COMMON APPLICATION FORM For all schemes of Bajaj Finserv Mutual Fund except NFO Schemes



Application No.

1. DISTRIBUTOR INFORMATION* (Please Refer instruction no										
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.					
67723										
By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme (s) of Bajaj Finserv Mutual Fund. (Please * if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor. **UNIT HOLDING OPTION PHYSICAL MODE (Default) DEMAT MODE* (In case of Demat, please fill section 10)										
2. TRANSACTION CHARGES FOR APP	PLICATIONS THROUGH DIST	RIBUTORS ONLY* (Please ✓ any one of th	e below)	(Please refer instruction no. 2)					
☐ I confirm that I am a First time inves	stor in Mutual Funds. OR	l confirm that I am a	an existing investor in Mu	itual Funds.						
3. MODE OF HOLDING					(Please refer instruction no. 6)					
(In case of Demat Purchase Mode of H	Holding should be same as in	n Demat Account)	Single Joi	nt (Default) 🗌 Anyor	ne or Survivor					
4. APPLICANT'S NAME AND INFORM	ATION (Mandatory) to be fil	led in block letters			(Please refer instruction no. 4)					
Folio No. Name of Sole / 1st Applicant Mr. / M		ting unit holders)	Gender 🗌 I	Male 🗌 Female 🗌 Ot	hers					
PAN/PEKRN	CKYC No.			Date of Birt	$h \ \ \boxed{ \ \ D \ \ } \ \boxed{ \ \ M \ \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ } \ \boxed{ \ \ Y \ \ } \ \boxed{ \ \ Y \ \ } \ } \ \boxed{ \ \ Y \ \ } \ } \ $					
Mobile No.		Email ID								
The Email ID belongs to (Mandatory Please) The Mobile No. belongs to (Mandatory Please)					dian 🗌 PMS 🗌 Custodian 🔲 POA dian 🗌 PMS 🗎 Custodian 🗍 POA					
The default Communication mode is E-mail only, i (We would recommend you to choose an onli					ed summary □ Other Statutory Information.					
LEI Code			Valid upto DDM	M Y Y Y transac	Entity Identifier Number is Mandatory for tion value of INR 50 crore and above for ividual investors. Refer instruction no. 4a)					
(mandatory, ricase)	dual NRI-Repatriation guardian Company anisation Financial Institu	FIIs	☐ PIO	Trust HUI Body Corporate Soc Others						
GUARDIAN DETAILS (In case First /	Sole Applicant is minor) /	CONTACT PERSON	- DESIGNATION / POA H	HOLDER (In case of No	n- Individual Investors)					
Mr. / Ms.		Des	ignation/Relationship	with Minor						
PAN	CKYC No.			Gender	Male Female Others					
Mobile No.		Email ID								
Date of Birth Proof for minors (Any	,									
Birth Certificate Marks She	et (HSC/ICSE/CBSE) 🗌 S	chool Leaving Certii	ficate Passport	Others						
5a. MAILING ADDRESS										
Local Address of 1st Applicant										
	City			State						
Pin Code	Tel. Resi			Tel. Off						
5b. OVERSEAS CORRESPONDENCE AD	DRESS (Mandatory for NRI /	FII Applicant)								
[Please provide Full Address. P. O. Box	x address is not sufficient]_				Lip Code:					
· · · · · · · · · · · · · · · · · · ·	_Tel. Off			_Mobile No						
Acknowledgement Slip (To be filled in BAJAJ FINSERV ASSET MANAGEMENT	n by the Investor)		(formerly Marvel Edge), V	iman Nagar, Pune 411014	Collection Centre /					
Application No.			vate:	//	Bajaj AMC Stamp & Signature					

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

tps://www.bajajamc.com	
WEBSITE: ht	
.: service@bajajamc.com	
EWAIL	
1800 309 3900	
FREE NUMBER:	
TOLL F	

6a.	SECOND APPLIC	ANT'S DETAILS* (In case of Mino	or, there shall be no joint h	olders) [Name and DOB shall I	be as per PAN Card]						
Nan	ne Mr. / Ms.										
PAN CKYC No. Gender Male Female Others											
Mob	oile No.		E	mail ID							
	The Email ID belongs to (Mandatory Please V) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA The Mobile No. belongs to (Mandatory Please V) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA										
Tax Status (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation											
6b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]											
Nar	me Mr. / Ms.										
PAN CKYC No. Gender Male Female Others											
Mo	bile No.		<u> </u>	Email ID							
	-	s to (Mandatory Please v) ongs to (Mandatory Please v)			ndent Siblings Dependent ndent Siblings Dependent						
	x Status ndatory, Please√)	Resident Individual	NRI-Repatriation NRI	Non Repatriation							
7.	KYC Details (Mano	latory)			(Please refer instruction no. 4e)					
Fin	st Applicant:	☐ Private Sector Service ☐ Housewife ☐	Public Sector Service Student	_	usiness Professional thers (please specify)	Agriculturist Retired					
Sec	cond Applicant:	☐ Private Sector Service ☐ Housewife ☐	Public Sector Service Student		usiness Professional thers (please specify)	Agriculturist Retired					
Thi	ird Applicant:	Private Sector Service Housewife	Public Sector Service Student	_	usiness Professional thers (please specify)	Agriculturist Retired					
Gro	oss Annual Incom	ie									
Fire	st Applicant:	Below 1 Lac 1-	5 Lacs	cs	>25 Lacs-1 crore	>1 crore Y Y (Not older than 1 year)					
Sec	ond Applicant:	☐ Below 1 Lac ☐ 1-1	5 Lacs	cs	>25 Lacs-1 crore	>1 crore Y Y (Not older than 1 year)					
Thi	rd Applicant:	Below 1 Lac 1-:	5 Lacs	cs 10-25 Lacs	>25 Lacs-1 crore	>1 crore (Not older than 1 year)					
For	Individuals					Please refer instruction no. 4d)					
	st Applicant:	☐ I am Politically Exposed Per	rson (PEP)	ed to Politically Exposed Pers	son (RPEP) Not applicable	·					
	ond Applicant:	☐ I am Politically Exposed Per		ed to Politically Exposed Pers							
Thi	rd Applicant:	☐ I am Politically Exposed Per	rson (PEP)	ed to Politically Exposed Pers	on (RPEP) Not applicable						
		, if involved in any of the belov	` , =								
(i)	Foreign Exchange	/ Money Changer Services Y	es No (ii) Gaming / C	Sambling / Lottery / Casino Ser	vices Yes No (iii) Money	Lending / Pawning Yes No					
		DETAILS FOR PAYOUT (Please at		,		(Please refer instruction no. 5)					
Nar	ne of the Bank	•									
Acc	ount No.			Account Type [SB □CA □CC □SB-I	NRE SB-NRO Other					
Ban	ık Branch		Ado	dress							
		Bank City	Stat	e	Pinc	ode					
MICR Code (9 digits)											
Sr. No.	Scheme I	Name /Plan	Option	Net Amount Paid (`)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch					
1	Bajaj Finserv		Growth								
		Direct	IDCW Payout								
			☐ IDCW Reinvestment								

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9. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque. (Please refer instruction no								on no. 7)				
Scheme Name		Plan		0	ption							
				th (Default)		_						
Bajaj Finserv	☐ Regular Plan ☐ Direct Plan ☐ IDCW Payout ☐ IDCW Reinvestment ☐ Ti IDCW Frequency ☐ Daily ☐ Weekly ☐ For											
				equency 🔲 D	ally weekly	Fortnightly Monthly						
Payment Type (Please ✓)		☐ Non-Third Party			☐ Third Party Payment (Pls fill third party declaration f							
Mode of Payment		Lumpsum				☐ SIP*						
Amount (INR)												
Mode of Payment (Please ✓) ☐ Cheque / DD ☐ NEFT / RTGS		Cheque / DD No. / UTR No		Cheque / DD No. / UTR No.								
Drawn on Bank and A/c no												
Date												
Cheque/DD should be drawn in favour of scheme name e.g. "Bajaj Finserv Liquid Fund" *If you wish to register SIP, kindly fill the relevant SIP Registration & OTM Debit Mandate Form.												
Reason for investment House	Children's Edu	ucation 🔲 Children's Marriage	e 🗌 Car 🔲 R	etirement 🗌 O	thers (please spec	ify)						
Investment horizon Please (✓) anyone	5 Years	☐ 10 Years ☐ 15 Years	20 Years	25 Years								
	YSICAL MODE					(Please refe						
*Demat Account details are mandatory i applicants matches as per the Depositor								· 				
National Secu	rities Deposito	ry Limited		Cent	ral Depository Servi	ces (India) Limited						
DP Name			DP Name									
DP ID IN Benef	iciary A/c No.		Beneficiary	/ A/c No.								
Enclosures - Please (✓) ☐ Client Mas	ters List (CML)	Transaction cum Holding	g Statement	☐ Delivery Inst	ruction Slip (DIS)							
11. FATCA AND CRS DETAILS FOR IND	VIDUALS ((Including Sole Proprietor)				(Please refe	r instructi	on no. 9)				
Non-Individual investors should mandato	rily fill separat	te FATCA and Ultimate Benefici	al Ownership (l	JBO) Form. The	e below information	is required for all a	applicants/	guardian				
Particulars Place	e/City of Birth Country of Birth Country of Citizenship / Nationality											
First Applicant / Guardian					U.S. Others	(Please specify)						
Second Applicant			☐ Indian	Indian U.S. Others (Please specify)								
Third Applicant		☐ Indian ☐ U.S. ☐ Others (Please specify)										
Are you a tax resident (i.e., are you asse:	sed for Tax) in	any other country outside Indi	a? 🗌 Yes 🗌	No [Please tick	(√)]							
If 'YES' please fill for ALL countries (othe respective countries.						een Card Holder/Ta	x Resident	in the				
Particulars Country	ry of Tax Residency Tax Identification Nur Functional Equival				ation Type please specify)	If TIN is not available please tick (🗸) the reason A, B or C (as defined below)						
First Applicant / Guardian						Reason: A	В	c□				
Second Applicant						Reason: A	В	c□				
Third Applicant						Reason: A	В	с□				
ŕ		r is liable to pay tax does not is:				I to be collected)						
☐ Reason C ☐ Others, please state th	e reason there	of:										
*Address Type of Sole/1st Ho	der:	*Address Type o	of 2nd Holder:		*Add	*Address Type of 3rd Holder:						
Residential Registered Office	tered Office	Business	Residential	. Registered Offi	ice 🗌 B	usiness						

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A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.

Documents as listed are submitted along with the Application form (as applicable

to your specific case)

12. NOMINATION DETAILS* (To be filled i	n by individuals	singly or joint	ly. Mandatory onl	y for Investor	s who opt	to hold ı	ınits in No	n-Demat)	(Pleas	e refer	instruction	no. 1	0)	
I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death. (Please fill the nominee details in the table given below)				OR 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. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.									n	
If you do not wish to nominate (Opt Out	of Nomination),	it is mandato	ry to sign as per th	e mode of holding in signature space provided below i.e. in Nomination Details								ls sect	ion	
Name and PAN of Nominee(s)	Relationship with Applicant	Date of Birt		n Name	relat with r	dian's ionship nominee	Signature of Nominee/ Guardian of Nominee (Optional)			the i	oortion (%) units will b ch Nomine gregate to	e sha	red ould	
N		· ·	urnished in case	tne Nominee	is a mino	or)		.5. 05000 00	7 10070					
Nominee 1		DD/MM/YYY	Y											
Nominee 2		DD/MM/YYY	Υ											
Nominee 3		DD/MM/YYY	Υ											
Signature(s) All Unit holders to manda	torily sign irresp	ective of the r	mode of holding.											
Sign of 1st Applicant / Guardian Sig				Sign of 2nd Applicant Sign of 3				of 3rd	d Applicant					
13. CONFIRMATION CLAUSE														
I/We hereby confirm to have read, understood and agree my/our personal data and hereby authorise to disclose it								ving, possessin	g, storin	ıg, dealin	g, handling or o	disclosur	e of	
14. DECLARATION AND SIGNATURES									(DI		instructio		14)	
the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of Bajaj Finser Mutual Fund for allotment of units of the Scheme(s) of Bajaj Finser Mutual Fund, as indicate above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). Whe have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/V are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or an other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competition of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our no fulfilling the KYC process to the satisfaction of the AMC/Bajaj Finserv Autual Fund or nedebit from my Folio Transaction Charges as applicable. I/We agree to notify Bajaj Finserv Austral Funds invested by me/us at the applicable NAV as on the date; as the commission of investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare which the current application will result in aggregate investments exceeding Rs. So,0000 in a year. Applicable to Micro Investors: I/We hereby confirm that I am/We are No Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident Ex										or any npeting our not date of certifi- s: I/We re Non- count / mation provide to such				
Signature(s) should be as it appears in	the Folio / on th	e Application	Form and in the sa	me order. In c	ase the m	ode of h	olding is j	oint, all Uni	it hold	ers are	required to	o sign.		
Sign of 1st Applicant / Guardian / Sign of 2nd Applicant / Sign of 3rd Applicant / Authorised Signatory / POA Authorised Signatory / POA Authorised Signatory / POA														
Points to remember														
Please ensure that: 1. Your Application Form is complete in all respects & :	signed by all applicant		uments	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust	NRI Fll(s FPI)/ Sole Proprietor	Minor	HUF	
Name, Address and Contact Details are mentioned in should be provided along with the declaration wheth	n full. Email id & Mobil	e number Resoluti	on / Authorisation to invest		✓	✓	√		√	√	· ·			
Family member.		HUF / Ti	rust Deed			/			√				✓	
 Bank Account Details are entered completely and co MICR Code of your Bank is mentioned in the Applicati 	on Form.	Partners	hip Deed			√	✓		\vdash	+		H		
 Permanent Account Number (PAN) Mandatory for al Irrespective of the Investment amount. 		Participa	gistration / Designated Depo ant Registration Certificate 2							√				
 Know Your Client (KYC) Mandatory for irrespective of (please refer the guideline 4(e) for more information 		Proof of	Date of birth									✓		
6. Your Investment Cheque / DD is drawn in favour of		ed and	d Power of Attorney Inward Remittance Certificat	e in				√		+	1			
signed. For e.g. "Bajaj Finserv Liquid Fund" 7. Application Number is mentioned on the reverse of the cheque. 8. A cancelled Chaque leaf of your Bank is enclosed in case your investment cheque.			ment is made by DD from N c, where applicable							✓				

KYC Acknowledgement

Demat Account Details

(Client Master List Copy)3

FATCA CRS/UBO Declaration

1. Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FII) should be provided 3. In case Units are applied in Electronic (Demat) mode.

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TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com