TRANSACTION FORM (For Existing Unit Holders only)



Please read the instructions overleaf carefully and complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS. Please strike off unused section(s) to avoid unauthorised use

Broker Code/ ARN		Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'H' of instructions)	Collection Date	D D M M Y Y Y Y
	onanza - 0186					1 0	
*I/M mar	le hereby confirm that the EUIN ager/sales person of the above but or has not charged any advis	I box has been intentional distributor or notwithstand orv fees on this transaction	ally left blank by me/ ding the advice of in-a	us as this is an "exe appropriateness, if any	cution-only" transaction , provided by the emplo	without any interactic byee/relationship mana	on or advice by the employee/relationsh ager/sales person of the distributor and t
alot	Signature			Signature			Signature
	ole/ First Applicant/ Guardian/ POA			pplicant/ POA/ Authoris	0 /		cant/ POA/ Authorised Signatory
RAN	SACTION CHARGES FOR APPI	LICATIONS THROUGH D	ISTRIBUTORS ONLY	. (Refer Section 'G' of	instructions)	arious factors including	g the service rendered by the distributor.
Cas thert	e the subscription amount is ₹	10,000/- or more and you	ur Distributor has op	oted-in to receive Tra	nsaction Charges, ₹ 15 distributor Units will b	0/- (for first time mut	unds ual fund investor) or ₹ 100/- (for invest alance amount invested.
	EXISTING UNITHOLDER(S					lio No.	*Mandatory
	Name of the Unit Holder			○ Mr.		○ M/s.	Permanent Account Number (PAN
Ī							
2.	ADDITIONAL PURCHASE REQUEST (Refer Section 'C' of instructions) [Please shade (•)]						
	Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC						
	Payment Mode: O Cheque O DD O RTGS O NEFT O Fund Transfer O Debit Mandate (For Union Bank of India account holders only)						
	Amount in ₹ (Figures) Amount in ₹ (Words)						
	Cheque/ DD/ UTR (RTGS/ NEFT) No. D D M Y Y Y						
	Cheque Issuer Name In case the cheque is issued by a person other than the investor						
	Source Bank A/C Number Source Bank Name						
	Document attached in the case of third party payments O Proof / Bank Certificate for DD O Third Party Declarations						
3.	SWITCH REQUEST (Refer Section 'D' of instructions) [Please shade (●)]						
	Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC						
	To Scheme/ Plan/ Option/ Facility						
	Amount in ₹ (Figures) Amount in ₹ (Words)						
	No. of Units OR all Units (Please mark any one)						
	REDEMPTION REQUEST (Refer Section 'E' of instructions) [Please shade (●)]						
	Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC						
ō.	Amount in ₹ (Figures) Amount in ₹ (Words)						
	No. of Units OR all Units (Please mark any one)						
	Credit the Redemption proceeds to O Default Bank Account O Registered Bank Account*						
	Registered Bank Name*						
	(Proceeds of redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing.)						
	DECLARATION & SIGNATURES (Refer Section 'F' of instructions) (To be signed by ALL UNIT HOLDERS if mode of holding is JOINT)						
	I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued b Union KBC Mutual Fund, I / We, hereby apply to the Trustee of Union KBC Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the						
	Scheme .1/ we have neiner received nor been induced by any repate or gins, anready or indurectly in making this investment. 1/ we neredy nominate the above nominee to receive an time amounts is my/our credits in the event of my/our credit will constitute full discharge of liabilitie of Liabilitie of Liabilities and use that the amounts is the scheme is through lentimate sources only and is not designed for the nurses of contraventions or every on a scheme is through lentimate sources only and is not designed for the nurses of contraventions or every on a scheme is through lentimate sources only and is not designed for the nurses of contraventions or every on a scheme is through lentimate sources only and is not designed for the nurses of contraventions of any Ar						
	Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (the form of trail commission or any other mode), payable to him for the different competing Schemes of various Multial Funds from amongst which the Scheme is being recommended to me/us						
	We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this applicatio form and instructions thereto. I/ We hereby confirm that Union KBC Mutual Fund/Union KBC Asset Management Company Private Limited and its empanelled broker(s) has not given any indicativ						
	We have read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued b Union KBC Mutual Fund, I / We, hereby apply to the Trustee of Union KBC Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of th Scheme. I / We have neither received nor been induced by any rebate or grifts, directly or indirectly in making this investment. I / We hereby nominate the above nominee to receive all the amounts t my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilitie of Union KBC. Mutual Fund, I / We decate that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Ab Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statulory Authority. The ARN holder thas disclosed to me/us all the commissions (i 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 review (We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the Stip/SANKIM and addenda thereto and this applicatio form and instructions thereto. I/ We hereby confirm that Union KBC Mutual Fund, Union KBC Asset Management Company Private Limited and its empanelled broker(s) has not given any indicativ portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I / We have the express authority to invest in units of the Scheme and the AMC / Trustee Mutual Fund will not be responsible if such investment is ultravires the relevant constitution.						
	Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year Applicable to NRIs only: I/We confirm that I am / We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscriptions have been remitted from abroa through normal banking channels or from fund in my/our Non Resident External / Ordinary account / ENR account(s).						
	Signature Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory				ariand Cignatany	Third A	Signature pplicant/ POA/ Authorised Signatory
		, POA, Authonsed Signator					pplicant, FOA, Authonsed Signatory
A	DEBIT MANDATE FOR UN		ND (Lumpsum Inve	estment)	Application No.		
	(For Union Bank of India ac	count noiders only)					
be c	letached by the Registrar (CAM	S Pvt. Ltd.) and presented	to Union Bank of Ind	dia.			Data / /
Bra	nch Manager - Union Bank of	f India					Date//
We							
itno	rise you to debit my / our Acc	count No.			Iype of A	Account	
(in fig	gures)		₹ (in words)			tc	pay for the purchase of units of Un
BC	Scheme Name						
					Signatur		s) / Authorised Signatory(ies)
						(As per Ban	
						6	
	IOWLEDGEMENT SLIP (To		estor)		Application No.		UnionKRC
	IOWLEDGEMENT SLIP (To		estor)		Application No.	(6	
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CKN lio l ecei hen	IOWLEDGEMENT SLIP (To No	b be filled in by the inv	, 				MUTUAL FUND Your Bridge to Responsible Investing
CKN lio l ecei then nou	IOWLEDGEMENT SLIP (To No.	b be filled in by the inv	, 				MUTUAL FUND

NON-FINANCIAL TRANSACTION FORM



(For Existing Unit Holders only) Application No. Please read the instructions overleaf carefully and complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS. Please strike off unused section(s) to avoid unauthorised use **EXISTING UNIT HOLDER INFORMATION*** *Mandatory Folio No. O Mr. Name of the Unit Holder [Please shade (●)] O Ms. Permanent Account Number (PAN) M/s CANCELLATION FORM FOR SYSTEMATIC TRANSACTIONS (SIP/ SWP/ STP) [Please shade (•)] (Refer Section 'A' of instructions) 1. Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC Transaction Type O SIP ○ SWP ○ STP Installment / Transfer Dates ○ 2nd ○ 8th ○ 15th ○ 23rd From Period Amount in ₹ (Figures) STP in to Scheme (in case of STP) CANCELLATION FORM FOR DIVIDEND SWEEP PLAN (DSP) [Please shade (•)] (Refer Section 'A' of instructions) 2. Scheme/ Plan/ Option/ Facility/ Frequency (From where dividend is transferred) UNION KBC DSP in to Scheme From Period NEW CONTACT DETAILS (Refer Section 'B' of instructions) 3. Mobile Country/ Area code Tel. (Off.) Tel. (Res.) Fax E-mail 1 E-mail 2 E-mail 3 4. CHANGE IN MODE OF HOLDING (ALL UNIT HOLDERS NEED TO SIGN IRRESPECTIVE OF MODE OF HOLDING) [Please shade ()] (Refer Section 'C' of instructions) New Mode of Holding Anyone or Survivor Joint Holding PAN AND KYC UPDATION [Please shade (●)] (Refer Section 'D' of instructions) 5. Sole/ First Applicant PAN/ KYC proof attached Second Applicant O PAN/ KYC proof attached Third Applicant O PAN/ KYC proof attached Guardian/ PoA Holder O PAN/ KYC proof attached 6. POA (POWER OF ATTORNEY) REGISTRATION DETAILS [Please shade (•)] (Refer Section 'E' of instructions) Name of the PoA holder PAN of the PoA holder KYC Letter (Mandatory) Notarized copy of PoA 7. CONSOLIDATION OF FOLIOS (Refer Section 'F' of instructions) I / We wish to consolidate all my/our below mentioned folio numbers into one folio number. Folios to be consolidated 1. 2. 3. 5. 6. Target folio number for consolidation: (Mention the target folio, wherein all folios needs to be consolidated - any one of the existing folio numbers) CHANGE OF ADDRESS - For Micro Investments and Sikkim Investors only (Refer Section 'G' of instructions) 8. Change of Address for KYC Compliance Folios need to be carried with CVL and not directly with the Fund / Registrar. City State Pin Code 9. **DECLARATION & SIGNATURES** I/We have read and understood the contents of the Statement of Additional Information, Scheme Information Document and Key Information Memorandum of the respective Scheme(s) and agree to abide by the same including any addendum(s) thereto and any terms, conditions, rules and regulations of the scheme(s) applicable from time to time. I/We will not hold Union KBC Asset Management Company Private Limited, Union KBC Mutual Fund and its Registrar liable for any loss due to delayed execution or rejection of the request for reason of incomplete / incorrect information. ····· X·· ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No. Union KBC Folio No. MUTUAL FUND Your Bridge to Responsible Investing Mr./Ms./M/s

○ Cancellation Form for Systematic Transactions (SIP / SWP / STP) ○ Change in Mode of Holding

Cancellation Form for Dividend Sweep Plan (DSP)

O PoA (Power of Attorney) Registration Details

O PAN and KYC updation

O New Contact Details

O Change of Address

O Consolidation of Folios