

Received from

MUTUAL FUND			APPLICATION FORM
Distributor / RIA / PMRN Name and ARN / Code Su	b Broker ARN & Name Sub Broker/Branch/RM Interna	Code EUIN (Refer note below)	For Office use only
67723			
We confirm that the EUIN box is intentionally le mmission shall be paid directly by the investor to the ndered by the distributor.			
FIRST APPLICANT'S DETAILS			
Name of First Applicant। वक्षः कृक्तां (BAN) (एस्टर	erศกษณะน่อยที่ช่นรับal Fund Industry. 🔲 I an	n an Existing Investor in Mutual Fund Indi	ustDate of Birth (1st Appl / Minor) (attach pro
Name of Guardian (if minor)/POA/Cont	act Person (As per PAN) (Refer Instruction	ns) Guardian is:	Date of Birth (Guardian)
xisting Folio	PAN (1st Appl / Guardian)		
CKYC - KIN	PAN of POA	☐ KYC attached	
. CONTACT DETAILS AND CORRESPON	DENCE ADDRESS (As per KYC record	NRI Investors should mention their	
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Society Societies Registration Act, 1860 f		/II/III ○Others uciety under	eg. No is (Mandate
b. Occupation Details (Please tick ✓) Agriculturist ○ Retired ○ Housewife ○	O Private Sector Service O Public Sec		Business O Professional (Please specify)
c. Gross Annual Income (Please tick Net-worth in (Mandatory for Non-Inc	/) ○Below 1 Lac ○1-5 Lacs ○5- dividuals) ₹	10 Lacs	s-1 crore O>1 crore
d. For Individuals (Please tick ✓) ○		d Person O I am Related to Politically F	Exposed Person
. JOINT APPLICANTS (IF ANY) DETAILS Mode of Holding (Please tick ✓)		e or Survivor	Date of Birth
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Agriculturist O Retired O Housewife O. Gross Annual Income (Please tick)	OStudent O Forex Dealer O Other		
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_an application for purchase of units. Subject to verification

and funds realization.

Scheme	Cheque no.	Amount
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5. FATCA and CR	First Applicant/Gua	ardian				2nd	Applicant			T T		4 امرو⊺	nnliset			104	
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