Applicant is Minor, then please provide details of natural / legal guardian**

<b>1<sup>st</sup> SOLE APPLICANT</b>	Mr. / Ms. / M/s.	<b>PAN</b>	<div style="display: flex; justify-content: space-around; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>
(Please write the name as per PAN Card)			
<b>LEI Code for entities</b>	<div style="display: flex; justify-content: space-around; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>		
<b>CKYC ID No. (KIN)</b>	<div style="display: flex; justify-content: space-around; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>		
<div style="display: flex; justify-content: space-between;"> <span>Pls indicate if US Person or a resident for tax purpose / Resident of Canada</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No<sup>3</sup> (\$Default if not ✓)</span> </div>			
<b>GUARDIAN</b> (In case 1 <sup>st</sup> Applicant is a Minor)	<b>Relationship with Minor (Please ✓)</b>		
Mr. / Ms. / M/s.	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
<b>GUARDIAN CKYC ID No. (KIN)</b>	<div style="display: flex; justify-content: space-around; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	<b>KYC (Please ✓)</b> <input type="checkbox"/> Proof Attached	<b>GUARDIAN PAN</b> <div style="display: flex; justify-content: space-around; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>
<b>POA / Custodian Name:</b>		<b>KYC (Please ✓)</b> <input type="checkbox"/> Proof Attached	
<b>POA / Custodian CKYC ID No. (KIN)</b>	<div style="display: flex; justify-content: space-around; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	<b>POA / Custodian</b>	<b>PAN</b> <div style="display: flex; justify-content: space-around; height: 20px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>
<div style="display: flex; justify-content: space-between;"> <span><b>Contact Person for Corporate Investor:</b></span> <span>Name</span> <span>Designation:</span> </div>			

### 3. FIRST APPLICANT AND KYC DETAILS All fields marked as '\*' are Mandatory

<b>1<sup>st</sup> SOLE APPLICANT</b> <input type="checkbox"/> Individual or <input type="checkbox"/> Non-Individual [Please II Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]									
<b>*Date of Birth/ Incorporation</b> <input type="checkbox"/> (Individual) <input type="checkbox"/> (Non-Individual) (Please write the Date of birth as per Aadhaar Card)			<b>Proof of Date of Birth (Please ✓ )</b> (For minor applicant)			<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport of the Minor		<input type="checkbox"/> School Leaving Certificate / Mark Sheet <input type="checkbox"/> Others _____ (Please specify)	
<b>Place of Birth / Incorporation:</b> (Please write the Date of birth as per Aadhaar Card)			<b>Country of Birth / Incorporation:</b>			<b>Nationality:</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>Type:</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Prop <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Trust <input type="checkbox"/> Bank / FIs <input type="checkbox"/> FIs <input type="checkbox"/> PIO <input type="checkbox"/> Society/AOP/BOI <input type="checkbox"/> Minor through Guardian <input type="checkbox"/> NRI - NRO									
<input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Listed Company <input type="checkbox"/> Private Company <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Artificial Juridicial Person <input type="checkbox"/> Partnership Firm <input type="checkbox"/> FOF - MF Schemes <input type="checkbox"/> Other _____ (Please specify)									
<b>a*. Occupation Details [Please tick (✓)]</b>			<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife		<input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Retired <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (Please specify)				
<b>b*. Politically Exposed Person (PEP) Status</b> (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									
<b>c*. Gross Annual Income (₹) [Please tick (✓)]</b>			<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> >25 Lakhs <input type="checkbox"/> > 1 Crore						
<b>d*. Net-worth (Mandatory for Non-Individuals) ₹</b> _____						as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)			
<b>e*. Non-Individual Investors involved/providing any of the mentioned services</b>			<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services			<input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above			

#### 4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:														
Core Banking A/c No.										A/c. Type Pls. (✓) <input type="checkbox"/> NRE <input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> NRO <input type="checkbox"/> Other				
Branch Name:					Address:									
Bank Branch City:					State:					Pin Code				
MICR Code					Please attach a cancelled cheque OR a clear photo copy of a cheque					IFSC Code (Mandatory for Credit via NEFT/RTGS)				

**All fields marked as ‘\*’ are Mandatory**

(Please note that the Default option is Anyone or Survivor)

**Gender** ☐ Male ☐ Female ☐ Other

Pls indicates if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No\* (\*Default if not ☒)

**Date of Birth**(Mandatory) **D D M M Y Y Y Y**  
(As per PAN Card) \_\_\_\_\_

**Mode of Holding:** ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)

**Gender** ☐ Male ☐ Female ☐ Other

Pls indicates if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No\* (\*Default if not ☒)

**Date of Birth** (Mandatory) **D D M M Y Y Y Y**  
(As per PAN Card) \_\_\_\_\_

## 6. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]

^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.

**6a. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]**

Overseas Correspondence Address \_\_\_\_\_

### Scheme -

☐ Regular Plan    ☐ Growth (Default)    ☐ Payout of income Distribution cum capital withdrawal option    ☐ Reinvestment of Income Distribution cum capital withdrawal option (Default)

**Payment Type [Please (✓)]** ☐ **Self** (Non-Third Party Payment) ☐ **Third Party Payment** ( Please attach 'Third Party Payment Declaration Form')

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

## National Securities Depository Limited (NSDL)

**Central Depository Services (India) Limited (CDSL)**[illegible]

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

## 9. NOMINATION DETAILS (Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9)

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR ☐ I/WE DO NOT WISH TO NOMINATE

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian (Preferred but not Mandatory)
1		D D M M Y Y Y Y Y				
2		D D M M Y Y Y Y Y				
3		D D M M Y Y Y Y Y				

## 10. FATCA &amp; CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA &amp; CRS classification)

## PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)

We are a, Financial institution <input type="checkbox"/> or Direct reporting NFE <input type="checkbox"/> [Please tick (✓)]	GIIN																								
	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below																								
Name of sponsoring entity:																									
GIIN not available [Please tick (✓)] <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="checkbox"/> Not obtained - Non-participating FI <input type="checkbox"/>																									

## PART B (please fill any one as appropriate "to be filled by NFEs other then Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange: _____
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of Listed company: _____ Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange: _____
3	Is the Entity an active NFE	<input type="checkbox"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> Mention code: Refer instruction 15(c)
4	Is the Entity an Passive NFE	<input type="checkbox"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____

For details refer instruction no. 15.

## 11 DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer instruction No. 17)\*

\*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BENE

## 11a. DETAILS OF ULTIMATE BENEFICIAL OWNERS [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)

Name of UBO & Address	Address Type <sup>\$\$</sup>	PAN/Tax Payer Identification No./ Equivalent ID No. <sup>%</sup>	Document Type Refer instruction No. 15(d)	Country of tax Residency/ permanent residency*	Country of citizenship	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest

\$\$ Address Type: Residential or Business (default)/Residential/Business/Registered Office. Attached documents should be self certified by the UBO and certified by the applicant or Authorised signatory. In case the above information is not provided, it will be presumed that applicant is the UBO, with no declaration to submit. In such case, MAMFIAMC reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

# If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 16)

<b>PAN / Any other Identification Number</b> (PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) <b>City of Birth - Country of Birth</b>	<b>Occupation Type:</b> Service, Business, Others <b>Nationality:</b> <b>Father's Name:</b> Mandatory if PAN is not available	<b>DOB:</b> Date of Birth <b>Gender:</b> Male, Female, Other
<b>1. PAN:</b> <b>City of Birth</b> <b>Country of Birth:</b>	<b>Occupation Type:</b> <b>Nationality:</b> <b>Father's Name:</b>	<b>Date of Birth:</b> <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>2. PAN:</b> <b>City of Birth</b> <b>Country of Birth:</b>	<b>Occupation Type:</b> <b>Nationality:</b> <b>Father's Name:</b>	<b>Date of Birth:</b> <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>3. PAN:</b> <b>City of Birth</b> <b>Country of Birth:</b>	<b>Occupation Type:</b> <b>Nationality:</b> <b>Father's Name:</b>	<b>Date of Birth:</b> <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

# Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India.

\* To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent

Application No.:

Cheque/DD should be Drawn in favour of the Scheme Name\*

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Mutual Fund investments are subject market risks, read all scheme related document carefully.

## 12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 15)

(FOR INDIVIDUALS &amp; NON-INDIVIDUALS)

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

FOR NON-INDIVIDUALS: Is the 'Entity' a tax resident of any country other than India? ☐ Yes ☐ No

(If Yes, please provide country lies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)		2 <sup>nd</sup> Applicant		3 <sup>rd</sup> Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth / Incorporation		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____

For non-Individual investor, in case your country of incorporation / Tax residence is US, but you are not a specified US person then please mention exemption code \_\_\_\_\_ Refer instruction 15( e))

Individual or Non-Individual investors fill this section if ticked Yes above.			Individual investor have to fill in below details in case of joint applicants					
Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Address Type _____			Address Type _____			Address Type _____		

(Address Type: Residential or Business (default) | Residential | Business | Registered Office) (For address mentioned in form | existing address appearing in folio)

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

## 13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(f) of KIM]

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Investment Managers (India) Private Limited (AMC) / Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA& CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio.

Sign of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory / PoA	Sign of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory / PoA	Sign of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA
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ACKNOWLEDGMENT SLIP

For ☐ Lumpsum 'OR' ☐ SIP

Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ as per details below:

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs) _____ Cheque/ DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation

culdec/2021