## Common Application Form for Multiple Schemes- Lumpsum/ SIP

Application No.



ARN- Distributor / RIA / PMRN Code# ARN- Sub-Distributor Code	E EUIN No. Internal Code for Sub-broker/ Employee
#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transact Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). — I/ intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the er above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationshidistributor has not charged any advisory fees on this transaction.	I/We hereby confirm that the EUIN box has been employee/relationship manager/sales person of the Guardian / Authorised Signatory
TRANSACTION CHARGES	tor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the
1 EXISTING FOLIO NO.	MODE OF HOLDING / OPERATION Single Anyone or Survivor Joint (Default option is anyone or survivor)
3 APPLICANT'S DETAILS All fields are mandatory.	Gender Male Female
1st APPLICANT Mr Ms M/s	Date of Birth** D D M M Y Y
PAN/PEKRN*	KIN <sup>^</sup> Proof Attached
GUARDIAN NAME IF MINOR/CONTACT PERSON Mr Ms	Date of Birth D D M M Y Y
PAN/PEKRN*	KIN <sup>^</sup> Proof Attached
Relationship with Minor applicant Natural guardian Court appointed guardian	KIN Froot Atlactied
2nd APPLICANT Mr Ms	Date of Birth** D D M M Y Y
PAN/PEKRN*	KIN Proof Attached
Thui Eldi	KIIN THOUTMANNED
3rd APPLICANT Mr Ms	Date of Birth** D D M M Y Y
PAN/PEKRN*	KIN <sup>^</sup> Proof Attached
"Mandatory information - If left blank, the application is liable to be rejected.*"Mandatory in case the Sole/First applic Number (KIN).	icant is minor. Andividual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification
4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PE	ER KYC RECORDS)
Correspondence Address  HOUSE / FLAT NO.	Overseas Address (Mandatory for NRI / FII Applicants)  HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY/TOWN STATE	CITY / TOWN STATE
COUNTRY PIN CODE	COUNTRY
Tel. No.	Residence Mobile No.
Mobile No belongs to:- Self Spouse Dependent Children	Dependent Siblings Dependent Parents Guardian PMS Custodian POA
Email ID	
Email id belongs to:- Self Spouse Dependent Children	Dependent Siblings Dependent Parents Guardian PMS Custodian POA
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Email: investormf@bandhanamc.com

(Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information)

Website: www.bandhanmutual.com

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• I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ammendent request to the user entitly/corporate or the bank where I have authorised the debit.