

COMMON APPLICATION FORM

For first time investors for Lumpsum Investments / SIP Investments / Zero Balance folio registration.

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK/BLUE COLOURED INK AND IN BLOCK LETTERS)

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Serial No.,	Date &	Time Sto	amp																		
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- relationsh	ip manag	n that the E er/sales p ip manage	erson of	the abov	e dis	tributor/	/sub bi	roker c													
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I / we here	eby prefer	to 'OPT-IN	N' to recei	ve physic	al cop	oies of	scheme	Annu	al Repo	rt or Al	oridged	summ	nary.								
BANK ACCO	UNT DETA	ILS FOR F	AYOUT (Please note	e that o	as per SI	EBI Regu	lations i	t is man	datory fo	or invest	ors to p	rovide	their	bank	accou	nt deta	ails. Re	fer Inst	ruction	No. 6)
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		Place /	City of Birth	Coun	try of Birth	Cou	entry of Citizenship /	Nationality
First Ap	oplicant / Guardia	n				Indian	U.S. Others	
Second	l Applicant					Indian	U.S. Others	
Third A	pplicant					Indian	U.S. Others	
ANS	If 'YES' please fill	sident (i.e., are yo for ALL countries (o a Citizen / Resider	ther than India)	in which you c	are a Resident		Yes No	
		Country of Tax Residency	Tax Identifi	cation Numbo	er or Ide	ntification Type other please specify)	Address	Туре
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In words

Total

In figures

5. PAYMENT DETAILS							8=
Non-Third Party Payment	Third Par	ty Payment (Please attach 'Third	Party Payment Declara	ition Form')			
Mode Cheque DD	Axis Bank I	Debit Mandate Date D	D M M Y Y	Y Y Cheq	ue / DD No.		
Amount (in figures)	(in	n words)					
Pay-in A/c No.							
Account type Savings	Current	NRE NRO F	CNR Others		Specify		
IFSC code (11 digit)		MICR C	ode (9 digit)				
Drawn on bank / branch name	e & address						
6. DEMAT ACCOUNT DETA	ILS (OPTIONA	l)					
	•	nentioned in the application form	matches with that of the A	A/c held with the de	pository participant	t) Refer Instruct	tion No. 19.
NSDL:	nt Name			DP	ID: I N		
Beneficiary A/c No.							
CDSL: Depository Participal Beneficiary A/c No.							
Enclosed Client Mas	ster Tro	ansaction / Statement Copy / [IS Copy				
7. DECLARATION AND SIG	NATURE						
understood the terms, condition source only and does not involve Act, Anti Money Laundering Law-been induced by any rebate or c "Know Your Customer" process i Scheme, in favour of the applicate the law.) The ARN holder has dis Mutual Funds amongst which the policy which is available on the w my investment related queries of	s, details, rules a clesigned for the s, Anti Corruption jitts, directly or in s not completed but, at the applicable closed to me/us e Scheme is being ebsite of the AMC and/or receive co	D/KIM of the scheme and SAI of the contravention of the purpose of the contravention of a Laws or any other applicable law adirectly in making this investment by me/us to the satisfaction of the all the commissions (trail commissions commended to me/us. I / we C/Fund. I/We give my consent to the communication pertaining to trailing preferences with the Custome	eme. I/We hereby declar any Act, Rules, Regulation rs enacted by the Governi t. I/We confirm that the fu Mutual Fund, (I/we hereb such redemption and und sion or any other mode), give my / our consent to b AMC and its agents to co sactions/ non-commerci	re that the amount in specifications or Ement of India from tigureds in the yauthorize the Muttertake such other acting payable to him for collect personal date ontact me over phorial transactions/prices.	nivested in the sch Directives of the prome to time. I/we h Scheme, legally by Jul Fund, to redeer tion with such fund the different comp a or information as the, SMS, email or comp	eme is through ovisions of the lave not received belongs to me/ me the funds into ds that may be betting Scheme is prescribed in any other mode	h legitimate e Income Tax red nor have /us. In event vested in the e required by es of various n the privacy e to address
₹50,000 in a year (Applicable fo	r Micro investmer om abroad throu	Micro SIP/Lumpsum investments v nt only.) with your fund house. For gh approved banking channels o ue and correct.	NRIs only - I / We confirm	that I am/ we are No	on Residents of Ind	lian nationality	y/origin and
		rmation requirements of this Form nd complete. I / We also confirm					
usage (ii) validating/authenticati I/ We hereby provide my/our co	ng and (ii) updati nsent for sharing,	e my/our consent in accordance ing my/ our Aadhaar number(s) i /disclosing of the Aadhaar numb Transfer Agent (RTA) for the purpos	n accordance with the Aad er(s) including demograp	dhaar Act, 2016 (ar phic information wit	nd regulations mad in the asset manag	de thereunder)) and PMLA.
You/ Sole Applicant /Guar	dian	Second Applicant	Third Ap	pplicant	Power o	f Attorney Hol	lder

Date D D M

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Place