COMMON APPLICATION FORM

Application No.



(Please read the instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

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Broker Code/ ARN	Sub-Broker Code/	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L'	Time Stamping
	Branch Code	wanager code	Code	`of instructions)	○ Zero Balance ○ Invest Now
We hereby confirm that the	EUIN box has been intentions	ally left blank by me	e/us as this is an "exec	ution-only" transaction	
anager/sales person of the ab stributor has not charged any	ove distributor or notwithstand advisory fees on this transactic	ding the advice of in on.	-appropriateness, if any	, provided by the emplo	without any interaction or advice by the employee/relation: yee/relationship manager/sales person of the distributor and
Signat			Signature		Signature
Sole/ First Applicant/ Guardian/		Second	Applicant/ POA/ Authoris	ed Signatory	Third Applicant/ POA/ Authorised Signatory
	e paid directly by the investor	to the AMFI registe	ered distributors based	on the investors asses	sment of various factors including the service rendered by
tributor. NSACTION CHARGES FOR	APPLICATIONS THROUGH D	DISTRIBUTORS ON	JIV (Refer Section '.1' o	finstructions)	
onfirm that I am a First time	investor across Mutual Funds	s) Conf	irm that I am an Existin	g investor in Mutual Funds
ase the subscription amount	unt is ₹ 10,000/- or more and	l your Distributor h	nas opted-in to receive	e Transaction Charges	s, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (r. Units will be issued against the balance amount investe
				- para to the aloutour	
EXISTING UNIT HOLDE	R INFORMATION (Please com	plete Section 1, 8 & 10	only) (The details in our recor	rds under the Folio No. menti	oned below will only be considered for this application) * Mandatory
Unitholder's Name					Folio No.
FIRST APPLICANT'S IN	FORMATION* [Please shad	le (●)] (Refer Sec	ction 'B', 'C' and 'G' of	instructions) (Pleas	e ensure that the details mentioned matches with the KYC details
○ Mr. ○ Ms. ○ M/s.		N A M	E		PAN
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Date of Birth (Mandatory	in case of minor) D D M	M Y Y Y	Minor's Relationship	with Guardian (refer	red in point no. 5) ○ Father ○ Mother ○ Legal Guardia
Proof for Date of Birth a		School Leaving	Certificate	heet issued by HSC/	State Board Passport Others (Please Specify)
relationship with Guardi	an				<u> </u>
Status	Resident Indi			,	on-Repartriable)
•	Limited Partnership (LLP)	O Listed Comp	•		/ Corporate O Bank/FI O Insurance Company
		•			nd Gratuity Fund FII Others (Please Spec
-	or ○ Public Sector ○ Govt.	Service O Busine	ss O Professional O	Agriculturist () Retired	d ○ Housewife ○ Student ○ Others(Please Specify)
Gross Annual Income	O Below 1 Lac	○ 1-5 Lac	cs		
Net-worth in ₹				as on DD	M M Y Y Y Y (Not older than 1 year)
Please shade (●) if applic	able For	Non - Individual	Investors (Is the enti	ty involved in / provid	ing any of the following services)
O Politically Exposed Per			Money Changer Service		○ Yes ○ No
 Related to Politically Ex 			Lottery Services [eg.	casinos, betting sync	•
		ney Lending / Paw	•		○ Yes ○ No
		other information	i [Please specify]:		
Mailing address (P. O. Bo	x address is not sufficient.)				
City			State		Pin Code
Overseas address (Mana	latory for NRI/FII. P. O. Box ac	ddress is not suffici	ent. Investors residing o	overseas and with P. O.	Box address please provide your Indian address)
City			Co	ountry	Area Code
Contact Details (Refer Se	ection 'I' of Instructions) (Ple	ase ensure to ment	ion Country and Area C	ode)	
Tel. (Off.) Country/	Area code	Mo	bile Country/ Area code	9	If e-mail address is provided all fu
Tel. (Res.) Country/	Area code	F	ax Country/ Area code	э	Statement, Annual Report etc. shall be electronic mode except if physical m
E-mail					preference has been specifically indica opted. "Save Paper & the Planet"
I/ we wish to receive the Ac	count Statement, Annual Repo	ort or Abridged Rep	ort, Consolidated Acco	ount Statement and other	er statutory documents in O Physical O E-mail
PIN Facility for online to	ransactions: I/We wish to avail bound by the said terms & con	the PIN Facility. I/W	e have read and unders	stood the Terms & Cond	itions for PIN Facility mentioned in the instructions of the fo
and accept & agree to be	bound by the said terms & con	iditions.			
MODE OF HOLDING	○ Single ○ Joint (□	Default option)	Anyone or Surviv	/ors	
		. ,			
Guardian if minor / Conta	act Person for non-individua	als / PoA holder D	etails		PAN (Guardian/ PoA) K
○Mr. ○Ms. ○ M/s.		N A M	E		
Status	ndividual NRL (Repartriable)	ONRI (Non-Rep	artriable)	Others (Please Specify)
	,				t Retired Housewife Others (Please Spec
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Occupation O Pvt. Sect	or O Public Sector O Govt.	Service O Busine	ss O Professional O	Agriculturist O Retire	d O Housewife O Student O Others(Please Specify,
Gross Annual Income	○ Below 1 Lac ○ 1-5 Lacs	\bigcirc 5-10 Lacs \bigcirc 1	0-25 Lacs ○ >25 Lac	cs - 1 Crore ○ >1 Cr	ore Net-worth in ₹
Other Details O I an	n Politically Exposed Person	O I am Rel	ated to Politically Exp	osed Person	Not Applicable
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(Lu	EBIT MANDATE umpsum Investment) (For Union E thed by the Registrar (CAMS Pvt. Ltd		rs at CMS Locations only)	Application No.		
	Manager - Union Bank of India					Date//
e						
	you to debit my / our Account N					
figure		₹ (in wor	,			
or the	e purchase of units of Union KB	C (Scheme I	Naille)		nt Holder(s) / Authorised S As per Bank records)	Signatory(ies)
OWLE	DGEMENT SLIP (To be filled in by	the investor)		Application No. 50058	58 All r	ion KBC
ed fro	om: Mr./ Ms. /M/s				- (((((((((((((TUAL FUND
	on for units of	(Scheme/Plan/Opti				idge to Responsible Investing
nt	/ Drawn on Bank &	Branch	Instrument No		-	
Iding C	Option Option Option	O Demat Mode	intration Form			entre's stamp with
) Thír note: /	rd Party Payment Declaration For All purchases are subject to realis	m ∪ bank Accounts Reg sation of cheques/ Demand	ısıraııorı ⊧orm ⊝ Nomiı Drafts/ Debit Mandate	nation Form O SIP Form	date and	time of receipt