

KEY PARTNER/AGENT INFORMATION (Investors applying under direct plan must mention "Direct" in ARN column)					FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN NAME	Sub Agents ARN/ Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number(EUIN)	
ARN- 0186	Bonanza				

Declaration for "execution-only" transaction (only where EUIN box is left blank)  
 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.

Sign Here  
**First/Sole Applicant/Guardian**

Sign Here  
**Second Applicant**

Sign Here  
**Third Applicant**

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY.**  
 In case the subscription amount is Rs.10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs.150 (for first time mutual fund investor) or Rs.100/- for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.  
**"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".**

**1. EXISTING UNITHOLDER** If you are an existing Unit holder of the Fund, please state your folio Number  
 If yes, you need not fill in unit holder information (2) below.

**2. UNITHOLDER INFORMATION (Leave one box between the first, middle and last name, FILL IN CAPITAL LETTERS)**

<b>Sole/First Applicant</b> Mr./Ms./M/s.	First Name	Middle Name	Last Name
<b>Name of Gaurdian</b> (In case of minor)			
	Date of Birth(dd/mm/yy) Optional		
<b>Contact Person</b> (For institutional Investors)			
	Date of Birth (Mandatory) (Incase of minor)*		
<b>Second Applicant</b>			
<b>Third Applicant</b>			
<b>Mailing Address</b>			
<b>Contact Particulars</b>	City	State	Pin Code (Mandatory)
	Ph.: Office	Residence	Mobile
	Email:		

Please provide photocopy of supporting document for minor's Date of Birth SMS & Email will be used as default mode of communication.

<b>PAN/GIR NO.</b>	Sole/First Applicant	Second Applicant	Third Applicant
<b>KYC Compliance Proof Enclosed</b> (Mandatory for Investors investing Rs.50000/- and above)	Sole/First Applicant [Please Tick (✓)] ( )	Second Applicant [Please Tick (✓)] ( )	Third Applicant [ Please Tick (✓ )] ( )

**BANK ACCOUNT DETAILS (Mandatory as per SEBI Directives)**

Name of your Bank	Branch
Your Account No.	Bank City
Bank Pincode (Mandatory)	
Account Type [Please tick (✓)] <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR <input type="checkbox"/> Other (Specify)	

**ELECTRONIC CLEARING SERVICES (ECS)** The 9 digit MICR Code \*IFSC Code

You may choose to receive Dividend,Redemption proceeds in your bank account through the Electronic Clearing Service #

#NEFT/RTGS/ECS default option. (The 9 digit code appears on your cheque next to the cheque number)  
 Important : Please attach a blank "Cancelled" Cheque or a photo copy of the cheque.  
 \* For Direct Credit through Electronic Payment under NEFT/RTGTS

I/We authorise Escorts Mutual Fund to credit my/our dividend through ECS. Please (✓) \*  
 I/We do not wish to avail ECS/NEFT facility.

<b>3. MODE OF HOLDING</b> [Please tick (✓)]	<input type="checkbox"/> Single	<b>STATUS (of Sole/First Applicant)</b> [ Please tick ( ✓ ) ]			<b>OCCUPATION (of Sole/First Applicant)</b> [Please tick ( ✓ ) ]	
	<input type="checkbox"/> Joint	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> FIs	<input type="checkbox"/> Service	<input type="checkbox"/> Retired
	<input type="checkbox"/> Anyone /Survivor	<input type="checkbox"/> Partnership	<input type="checkbox"/> NRI	<input type="checkbox"/> OCBs	<input type="checkbox"/> Professional	<input type="checkbox"/> Student
	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Society	<input type="checkbox"/> Trust	<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Business	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> HUF	<input type="checkbox"/> On behalf of minor	<input type="checkbox"/> Other	<input type="checkbox"/> Housewife		

**Product Label Details**

- Principal at low risk
  - Principal at medium risk
  - Principal at high risk
- Generate income and capital appreciation in the short term
  - Invest in government securities, fixed income securities and money market instrument
  - Generate current income and long term capital appreciation
  - Invest in fixed income securities and money market
  - Generate long term capital growth
  - Invest in equity and equity related instrument

\*Investors should consult their financial advisors if in doubt about whether the product is suitable for them.

**Note : Risk may be represented as:**

<b>(BLUE) investors understand that their principal will be at low risk</b>	<b>(YELLOW) investors understand that their principal will be at medium risk</b>	<b>(BROWN) investors understand that their principal will be at high risk</b>
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|---|---|
| <input type="checkbox"/> ESCORTS LIQUID PLAN          | <input type="checkbox"/> ESCORTS TAX PLAN               |
| <input type="checkbox"/> ESCORTS GILT PLAN            | <input type="checkbox"/> ESCORTS LEADING SECTORS FUND   |
| <input type="checkbox"/> ESCORTS SHORT TERM DEBT FUND | <input type="checkbox"/> ESCORTS GROWTH PLAN            |
| <input type="checkbox"/> ESCORTS INCOME PLAN          | <input type="checkbox"/> ESCORTS HIGH YIELD EQUITY PLAN |
| <input type="checkbox"/> ESCORTS BALANCED FUND        | <input type="checkbox"/> ESCORTS POWER & ENERGY FUND    |
| <input type="checkbox"/> ESCORTS INCOME BOND          | <input type="checkbox"/> ESCORTS INFRASTRUCTURE FUND    |
| <input type="checkbox"/> ESCORTS OPPORTUNITIES FUND   |   |

**ESCORTS ASSET MANAGEMENT LTD.**  
 11, Scindia House, Connaught Circus, New Delhi 110 001  
 Tel: (011) 43587415, 43587420, 43587400(BL)

**REGISTRAR**  
 11, Scindia House, Connaught Circus, New Delhi 110 001  
 Tel: (011) 43587415, 43587420, 43587400(BL)

**4. SCHEMES [(PLEASE (✓))]**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Escorts Liquid Plan          | <input type="checkbox"/> Escorts Income Plan        | <input type="checkbox"/> Escorts Leading Sectors Fund | <input type="checkbox"/> Escorts Growth Plan            |
| <input type="checkbox"/> Escorts Gilt Plan            | <input type="checkbox"/> Escorts Opportunities Fund | <input type="checkbox"/> Escorts Infrastructure Fund  | <input type="checkbox"/> Escorts Tax Plan               |
| <input type="checkbox"/> Escorts Short Term Debt Fund | <input type="checkbox"/> Escorts Balanced Fund      | <input type="checkbox"/> Escorts Power & Energy Fund  | <input type="checkbox"/> Escorts High Yield Equity Plan |

Minimum application amount is Rs.1000/- for all the schemes except for Tax Plan which is Rs. 500/-  
 Amount in Figures (Rs.) ..... D.D Charges (Rs.) ..... Net Amount (Rs.) .....  
 Cheque/Draft No. .... Date ..... Amount in Words (Rs.) .....  
 Bank Name/Branch .....  
 Cheque/Draft payable in favour of "Escorts Income Plan / Escorts Gilt Plan/Escorts Opportunities Fund/Escorts Growth Plan/Escorts Liquid Plan/  
 Escorts Short Term Debt Fund/Escorts Balanced Fund/Escorts Tax Plan/Escorts Leading Sectors Fund/Escorts Power & Energy Fund/Escorts Income  
 Bond/Escorts High Yield Equity Plan/Escorts Infrastructure Fund.

- Growth Plan\*  
 Dividend Plan  
 Daily  Weekly  Monthly  
 ( ) Payout ( ) Reinvestment  
 Bonus Option (Please (✓))
- \* Default Option growth

**5. SYSTEMATIC INVESTMENT PLAN (SIP) (For Auto Debit Please use SIP Auto Debit Form)**

Frequency  Monthly  Quarterly  Enrolment Period From ..... (dd/mm/yy) To ..... (dd/mm/yy)  
 Please find enclosed my/our Cheque of Rs.\* [ ] Each for [ ] Months/quarters. The Cheque date should be either 1st or 10th or 25th every month/quarter.  
 \*Minimum Rs.1000/- (Monthly) \* Minimum Rs. 1500/- (Quarterly) SIP Date  1st  10th  25th  
 Cheque Nos. From [ ] To [ ]  
 Drawn on Bank [ ] Branch [ ]

**6. SYSTEMATIC WITHDRAWAL PLAN (SWP) [(Please Tick (✓))]**

Frequency  Monthly  Quarterly  Half Yearly SWP Date  1st  10th  
 Scheme [ ]  
 Fixed Amount (Rs.) # [ ] OR Capital Appreciation   
 #Minimum Rs.1000/- Period from: M/Y ..... M/Y.....  
 \* In case of Apprication Withdrawal Option Please note that first withdrawal would be effected after a month/quarter from the start date.

**7. SYSTEMATIC TRANSFER PLAN (STP)**

Frequency:  Monthly (Min. Rs.1000/-)#  Quarterly (Min. Rs.1500/-)  
 From : ...../..... (MM/YYYY) To: ...../..... (MM/YYYY) Date:  1<sup>st</sup>  10<sup>th</sup>  25<sup>th</sup>  
 Fixed Amount (Rs.) .....  Capital Appreciation  
 From Scheme\*: ..... To Scheme: .....  
 \*(Minimum balance in parent scheme should be Rs.12,000/- on the date of STP enrollment)  
 # Rs.500/- for Escorts Tax Plan

**8. NOMINATION**

Name of the Nominee \_\_\_\_\_ Name of the Guardian \_\_\_\_\_  
 (if the Nominee is minor)  
 Address: \_\_\_\_\_ Relationship (if applicable) \_\_\_\_\_  
 I/We hereby nominate the above person to receive all the amounts to my credit in the event of my/our death. Payment to the nominee of the redemption amount shall discharge the Mutual Fund of all liability towards the estate of the deceased Unit holder(s) and his/her/their successor(s)/ legal heir(s).


**9. E-MAIL COMMUNICATION**

I/We wish to receive via e-mail  Account Statement  Quarterly Review & Annual Report  Change Of Address  Transaction Confirmation

**10. DECLARATION**

The Trustee  
 Escorts Mutual Fund,  
 "I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." "I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of ESCORTS Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time." \* I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust. I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. \*\* I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account . \* **Applicable to other than Individuals / HUF; \*\* Applicable to NRI;** I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors only). 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 competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us

Signature of ( First Applicant )	Signature of (Second Applicant)	Signature of (Third Applicant)
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 ESCORTS MUTUAL FUND	<b>ACKNOWLEDGMENT SLIP</b> (To be filled in by the sole/First Applicant) Escorts Mutual Fund (Cheque / Demand Draft are subject to realisation)	Date : _____ Time: _____
	Received from Mr./Ms./M/s. _____ an application for Units as per details below: Scheme Name _____ Rs. _____ Cheque/DD No. _____ Dated _____ Bank _____ Branch _____	