MUTUAL FUND BHAROSA APNO KA	Investors must read the Key The Application Form shoul				r page before completing t	
EY PARTNER / AGENT INFOF		, ,				
ARN/RIA Code/Portfolio Manager's Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ON (TIME STAMP)
ARN-167285					E072728	
UIN Declaration (only where EUII	N box is left blank) (Refer Ins	struction 1)				
/We hereby confirm that the EUIN of the above distributor/sub broke	l box has been intentionally l r or notwithstanding the advi	eft blank by me/us as this ce of in-appropriateness,	transaction is executed w if any, provided by the emp	ithout any interaction loyee/relationship ma	or advice by the employee mager/sales person of the	e/relationship manager/sales p distributor/sub broker.
First/ Sole Ap	plicant/ Guardian		Second Applicant		Th	ird Applicant
RANSACTION CHARGES FOR	APPLICATIONS THROUG	GH DISTRIBUTORS ON	LY (Refer Instruction	2)		
n case the purchase/ subscripti ubscription amount and payable egistered Distributor) based on th	e to the Distributor. Units wil	I be issued against the b	alance amount invested. I	Upfront commission s	, the same are deductibl hall be paid directly by th	e as applicable from the purc ie investor to the ARN Holder (
EXISTING UNIT HOLDER IN	IFORMATION (IF YOU HA	VE EXISTING FOLIO, PLE	ASE FILL IN SECTIONS via	z. 1, 5, 6, 10 AND 13 (ONLY. Refer instruction 3)	l.
Folio No.			The details in o	ur records under the f	olio number mentioned alo	ongside will apply for this appl
MODE OF HOLDING [Please	e tick (🗸)] 🛛 Single	Joint	Anyone or Survivor			
UNIT HOLDER INFORMATIO	N (Refer instruction 4)		DATE OF BIRTH@		Proc	of of date of birth@ Please (\checkmark)
NAME OF FIRST / SOLE APPLIC	CANT (In case of Minor, the	re shall be no joint holde	rs)			Attache
Mr. Ms. M/s. Nationality			PAN#/ PEKRN#			
KYC Number				lick (√)] (Mandatory)	Proof Attached	
Status of First/ Sole Applic	ant [Please tick (\checkmark)]	Individual Non - Ir			Beneficial Ownership (UBC	D) Self Certification Form (Mar
Mr. Ms.						
Nationality PAN#/ PFKRN#		Designation		Cont	act No.	
Nationality PAN#/ PEKRN# KYC Number Relationship with Minor@ Please	() Father Mother</th <th>Designation Court appointed Legal</th> <th></th> <th>Cont tick (✓)] (Mandatory) Proof of relationship wit</th> <th>Proof Attached</th> <th>ttached @ Mandatory</th>	Designation Court appointed Legal		Cont tick (✓)] (Mandatory) Proof of relationship wit	Proof Attached	ttached @ Mandatory
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May 2020

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5. A	DDITIONAL KYC DETAILS (Refer instructi	on 4b)								
	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applican	t Guardian		itically Exposed Person (PEP) detail	ls:	ls a PEP	Related to PE	EP Not Applicable
	Private Sector Service Public Sector Service						Applicant				
	Government Service						Applicant				
	Business						Applicant				
	Professional						ardian				
ľ	Agriculturist						horised Signatories				
	Retired						moters				
	Housewife					Par Kar	tners ta				
	Student Proprietorship						la ole-time Directors				
	Others (Please specify)						stee				
	Ion-Individual Investors in	volved/ provi	ding any of th	e mentioned	services		gn Exchange / Money Changer Ser	vices	Gaming	/ Gambling / Lott	ery / Casino Services
			• •			Mone	ey Lending / Pawning		None of	the above	
1	Gross Annual Income Range	(in Rs.) 1 st App	olicant 2 nd App	licant 3rd Appl	icant Guardia	an Gr	oss Annual Income Range (in Rs.)	1 st Applic	ant 2 nd Ap	oplicant 3rd Appl	icant Guardian
	Below 1 lac					10	-25 lac		[
	1-5 lac					25	lac- 1 cr		1		
	5-10 lac						1 cr				
	OR Networth in Rs. (Mandato for Non Individual) (not older than 1 year) # Please attach Proof Befer instri		PAN/PFKRN and N	No 18a for KYC (K	RA) Refer instruc	tion No 18h	for KYC Identification Number issued	hy CKYCB	as on DD	MM	////
	FATCA AND CRS INFORMA			•	,			by okron.			
	The below information is r	•		• •							
	Address Type: 🗌 Reside				iness 🗌 Regis	tered Off	ice (for address mentioned in	1 form/ex	cisting add	lress appearin	g in Folio)
					Applicant (inc	cludina N	linor) Second Applicant/	/ Guardia	n -	Third A	oplicant
	Is the applicant(s)/guardia Nationality/Tax Residency					No		No		Yes	No
	If Yes, please provide the fo Please indicate all countries				es and the ass	ociated T	ax Reference Numbers below.				
	Category	-		including Min			cond Applicant/ Guardian			Third Applica	ant
	Place/ City of Birth					000					-
	Country of Birth										
	Country of Tax Residency	#									
Mandatory	Tax Payer Ref. ID No ^										
Manc	Identification Type [TIN or other, please speci	ify]									
	Country of Tax Residency	2									
	Tax Payer Ref. ID No. 2										
	Identification Type [TIN or other, please speci	ify]									
	Country of Tax Residency	3									
	Tax Payer Ref. ID No. 3										
	Identification Type [TIN or other, please speci			,			-				
7 '				n/ green card	nolaer of USA.	1 In ca	se Tax Identification Number is	s not avail	iadie, kindl	ly provide its fu	nctional equivalent
1.1	POWER OF ATTORNEY (Pol Name of Poa Mr. Ms. M/s PAN#/ PEKRN#		EIAILS								
	KYC Number						Please tick (\checkmark)] (Mandatory)		Attached		
8.	BANK ACCOUNT DETAILS ()F THE FIRST	/ SOLE APPL	ICANT (For r	edemption/ div	vidend if	b for KYC Identification Number issued any) (refer instruction 5) ioned under Section 10 below.)	d by CKYCR	l.		
	For unit holders opting to hold Bank Name	units in demat f	orm, please ens	sure that the bar	ık account linked	l with the c	lemat account is mentioned here.				
atory	Branch Name Account Number	Bank City									
Mandatory	MICR Code					_	appears on your cheque next to the		iumber)		
	Account Type (Please √) IFSC Code***	Saving:	s 🗌 Currei	nt 🗌 NRO	□ NRE	FCNF	Chers (please specify) Refer Instruction 5C (Mandatory for Cardination of the second secon	Credit via N	EFT / RTGS) af, please ch	(11 Character cod eck for the same w	e appearing on your ith your bank)
-											
						rticulars					
	heme Name / Plan / Option / Su wout Option	ib-option /	Cheque / DD	/ Payment Instr	ument /	Drav	wn on (Name of Bank and Branch)		Amour	nt in figures (Rs.)	

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Please Note: All Purchases are subject to realisation of cheques /	/ demand drafts / Payment Instrument.
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May 2020

	e want to receive the rede	mption / (dividend proceeds (if any)	by way of a dem	and draft instead of direct	credit / credit through NEF	T system into my / our bank accou	nt
NVESTI	MENTS & PAYMENT D	ETAILS	[Please (\checkmark)] (refer instru	iction 6 & 7 for Sc	heme details and instructio	n 8 & 9 for Payment Details	;) The name of the first/ sole applicant	t must be pre-printed on the cl
	egular Plan (Purchase lention valid ARN in Ke		ription routed through D r/ Agent Information	stributor)		· · ·	ubscription made directly with artner/ Agent Information	the Fund)
Schem	ne/Plan/Sub Option							
Mode	of Payment		Cheque	Demand D	raft 🗌 I	NEFT/ RTGS/ Fund Ti	ransfer One	e Time Mandate (OTM
	e note that OTM can be octions via OTM	selected	l as mode of payment pr	ovided OTM is a	Iready registered. In cas	se OTM is not registered	please fill in the attached OTM	Debit Mandate to make f
Payr	ment Type [Please (✓)] [Non-Third Party P	ayment			Party Payment Declaration For	rm')
D)rawn on Bank / Branch		Pay-In Bank Acco (For Cheque C	ount No. Only)	Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, Net Chequ if any Amou
JNIT HO	DLDING OPTION	DI	EMAT MODE*	PHYSICAL	MODE (Default)	(refer instructi	on 13)	
					- (,	for units held in demat mode will	l be issued only by NSDL/C
NSDL	DP Name				DPID I N		Beneficiary Account No.	
CDSL	DP Namo				Beneficiary Account No.			
			n, may provide a copy of	the DP statemen		L nat details as stated in the	application form.	
							holding is single) (For Units	s in Non-Demat Form)
I/We	wish to nominate as un	der: OF	R 🗌 I/We do not wish	to Nominate			(Sole applicant's	signature mandatory)
Name	e and Address of Nomin	20(5)	Relationship with	Date of Birth	Name and Ad	dress of Guardian	Signature of Nominee	Proportion (%) in wh the units will be share
ivallie		56(5)	Applicant	(to be	furnished in case the Nor	minee is a minor)	(Optional)/ Guardian of Nominee (Mandatory)	each Nominee (should aggregate to 1
	Nominee 2							
				_				
	Nominee 3							
	ers must sign here							
signed l		F	/				_	
DECLAR			irst / Sole Applicant			Second Applicant		Third Applicant
	ATION & SIGNATUR		er instruction 14)	elated documents	and agree to comply with			Third Applicant
I / We ha the same Mutual F	ave read, understood the t e as an Unitholder. I /We und ('Fund') and confirm :	erms and hereby a and declar	er instruction 14) conditions of the scheme r pply to the Trustees for all re as under			(F	SIGN HERE • Please write Application Form No.	
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First / Sole Applicant / Guardian Second Applicant Sign String Applicant	Please write Application Form No. In the reverse of the Cheque / Dem	/ Folio No.

May 2020