## Union ial Fund Mut

## COMMON APPLICATION FORM Application No.

Unitholder's Name		Broker Code/ ARN	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'M' of instructions)	RIA Code / PMRN**	Ref. No.
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Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Bark/FI Insurance Company   Government Body AOP/BOI Trust Society Provident Fund Superannuation/Pension Fund Gratuity Fund FII Others   3e. Occupation* Pvt. Sector Public Sector Gov. Service Business Professional O Agriculturist Retired O Housewife Student Others (Please Specify)   3f. Gross Annual Income* Below 1 Lac 1-5 Lacs 0-10-25 Lacs > 25 Lacs - 27 Lacs - 21 Lacs - 22 Lacs - 21 Lacs - 22 Lacs - 2 Lacs </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>							-	
3e. Occupation*       Pxt. Sector        Public Sector        Govt. Service        Business        Professional        Agriculturist        Retired        Housewife        Student        Others        Presses Specify         3f. Gross Annual Income*       Below 1 Lac       1-5 Lacs       5-10 Lacs       10-25 Lacs       > 25 Lacs - 1 Crore       > 10 Compatibility         Atworth In ?		○ Partnership Firm ○	Limited Partnership (LLP)	O Listed Com	pany O Unliste	d Company O Bo	ody Corporate O Ba	nk/FI O Insurance Company
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Net-worth in ₹       as on       D       M       Y       Y       Y       (Not older than 1 year)         ^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR a requested to quote the 14 digit KIN.         2.       DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders)       Application No.         as on       Date       /								
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Resolution/ Authorisation to invest		1	1	1		1		1		1	
List of authorised signatories with specimen signatures		1	1	1	1	1		1		1	
Memorandum & Articles of Association		1									
Certificate of Incorporation		1	1	1		1					
Trust Deed			1			1					
Bye-laws											
Partnership Deed				1							
Notorised POA (signed by investor and POA Holder)					1						
Bank Account Proof (Latest available)	1	1	1	1	1	1	1		1	1	
Demat Statement (Latest available)											1
Client Master Statement (Latest available)											1
HUF Deed									1		
Overseas Auditor's Certificate & SEBI Regn. Certificate								1			
FATCA Form & UBO Declarations	1	1	1	1	1	1	1	1	1	1	1
*For demat holder, submission of KYC is optional.										-	

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Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme: Computer Age Management Services Ltd., Unit: Union Mutual Fund 158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002. Email: enq\_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd. Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059 Toll Free : 1800 200 2268/1800 572 2268 | Tel No. : 022 67483333 Website: www.unionmf.com | Email : investorcare@unionmf.com Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.

**Union** Mutual Fund

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#Note: in case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate new Business date/day. Daily Frequency is available only for Union Flexi Cap Fund. Weekly Frequency is available under all existing schemes except Union Liquid Fund and Union Weekly Frequency: SIP Date to be specified for monthly/guarterly frequency. In case none of the frequencies have been selected then Monthly frequency shall be considered as data datu three with the specified monthly quarterly frequency. In case none of the frequencies have been selected then Monthly frequency shall be considered as the been selected then Monthly frequency shall be considered as the been selected then Monthly frequency shall be considered as the been selected then Monthly frequency is fulfilled. Further, incase of any discrepancy default SIP date considered as the been selected then Monthly frequency is available under all existing schemes except Union Liquid Fund and Union Weekly Frequency is fulfilled. Further, incase of any discrepancy default SIP date considered as the been selected then Monthly frequency is fulfilled. Further, incase of any discrepancy default SIP date considered as the been selected then Monthly frequency.         Winter Fund       For Office Use Only       Utility Code       For Office Use Only         Wile k, (r)       Sponsor Bank Code       For Office Use Only       Utility Code       For Office Use Only         Wile k, enerby authorize       Union Mutual Fund       To debit [tick (r)]       SB CA       CC SB-NRE       SB-NRO       Othe         Sponsor Bank Code       For Office Use Only       Wile k processed       To debit [tick (r)]       SB CA<		Name	Scheme/ Plan	n/ <b>Optio</b>	n		SIP			◯ Mc ◯ Da	onthly ily	<u> </u>	uarterl eekly	y D D			D D	MN		Y Y Y Y Y Y	′ M	M	Y Y Y Y	2099) Y	
Business data/day. Daily Frequency is available only for Union Field Cap Fund. Weekly frequency is available under all existing schemes except Union Liquid Fund and Union Outright Fund. Any day between Monday to Friday to be specified for weakly frequency, in case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency: SP Date to be specified for monthly/quartery frequency. In case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency: SP Date to be specified for Monthly frequency is fulfilled. Further, incase of any discrepancy default SIP date considered as the Default frequency: SP Date to be specified for Monthly frequency is fulfilled. Further, incase of any discrepancy default SIP date considered as the Default frequency: SP Date to be specified for Monthly fuerater.         Image: Specified Tor Monthly quarter.       MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)         UMRN       For of f f c o u s o       Date D M M Y Y Y         Sponsor Bank Code       For Office Use Only       Utility Code       For Office Use Only         Wee, hereby authorize       Union Mutual Fund       To debit [tick (r)] SB CA CC SB-NRE SB-NRO Othe       Bank a/c number         Bank a/c number       in words       in figures         REQUENCY       X-Daily X-Weekly X-Monthly X-Quarterly X-Half Yearly X-Yearly X-As & when presented       DEBIT TYPE X-Fixed Amount       Maximum Amount         eference 1       Folio No.       Email ID       Email ID       Isgnature of Account Holder       Signature of Account		Name	Scheme/ Plan	n/ Optio	n		SIP			O Mc O Da O Mc	onthly ily onthly	Q  Q	uarteri eekly uarteri	y D D	-			MN		Y Y Y Y Y Y	́М М	M		2099)         	
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Mutual Fund       UMRN       F o r O f f i c e u s e       Date       D M M Y Y Y         Sponsor Bank Code       For Office Use Only       Utility Code       For Office Use Only         CREATE        MODIFY X       I/We, hereby authorize       Union Mutual Fund       To debit [tick (/)]       SB CA CC SB-NRE       SB-NRO       Other         MODIFY X       Bank a/c number       I/We, hereby authorize       Union Mutual Fund       To debit [tick (/)]       SB CA CC SB-NRE       SB-NRO       Other         ith Bank       Name of Customer's Bank       IFSC       IFSC       IFSC       Iffigures         ith Bank       Name of Customer's Bank       IFSC       Iffigures       Iffigures         REQUENCY       X-Daily X-Weekly X-Monthly X Quarterly X-Half Yearly X-Yearly        As & when presented       DEBIT TYPE       Y Fixed Amount       Maximum Amount         eference 1       Folio No.       Phone No.       Email ID       Image for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.         PERIOD       I 1 2 2 0 9 9       Signature Primary Account Holder       Signature of Account Holder       Signature of Account Holder       Signature of Account Holder         Name as in bank records       Name as in bank records       Name as in bank records       Name as		#Note: In Business Overnigh Quarter! Default fr	n case the chose s date/day. <b>Daily</b> I it Fund. Any day I <b>y Frequency</b> : SIF equency, provide	n date/da Frequenc between 2 Date to b d the requ	ay falls <b>cy</b> is av Monda be spe uireme	vailable on to Frid cified for	n-Busines only for Ur day to be s r monthly/o g to minim	s Day o nion Flez specifiec quarterly num insta	r on a d xi Cap F d for We y frequer alment s	Mc     Da     Mc     Da     Mc     Da     Mc     Ac     Ac	onthly illy onthly illy onthly ch is r <b>/eekly</b> equenc case r month	Qu WQ Qu WQ Qu Out r Freque cy, incas none of t	uarterl eekly uarterl eekly uarterl able in ency is se of ar he frec ency is	y y a particula available in y discrepa uencies ha fulfilled. Fu	under a ancy "W ave bee	II existii /edneso n selec	ng sche day" sh ted the	P will emes all be n Mor	be pr excep e cons	rocesse ot Union idered requen	ed on n Liqu as de cy sha	M M M the in uid Fu efault nall be	Y     Y       Y <td>ate nexa Union onthly</td>	ate nexa Union onthly	
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Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.

			Please tick (✓)] (Refer Sec Opt-out Form for any chan							eed to fill sta	andalone		
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V.	By submitting utilize the info	g the Auto Deb ormation provid	oit mandate the investor auth ded herein for the purpose of	orizes Union Mutual F	und to	m.	Name: Mentio		nt Holder Name as per ban	k records			
vi	Mutual Fund, Investors are the date of inv bank account	including creat required to ensive transation ton the date of	ion of a folio. sure that there are adequate fi action. Union Mutual Fund will investment transaction, howe	unds in their bank acco endeavor to debit the ir	ount on SIP Since SIP Since SiP Since SiP Since Since SiP Since SiP Since SiP Since SiP Since SiP Since Since SiP Since	uency	Minimum SIF (Applicable to other than U	P Amount o Schemes nion Long	t and Minimum Period. Minimum SIP Amount For Union Long Term Equity Fund	Minimum Period	Default Date/Day		
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- ss than or equal to the n amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction. ix.
- Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable \* Available only under Union Flexi Cap Fund for the transactions. X
- Following fields need to be filled mandatorily:xi.
  - a. Date in format DD/MM/YYYY

  - b. Bank A/c Type: Tick the relevant box

SIP Frequency	Minimum SIP Amount (Applicable to Schemes other than Union Long Term Equity Fund)	Minimum SIP Amount For Union Long Term Equity Fund	Minimum Period	Default Date/Day
Daily*	₹ 300 and in multiples of ₹ 1 thereafter	Not applicable	1 Month	-
Weekly*	₹ 500 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	12 Weeks	Wednesday
Monthly <sup>®</sup>	₹ 1000 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	6 Months	8th of the month
Quarterly	₹ 5000 and in multiples of ₹ 1 thereafter	₹ 1500 and in multiples of ₹ 500 thereafter	2 Quarters	8th of the month

<sup>®</sup>Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹ 2000 and in multiples of ₹ 1 thereafter.

"Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund.