

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUJIN* (Employee Unique Identification Number)	Reference No.
Bonanza - 0186					

Declaration for "execution-only" transaction (only where EUJIN box is left blank) (Refer Instruction 1 (p))

*I/We hereby confirm that the EUJIN 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.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Upright 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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)

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.

1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)

I confirm that I am a **First time** investor across Mutual Funds I confirm that I am an **existing** investor in Mutual Funds

EXISTING FOLIO NO. _____ (For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

Name (Mr./Ms./M/s.) _____

Gender Male Female Other (Third Gender) **Date of Birth***

D	D	M	M	Y	Y	Y	Y
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 *Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 h)

Email ID _____

Mobile No. _____
Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

Telephone No. (O) _____

Telephone No. (R) _____

Name of Guardian / Name of Contact Person (in case of Minor) (in case of Institutional Investor) _____

Relationship of Guardian in case of Minor [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)] Father Mother Legal Guardian

PAN _____ **Mandatory Enclosures** PAN Proof KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s. _____

PAN _____ **Mandatory Enclosures** PAN Proof KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s. _____

PAN _____ **Mandatory Enclosures** PAN Proof KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

4. GENERAL INFORMATION - Please (✓) wherever applicable (SEE NOTE 1 m & n)

Tax Status (Please (✓))			Mode of Holding (✓)		Occupation (Please (✓))	
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Single	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> Joint	<input type="checkbox"/> Business	<input type="checkbox"/> Student	
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Government Service	<input type="checkbox"/> Forex Dealer	
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NPS Trust		<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Doctor	
<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Fund of Fund		<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Others	[Please specify]
<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> FI	<input type="checkbox"/> Gratuity Fund		<input type="checkbox"/> Agriculturist		
<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP		<input type="checkbox"/> Retired		
<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI				
		<input type="checkbox"/> NGO				
		<input type="checkbox"/> LLP				
		<input type="checkbox"/> PIO				
		<input type="checkbox"/> Others [Please specify]				

5. CONTACT DETAILS (SEE NOTE 1)

Local Address of 1st Applicant _____

City _____ **Pin** _____

State _____

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default Foreign

Foreign Address (Mandatory for NRI / FI) _____

City _____

Country _____ **Zip** _____

Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form

(To be filled in by the First applicant/Authorized Signatory) : Received from : _____							Stamp Signature & Date
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments					All purchases are subject to realisation of cheque / demand draft		

