

11 KYC DETAILS (Mandatory)	
Occupation [Please tick (✓)]	
Sole /First Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____
Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____
Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____
Gross Annual Income [Please tick (✓)]	
Sole /First Applicant	<input type="checkbox"/> Below 1Lac <input type="checkbox"/> 1-5Lacs <input type="checkbox"/> 5-10Lacs <input type="checkbox"/> 10-25Lacs <input type="checkbox"/> >25Lacs-1 crore <input type="checkbox"/> >1crore OR Net worth (Mandatory for Non-Individuals) ` _____ as on _____ (DD/MM/YYYY) (Not older than 1year)
Second Applicant	<input type="checkbox"/> Below 1Lac <input type="checkbox"/> 1-5Lacs <input type="checkbox"/> 5-10Lacs <input type="checkbox"/> 10-25Lacs <input type="checkbox"/> >25Lacs-1 crore <input type="checkbox"/> >1crore
Third Applicant	<input type="checkbox"/> Below 1Lac <input type="checkbox"/> 1-5Lacs <input type="checkbox"/> 5-10Lacs <input type="checkbox"/> 10-25Lacs <input type="checkbox"/> >25Lacs-1 crore <input type="checkbox"/> >1crore
Others [Please tick (✓)]	
Sole / First Applicant	For Individuals [Please tick (✓)]: <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non-Individuals [Please tick (✓)]: (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form – Refer instruction no. IV(h): (i) Foreign Exchange/Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Money Lending/Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	<input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

12 NOMINATION (PREFERABLE) OR OPT-OUT (AVOIDABLE) Nominee Details or Opt-Out Declaration (by way of tick) is mandatory to process the application

NOMINATION Opt-In: We, the above-named Unitholder/s of respective Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my /our death.

Name of the 1st Nominee		Date of Birth** (DD/MM/YYYY)
Name of the Guardian**		(Mandatory if nominee is minor)
Relationship with the Nominee** [Please tick (✓)]	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	Nominee** <input type="checkbox"/>
Nominee's Address (Mandatory)		
	SIGNATURE OF NOMINEE ¹ / GUARDIAN, IF NOMINEE IS A MINOR**	
Name of the 2nd Nominee		Date of Birth** (DD/MM/YYYY)
Name of the Guardian**		(Mandatory if nominee is minor)
Relationship with the Nominee** [Please tick (✓)]	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	Nominee** <input type="checkbox"/>
Nominee's Address (Mandatory)		
	SIGNATURE OF NOMINEE ² / GUARDIAN, IF NOMINEE IS A MINOR**	
Name of the 3rd Nominee		Date of Birth** (DD/MM/YYYY)
Name of the Guardian**		(Mandatory if nominee is minor)
Relationship with the Nominee** [Please tick (✓)]	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	Nominee** <input type="checkbox"/>
Nominee's Address (Mandatory)		
	SIGNATURE OF NOMINEE ³ / GUARDIAN, IF NOMINEE IS A MINOR**	

***Mandatory ¹Optional ** Mandatory & Applicable in case the Nominee is a Minor**
¹In case of each minor as Nominee, please mention Guardian's relationship with minor as Father /Mother /Legal Guardian & Attach Proof Like Birth Certificate /School Leaving Certificate /Passport /Other

OPT-OUT Declaration: 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 and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my /our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
-------------------------------------	-------------------------------	------------------------------

13 INVESTOR(S) DECLARATION & SIGNATURE(S)

To the Trustee, AMC, I /We have read the Scheme Information Document / Key Information Memorandum / Statement of Additional Information including instructions / addenda issued from time to time of the applicable Scheme(s) for which I /We are applying for the units of the specified scheme(s) of the participating Mutual Fund(s) in this application, understand the contents of the same and hereby agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I /We hereby acknowledge and confirm that the information provided above is true, correct and complete. In case any of the above specified information is found to be false or untrue, I /We are aware that I /We may be liable for the same.

I /We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans / Options under the Scheme(s). 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 contravening or evading any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I /We agree that in case my /our investment in the scheme is equal to or more than 25% of the corpus of the plan, then respective AMC has full right to freeze the excess amount, just to bring my /our investment below 25%. I /We hereby declare that I /We are not a US Person(s). I /We hereby declare that I /We do not have any existing Micro SIPs which together with the current application will result in total investments exceeding INR 50,000 in a year. I /We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 /We hereby authorize you / CAMS / participating Fund(s) / AMC(s) to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, update to such information as and when provided by me / us to the Mutual Fund, its sponsor, Asset Management Company, trustees, their employees / RTAs (The Authorized Parties) / any other intermediaries registered with various regulators or to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the tax / revenue authorities in India or outside India where it is legally required and other investigation agencies and also authorize to close or suspend the account with out any obligation of advising me / us of the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information / documents as may be required by your / Fund / send or by domestic or overseas regulators / tax authorities. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same. The email and mobile number provided in the common application form will be used as registered email and mobile number for verification, confirmation of transactions, validations and sending transaction confirmation and hence am / are authorizing you / participating Fund or AMC for sharing of such information to the applicable service providers. FOR REGISTRATION OF ONLINE FACILITY: I /We hereby request you to register me / us for availing the facility of carrying out transactions of additional purchase / redemption / switch in my / our folio through Call Centre and / or also authorize the distributor(s) to initiate the above transactions on my / our behalf. In this regard, I /We also authorize the AMC, on behalf of AMC to call / email on my / our registered mobile number / email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction(s) delay or not effected at all for reasons of incomplete or incorrect information or non-confirmation / verification of the transaction due to any reason, I /We shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in delay in application of NAV. I /We hereby confirm that the information / documents provided by me / us in this form are true, correct and complete in all respect. I /We hereby agree and confirm to inform AMC promptly in case of any changes.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
-------------------------------------	-------------------------------	------------------------------