

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9, 10 & 17)

| Distributor ARN Code | Sub Distributor ARN | Sub Agent Code /Bank Branch Code/ Internal Code | *Employee Unique Identification Number (EUIIN) | RIA Code** |
|---------------------------------|---------------------|---|--|------------|
| ARN-64917 <small>(here)</small> | ARN- | | E434563 | |

I/We hereby confirm that the EUIIN 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1. INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 8 to provide FATCA/ Additional KYC details. If these details are already provided please proceed to Section 10. Mode of holding will be as per existing folio number.)

2. UNITHOLDING OPTION - Demat Mode Physical Mode

These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

| | | |
|--|--|---|
| (NSDL) | DP ID No. <input type="text"/> I <input type="text"/> N <input type="text"/> | Beneficiary Account No. <input type="text"/> |
| (CDSL) | Target ID No. <input type="text"/> | (NSDL) National Securities Depository Limited (CDSL) Central Depository Securities Limited |
| Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS) | | |

3. GENERAL INFORMATION

^MODE OF HOLDING : [Please tick(✓)] Single Joint (Default) Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME^ Mr. / Ms. / M/s. FIRST MIDDLE LAST

PAN / PEKRN^** OR CKYC Id^** Date of Birth Or Incorporation D D M M Y Y Y Y (Mandatory in case of Minor)

Name of Guardian if first applicant is minor / Contact Person for non individuals Mr. / Ms.

Guardian's Relationship with Minor Father Mother Court Appointed Guardian

Proof of Birth Date and Guardian's Relationship with Minor Birth Certificate Passport Others (please specify)

STATUS^ : Resident Individual Sole Proprietor Company Trust Society Bank FI FII
 NRI/ PIO/ OCI Minor through Guardian Body Corporate AOP Partnership Firm FPI (as and when applicable) Others (please specify)

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Groww India Mutual Fund. Refer instruction no.II. 5, 6 & X

5. SECOND AND THIRD APPLICANT DETAILS

| | NAME^ | PAN / PEKRN^** | CKYC Id^** | STATUS^ |
|------------------|---------------------------------------|----------------------|----------------------|---|
| SECOND APPLICANT | <input type="text"/> Mr. / Ms. / M/s. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI |
| THIRD APPLICANT | <input type="text"/> Mr. / Ms. / M/s. | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI |

6. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)

Correspondence Address** (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA

City/ Town State Country Pin Code

Overseas Address (Mandatory for NRI / FPI Applicants)

City/ Town State Country Pin Code

Tel. (Res.) STD Code Tel. (Off.) Mobile No. (Country Code)

| | Mobile No. | Mobile No. provided pertains to | Email ID | Email ID provided pertains to |
|------------------|----------------------|---|----------------------|---|
| FIRST APPLICANT | <input type="text"/> | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor | <input type="text"/> | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor |
| SECOND APPLICANT | <input type="text"/> | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor | <input type="text"/> | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor |
| THIRD APPLICANT | <input type="text"/> | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor | <input type="text"/> | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor |

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

Received From Mr/Ms/M/s :

Scheme Name : Plan: Option:

Payment Details Amount ₹ Instrument No. Date Drawn on Bank

7. BANK ACCOUNT DETAILS

| | | | | | | | | | | | |
|--------------|--|--|-----|--|-------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|-------------------------------|--|
| Name of Bank | | | | | Bank Branch | | | | | | |
| Account No. | | | | | Account Type . Type (✓) | <input type="checkbox"/> Savings | <input type="checkbox"/> Current | <input type="checkbox"/> NRO | <input type="checkbox"/> NRE | <input type="checkbox"/> FCNR | |
| Branch City | | | PIN | | | IFSC Code | For Credit via RTGS | | MICR Code | 9 Digit For Credit via NEFT | |

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account. Please enclose a cancelled cheque leaf of this Bank in case your investment cheque is not from this account, else bank details of investment cheque shall be updated for payout

8. FATCA and CRS DETAILS

For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

| Details | Country #^** | Tax Payer Ref. ID No ⁶ | Identification Type | Country of Birth^** | Country of Nationality^** |
|-------------------------------|--------------|-----------------------------------|---------------------|---------------------|---------------------------|
| Sole/First Applicant/Guardian | | | | | |
| Second Applicant | | | | | |
| Third Applicant | | | | | |

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. ⁶In case Tax Identification Number is not available, kindly provide its functional equivalent To also include USA, where the individual is a citizen/ green card holder of USA.

| Occupation details for | 1st Applicant | 2nd Applicant | 3rd Applicant | Guardian | Gross Annual Income Range (in ₹) | 1st Applicant | 2nd Applicant | 3rd Applicant | Guardian |
|-------------------------|---------------|---------------|---------------|----------|--|---------------|---------------|---------------|----------|
| Private Sector | | | | | Below 1 lac | | | | |
| Public Sector | | | | | 1-5 lac | | | | |
| Government Service | | | | | 5-10 lac | | | | |
| Business | | | | | 10-25 lac | | | | |
| Professional | | | | | 25 lac- 1 cr | | | | |
| Agriculturist | | | | | 1 -5 cr | | | | |
| Retired | | | | | 5 - 10 cr | | | | |
| Housewife | | | | | > 10 cr | | | | |
| Student | | | | | OR Network in ₹ (Mandatory for Non Individual) (not older than 1 year) | as on | as on | as on | as on |
| Others (Please specify) | | | | | | DDMMYYYY | DDMMYYYY | DDMMYYYY | DDMMYYYY |

| PEP DETAILS^** | 1st Applicant | 2nd Applicant | 3rd Applicant | Guardian |
|--|---------------|---------------|---------------|----------|
| Are you a Politically Exposed Person (PEP)^** | | | | |
| Are you related to a Politically Exposed Person (PEP)^** | | | | |

**In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors.

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Groww Mutual Fund/ Groww Asset Management Ltd. in case of any change.

9. DECLARATION OF NPO (For Trusts / Society)

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). Yes No

If yes, please quote Registration No. of Darpan portal of Niti Aayog.

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

10. INVESTMENT & PAYMENT DETAILS

(Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form) (Refer instruction no. IV) OTM facility is available to investors who have Invest Easy facility registered with GMF.

Scheme _____ Plan _____

(Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

| Option | Mode of Payment |
|--|---|
| <input type="checkbox"/> Growth^A <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option Frequency of Income Distribution cum capital withdrawal option _____ | <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> OTM Facility <input type="checkbox"/> RTGS / NEFT LEI No. _____ Valid Upto: DDMMYYYY |

[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest]

| Investment Amount (₹) | DD Charges (if applicable) (₹) | Net Amount~ (₹) | Instrument No/UTR No. | Date | Drawn on Bank | Bank Branch | City |
|-----------------------|--------------------------------|-----------------|-----------------------|------------|---------------|-------------|------|
| I | II | I minus II | | DD MM YYYY | | | |

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Groww India Mutual Fund LEI number is 335800HSE81TAD65RF98. OTM: One Time Bank Mandate (^^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.

11. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer instruction no. II. 1)

| Details | POA Name | PAN^ |
|------------------|-------------|------|
| First Applicant | Mr./Ms./M/s | |
| Second Applicant | Mr./Ms./M/s | |
| Third Applicant | Mr./Ms./M/s | |

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Groww Mutual Fund/ Groww Asset Management Ltd. in case of any change.

12. NOMINATION DETAILS

(Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register /modify any of the nomination details, Registration /Cancellation of Nominee form shall be provided separately.

| DETAILS | NOMINEE 1 | NOMINEE 2 | NOMINEE 3 |
|---|------------|------------|------------|
| Nominee Name | | | |
| PAN | | | |
| Allocation (%) | | | |
| Relationship with Investor | | | |
| Nominee date of birth | DD MM YYYY | DD MM YYYY | DD MM YYYY |
| Guardian Name (in case of Minor) | | | |
| Guardian Relation with Nominee | | | |
| Nominee/Guardian Signature (in case Nominee is Minor) | | | |

FOR NOMINATION OPT-OUT: I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I/We, the undersigned applicant(s)/unitholder(s) hereby confirm that I/ we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) /units held in my/ our mutual fund folio(s) and 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/s.

13. DECLARATION AND SIGNATURE

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that 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 / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Groww Asset Management Limited (Groww Mutual Fund) liability. I understand that the Groww Mutual Fund may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree Groww Mutual Fund can debit from my folio for the service charges as applicable from time to time. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.


I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident 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. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Groww Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND/DNDC, as the case may be.

14. CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

Yes No Please tick (✓) any

| | | | |
|---|---|--|---|
| SIGN HERE  | First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory |
|---|---|--|---|

Note : If the application is incomplete and any other requirements is not fulfilled, the application is liable to be rejected.