

TRADING CODE:



Broker/Agent Code ARN:	ARN-307640	SUB-BROKER		EUIN	
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Unit Folder Information

Name of the First Applicant :			
PAN Number :	KYC :	Date Of Birth :	
Father Name:		Mother Name :	
Name of Guardian:		PAN:	

Contact Address:

City:	Pincode:	State:	Country:
Tel.(Off):	Tel.(Res):	Email:	
Fax(Off):	Fax(Res):	Mobile:	
Income Tax Slab/Networth:		Occupation Details:	
Place of Birth:	Country of Tax Residence:		

Tax Id No:		
Politically exposed person /Related to Politically exposed person etc.?	Yes	No
Mode of Holding:	Occupation:	

Name of the Second Applicant :		
PAN Number :	KYC :	Date Of Birth :
Income Tax Slab/Networth:		Occupation Details:
Place of Birth:	Country of Tax Residence:	

Tax Id No:		
Politically exposed person /Related to Politically exposed person etc.?	Yes	No

Name of the Third Applicant :			
PAN Number :	KYC :	Date Of Birth :	
Income Tax Slab/Networth:		Occupation Details:	
Place of Birth:	Country of Tax Residence:		

Tax Id No:		
Politically exposed person /Related to Politically exposed person etc.?	Yes	No

Other Details of Sole / 1st Applicant

Overseas Address (In case of NRI Investor):

City:		Pincode:		Country:	
Bank Mandate 1 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Bank Mandate 2 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Bank Mandate 3 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Bank Mandate 4 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Bank Mandate 5 Details					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
Bank Address:					
City:		Pincode:		State:	
				Country:	
Nomination Details					
Nominee Name:				Relationship:	
Guardian Name(If Nominee is Minor):					
Nominee Address:					
City:		Pincode:		State:	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :			Place :		
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	

MANDATE INSTRUCTION FORM

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[illegible]

ICCL

SB/CA/CC/SB-NRE/SB-NRO/Other

[illegible][illegible][illegible]

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As & when presented

1) I agree 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 the bank. 2) This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. 3) I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

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Maximum period of validity of this mandate is 40 years only

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Maximum period of validity of this mandate is 40 years only

1.

2.

33.

Form for Fresh Nomination / Change of Existing Nomination/ Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders

Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above named Unitholders of _____ 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 and/or

☐ Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below (*tick whichever is applicable*).

Folio No. / Application No. / PAN
1.
2.
3.

Name of the 1 st Nominee*	% of Allocation*
PAN of the Nominee ^{\$}	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian ^{\$}
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship ^{\$} <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address ^{\$}	
City	State PIN
Nominee Signature ^{\$}	

Name of the 2 nd Nominee*	% of Allocation*
PAN of the Nominee ^{\$}	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian ^{\$}
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship ^{\$} <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address ^{\$}	
City	State PIN
Nominee Signature ^{\$}	

Name of the 3 rd Nominee*	% of Allocation*
PAN of the Nominee ^{\$}	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian ^{\$}
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship ^{\$} <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address ^{\$}	
City	State PIN
Nominee Signature ^{\$}	

Signature of the 1st unitholder	Signature of the 2nd unitholder	Signature of the 3rd unitholder
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* Mandatory

\$ Optional

**Mandatory & Applicable in case the Nominee is a Minor