

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	Serial No./Date, Time & Stamp
103807				E133071	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

<input type="checkbox"/> EUIN Declaration	I/We hereby confirm that the EUIN 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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.
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Signatures	First/Sole Applicant/Guardian	Second Applicant	Third Applicant
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1. EXISTING UNIT HOLDER INFORMATION

 Folio No.

 [Please fill in Folio No. & name of 1st unit holder and proceed to Investment Details]

2. APPLICANT'S PERSONAL DETAILS (MANDATORY)

Mode of holding (Please ✓)	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Single	<input type="checkbox"/> Joint (Default option is Anyone or Survivor for Joint holding)
Name of First/Sole Applicant/Minor* Ensure that name is as per Aadhaar Card			
PAN/PEKRN	CKYC Id No.	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Aadhaar Number*	(Please enclose copy of front & back side)		Mobile No.
<input type="text"/>	<input type="text"/>		<input type="text"/>
Gender (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's Name			
<input type="text"/>			
Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank/FIs <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society <input type="checkbox"/> Other (Please Specify)		
Occupation (Please ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <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"/> Other (Please Specify)			
Gross Annual Income Details (Please ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> >5-10 Lacs <input type="checkbox"/> >10-25 Lacs <input type="checkbox"/> >25-1 Crore <input type="checkbox"/> >1 Crore			
Net-worth in ₹ (Net worth should not be older than 1 year) as on (date) <input type="text"/> (Not older than 1 year)			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> None of the above			

3. COMMUNICATION (Please ✓ to Opt-in)
 I/We wish to receive Account Statements/Annual Reports/Abridged Annual Report/Newsletter/Updates or any other Statutory/Regulatory Information via Physical Mode.

Correspondence Address (Please provide full Address)	Overseas Address (Mandatory for NRI/FII Applicants)
HOUSE FLAT NO.	HOUSE FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY/TOWN	CITY/TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE
Tel. (Off.)	Tel. (Res.)
<input type="text"/>	<input type="text"/>
Email	Mobile
<input type="text"/>	<input type="text"/>

Name of the Guardian#/contact person for non-individual Ensure that name is as per Aadhaar Card			
PAN/PEKRN	CKYC Id No.	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Aadhaar Number	(Please enclose copy of front & back side)		Mobile No.
<input type="text"/>	<input type="text"/>		<input type="text"/>
Nationality	Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
<input type="text"/>	<input type="text"/>		

* If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. # In case first applicant is a minor

Acknowledgment slip

 Scheme Name : _____
 Option: _____ Sub Option: _____
 Received from Mr./Ms./M/s. _____
 Cheque/DD No. : _____ Date : _____ Amount Rs.: _____

Stamp, Signature & Date

