

COMMON APPLICATION FORM

Application No.:



Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
Bonanza - 0186			
*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. EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA	
(Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Lumpsum Investment <input type="checkbox"/> Micro Application <input type="checkbox"/> SIP Application			
TRANSACTION CHARGES (Please <input checked="" type="checkbox"/> any one of the below. Refer Instruction No. 11)			
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS		OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
Rs.150 will be deducted as transaction charges for transaction of Rs.10,000 and more			Rs.100 will be deducted as transaction charges for transaction of Rs.10,000 and more
Please Specify Allotment Preference-Units in Physical Mode (Default Option) - Please <input checked="" type="checkbox"/> OR Units in Demat Mode* Please <input type="checkbox"/>			
*Please provide details in section 7. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)			
1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 & proceed to Section 6 - Investment Details]			
Folio No. <input type="text"/>		Name of 1st Unit Holder <input type="text"/>	
2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural/legal guardian			
1 st / SOLE APPLICANT - Mr. Ms. M/s.			
PAN Details <input type="text"/>		KYC Pls <input checked="" type="checkbox"/> Proof Attached Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No* (*Default if not <input checked="" type="checkbox"/>)	
DATE OF BIRTH (Mandatory if applicant is Minor) <input type="text"/>		Proof of Date of Birth (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate / Mark Sheet <input type="checkbox"/> Passport of the Minor <input type="checkbox"/> Others (Please specify)	
GUARDIAN (In case 1st Applicant is a Minor) Mr. Ms. M/s.		Relationship with Minor Please <input checked="" type="checkbox"/> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Contact Person for Corporate Investor Name _____ Designation _____			
POA Details Name - <input type="text"/>		PAN Details <input type="text"/> KYC Pls <input checked="" type="checkbox"/> - Proof Attached	
Mode of Holding Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> (Please note that the Default option is Anyone or Survivor)			
3. Status - 1 st /SOLE APPLICANT <input type="checkbox"/> Individual or <input type="checkbox"/> Non-Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form - Refer Instruction 2(d)]			
Tax Status Resident Individual <input type="checkbox"/> Sole Prop <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Trust <input type="checkbox"/> Bank / FIs <input type="checkbox"/> FIs <input type="checkbox"/> PIO <input type="checkbox"/> Society/AOP/BOI <input type="checkbox"/> Minor thru Guardian <input type="checkbox"/>			
NRI - NRO <input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Listed Company <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> FOF - MF Schemes <input type="checkbox"/> Others <input type="checkbox"/> Please specify			
Occupation Details [Please tick <input checked="" type="checkbox"/>] <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)			
Gross Annual Income (Rs.) [Pls tick <input checked="" type="checkbox"/>] <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakh <input type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-25 Lakh <input type="checkbox"/> >25 Lakh <input type="checkbox"/> > 1 Crore			
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <input type="text"/> (Not older than 1 year)			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above			
2nd APPLICANT Mr. Ms. M/s. (Not Applicable in case of Minor Applicant)			
PAN Details <input type="text"/>		KYC Pls <input checked="" type="checkbox"/> Proof Attached Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No* (*Default if not <input checked="" type="checkbox"/>)	
Occupation Details [Please tick <input checked="" type="checkbox"/>] <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)			
Gross Annual Income (Rs.) [Pls tick <input checked="" type="checkbox"/>] <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakh <input type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-25 Lakh <input type="checkbox"/> >25 Lakh <input type="checkbox"/> > 1 Crore			
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <input type="text"/> (Not older than 1 year)			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved / providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above			
3rd APPLICANT Mr. Ms. M/s. (Not Applicable in case of Minor Applicant)			
PAN Details <input type="text"/>		KYC Pls <input checked="" type="checkbox"/> Proof Attached Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No* (*Default if not <input checked="" type="checkbox"/>)	
Occupation Details [Please tick <input checked="" type="checkbox"/>] <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)			
Gross Annual Income (Rs.) [Pls tick <input checked="" type="checkbox"/>] <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakh <input type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-25 Lakh <input type="checkbox"/> >25 Lakh <input type="checkbox"/> > 1 Crore			
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <input type="text"/> (Not older than 1 year)			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved / providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above			

Please Read All Instructions as given in KIM, to help you complete the Application Form correctly.

OR

14.02.2014

ACKNOWLEDGEMENT SLIP	Received Application from Mr. / Ms. / M/s. _____ No.: _____		For <input type="checkbox"/> Lumpsum 'OR' <input type="checkbox"/> SIP as per details below:	
	Scheme Name and Plan	Option	Sub Option	Payment Details
		<input type="radio"/> Growth <input type="radio"/> Dividend	<input type="radio"/> Reinvestment <input type="radio"/> Payout	Amount (Rs) _____ Cheque/DD No.: _____ Dated _____ Bank & Branch _____
				Date & Stamp of Collection Centre / ISC

*For Product Labeling of all funds, please refer Instructions page of the Key Information Memorandum cum Application Form. Cheque / DD is subject to realisation

