

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
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#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/we hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant /
Guardian / Authorised Signatory

TRANSACTION CHARGES

(Please ✓ any one of the below) (Refer Instruction No. S)

☐ I am a first time investor in mutual funds (₹ 150 will be deducted) OR ☐ I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1 EXISTING FOLIO NO.**2 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* ☐ Proof Attached

GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUALS)/POA HOLDER Mr Ms Date of Birth D D M M Y Y

PAN/PEKRN* KIN* ☐ Proof Attached

Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian

2nd APPLICANT Mr Ms Date of Birth** D D M M Y Y

PAN/PEKRN* KIN* ☐ Proof Attached

3rd APPLICANT Mr Ms Date of Birth** D D M M Y Y

PAN/PEKRN* KIN* ☐ Proof Attached

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/First applicant is minor. *Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)**Correspondence Address**

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN
STATE
COUNTRY
PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN
STATE
COUNTRY
PIN CODE

Tel. No. Office 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

Second Holder Contact details Mobile No. Email ID

Third Holder Contact details Mobile No. Email ID

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here)

5 TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
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**ACKNOWLEDGMENT SLIP**

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

Application No.

Name of the Investor

Existing Folio No.

Toll Free Number: 1800 266 6688 / 1800 300 666 88

Email: investormf@bandhanamc.com

Website: www.bandhanmutual.com

27.09.2023

7 BANK DETAILS (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Bandhan MF has DC facility (Please refer to the Instruction No. I)

Name of the Bank										
Branch				Account Number						
City				Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others (please specify)
MICR Code				RTGS/NEFT Code (IFSC Code)						

Note: In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.

I/We understand that the instructions to the bank for Direct Credit / NEFT / CAMS OTM will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I/We would not hold Bandhan Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/CAMS OTM.

☐ If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) please ☒ the box alongside ☐

8 INVESTMENT & PAYMENT DETAILS

INVESTMENT DETAILS Type of Investment (☒ anyone) ☐ Lumpsum ☐ SIP ☐ SIP with TOP-UP ☐ Micro SIP Photo ID No. (for Micro SIP)

Nature of investment (☒ anyone) ☐ Single scheme ☐ Multiple schemes* (*Please draw the cheque in favour of Bandhan Mutual Fund)

Scheme	Name	Plan	Option	Dividend Frequency	Dividend Sweep (fill relevant form)	Amount
I					<input type="checkbox"/>	
II					<input type="checkbox"/>	
III					<input type="checkbox"/>	
IV					<input type="checkbox"/>	
V					<input type="checkbox"/>	
					Total	

PAYMENT DETAILS

Payment mode	Instrument/ CAMS OTM no.	Amount (₹)	Account No.	Account type
<input type="checkbox"/> Cheque/ DD				<input type="checkbox"/> Savings
<input type="checkbox"/> RTGS/ NEFT				<input type="checkbox"/> Current
<input type="checkbox"/> Funds Transfer		DD Charges (if any)	Bank & Branch	<input type="checkbox"/> NRO
<input type="checkbox"/> CAMS OTM				<input type="checkbox"/> NRE

SIP DETAILS

Scheme	SIP date* (any date except 29,30,31)		Installment Amount (₹)	From Date (DD/MM/YY)	To Date (DD/MM/YY) (Default 30 years)	Frequency (Weekly/ Monthly (Default)/ Quarterly)	<input type="checkbox"/> SIP Top-up*	
							Top-up Amount (₹)	Frequency^
I	D	D						<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
II	D	D						<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
III	D	D						<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
IV	D	D						<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
V	D	D						<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

*In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month. ^The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter). ^default frequency is yearly.

9 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality		
First Applicant / Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please specify)
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please specify)
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please specify)

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ YES ☐ NO (please tick ☒)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)		
First Applicant / Guardian				Reasons	<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons	<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons	<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C

☐ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

☐ Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

10 NOMINATION DETAILS Mandatory section for Individuals (Single or Joint) ☐ I/We wish to nominate ☐ I/We do not wish to nominate^{ss}

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee 1	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 2	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 3	PAN	Mobile	Email ID	Nominee/ Guardian sign

^{ss}OPT-OUT: 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 my / our folio.

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (₹)	Scheme
	D D M M Y Y		

OCCUPATION [Please tick (✓)]

GROSS ANNUAL INCOME [Please tick (✓)]

OTHERS [Please tick (✓)]

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Bandhan One Time Mandate (OTM)

UMRN F O R O F F I C E U S E O N L Y **Date** D D M M Y Y Y Y

Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
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TICK (✓)	<input checked="" type="checkbox"/>
CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We hereby authorize to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c. number

with Bank		IFSC									or MICR								
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an amount of Rupees	₹
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FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented **DEBIT TYPE** ☒ Fixed Amount ☒ Maximum Amount

PAN / Application No.		Mobile No.	+91
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Reference	Email ID
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I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD _____

From

D	D
M	M

Y	Y	Y	Y
Y	Y	Y	Y

To

D	D
M	M

Y	Y	Y	Y
Y	Y	Y	Y

Or

X

Until Cancelled

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

- This is to confirm 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 & signed by me.
- 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 authorised the debit.

