

COMMON APPLICATION FORM

Form for Single Holders only.
(Individual and Non Individual)



For all schemes of Bajaj Finserv Mutual Fund except NFO Schemes

Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

1. DISTRIBUTOR INFORMATION* (Please refer instruction no. 1)

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-64917				E434563	

**By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme (s) of Bajaj Finserv Mutual Fund. (Please ✓ if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY* (Please ✓ any one of the below) (Please refer instruction no. 2)

I confirm that I am a First time investor in Mutual Funds. OR I confirm that I am an existing investor in Mutual Funds.

3. UNIT HOLDING OPTION PHYSICAL MODE (Default) (In case of Demat Purchase please fill the 4 Pager Common Application Form)

4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in block letters (Please refer instruction no. 4)

Folio No. _____ (For Existing unit holders) Gender Male Female Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s. _____

PAN/PEKRN _____ CKYC No. _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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Mobile No. _____ Email ID _____

The Email ID belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

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The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please ✓ here) Account Statement Annual Report/Abridged summary Other Statutory Information. (We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code _____ Valid upto

D	D	M	M	Y	Y	Y	Y
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 (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

Tax Status (Mandatory, Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP Minor through guardian Company Fils PIO Body Corporate Society/Club Sole Proprietorship Non Profit Organisation Financial Institution NBFC Bank Others

Occupation: (Mandatory, Please ✓) Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify) _____

Gross Annual Income (Mandatory, Please ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth* (for Non-Individuals) ₹ (please specify) _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

For Individuals I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable (Please refer instruction no. 4d)

For Non Individuals, if involved in any of the below mentioned services, please ✓ the appropriate option :

(i) Foreign Exchange / Money Changer Services Yes No (ii) Gaming / Gambling / Lottery / Casino Services Yes No (iii) Money Lending / Pawning Yes No

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors)

Mr. / Ms. _____ Designation/Relationship with Minor _____

PAN _____ CKYC No. _____ Gender Male Female Others

Mobile No. _____ Email ID _____

Date of Birth Proof for minors (Any One)

Birth Certificate Marks Sheet (HSC/ICSE/CBSE) School Leaving Certificate Passport Others _____

5a. MAILING ADDRESS 5b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)

[Please provide Full Address. P. O. Box address is not sufficient]

City _____ State _____ Pin Code _____ Zip Code: _____

Tel. Resi. _____ Tel. Off. _____ Mobile No. _____

6. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled cheque) (Please refer instruction no. 5)

Name of the Bank _____

Account No. _____ Account Type SB CA CC SB-NRE SB-NRO Other

Bank Branch _____ Address _____

Bank City _____ State _____ Pincode _____

MICR Code (9 digits) _____ \$IFSC Code for NEFT / RTGS _____ [§]This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

Acknowledgement Slip (To be filled in by the Investor)

BAJAJ FINSERV ASSET MANAGEMENT LIMITED, 8th floor, E-Core, Solitaire Business Park (formerly Marvel Edge), Viman Nagar, Pune 411014

Received from Mr. / Ms. _____ Date: _____/_____/_____

Application No. _____

Collection Centre /
Bajaj AMC Stamp & Signature

7. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque. (Please refer instruction no. 6)

Scheme Name	Plan	Option
Bajaj Finserv	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth (Default) <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment (Default for IDCW) <input type="checkbox"/> Transfer of IDCW IDCW Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Payment Type (Please ✓)		<input type="checkbox"/> Non-Third Party <input type="checkbox"/> Third Party Payment (Plases fill third party declaration form)
Mode of Payment	<input type="checkbox"/> Lumpsum	<input type="checkbox"/> SIP*
Amount (INR)		
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> NEFT / RTGS	Cheque / DD No. / UTR No.	Cheque / DD No. / UTR No.
Drawn on Bank and A/c no		
Date		

Cheque/DD should be drawn in favour of scheme name e.g. "Bajaj Finserv Liquid Fund". *If you wish to register SIP, kindly fill the relevant SIP Registration & OTM Debit Mandate Form.

Reason for investment House Children's Education Children's Marriage Car Retirement Others (please specify) _____

Investment horizon Please (✓) anyone 5 Years 10 Years 15 Years 20 Years 25 Years

8. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Please refer instruction no. 7)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form. The below information is required for all applicants/guardian

Particulars	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries.

Particulars	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers 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: _____

Address Type Residential Registered Office Business *If the address type is not ticked the default will be considered as residential.

9. NOMINATION DETAILS* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 8)

<input type="checkbox"/> I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death. (Please fill the nominee details in the table given below)	OR	<input type="checkbox"/> I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.
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If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Name and PAN of Nominee(s)	Relationship with Applicant	Date of Birth	Guardian Name	Guardian's relationship with nominee	Signature of Nominee/Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1		DD/MM/YYYY				
Nominee 2		DD/MM/YYYY				
Nominee 3		DD/MM/YYYY				

Signature(s)	Sign of 1st Applicant / Guardian	Authorised Signatory 2	Authorised Signatory 3
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10. CONFIRMATION CLAUSE

I/We hereby confirm to have read, understood and agree to the privacy policy available on www.bajajamc.com. I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

11. DECLARATION AND SIGNATURES (Please refer instruction no. 9)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Bajaj Finserv Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of Bajaj Finserv Mutual Fund for allotment of units of the Scheme(s) of Bajaj Finserv Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Bajaj Finserv Mutual Fund, I/We hereby authorise the AMC/Bajaj Finserv Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Bajaj Finserv Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify Bajaj Finserv Asset Management Limited immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account (s) . FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/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. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ("the Authorised Parties") or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please ✓: if the EUN space is left blank: I / We hereby confirm that the EUN 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(s)	Sign of 1st Applicant / Guardian / Authorised Signatory / POA	Authorised Signatory 2	Authorised Signatory 3
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Sr. No.	Scheme Name / Plan	Option	Net Amount Paid (₹)	Payment Details	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1	Bajaj Finserv <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment			