## SPECIAL PRODUCTS APPLICATION FORM (SWP/ STP)



Distributor ARN/ RIA	DISTRIBUTOR INFORMATION           Distributor ARN/ BIA         Sub Agent ARN Code         EUIN No.		Bank Branch Code/	Refer Instruction No. 1) FOR OFFICE USE ONLY	
	Sub Agent ARN Code	EUIN No.	Sub Broker Code	Sales Code	Date/Time of Recei
ARN-181211		E528682			
I/We hereby confirm that th	 e EUIN box has been intentionally	l left blank by me/us as this transa	action is executed without any int	teraction or advice by the e	nployee/relationship manager/s
person of the above distributor/:	SUD Droker of notwithstanding the	advice of in-appropriateness, if a	ny, provided by the employee/re	lationsnip manager/sales	person of the distributor/sub brok
	n/Authorised Signatory/POA	2 <sup>nd</sup> applicant/Auth			Authorised Signatory
Upfront commission shall be pa	d directly by the investor to the AN	MFI registered Distributors based	on the investors' assessment of	various factors including s	services rendered by the distribut
INFORMATION OF EXISTIN	IG INVESTOR				
Folio Number		Mandatory field*			
APPLICANT INFORMATION	I (Please refer Point No. 8)	(Please ✓)			
Name of Sole /First Applicant*	Mr Ms. [	M/s.	Date of Birth DD	M M Y Y Y Y	(*Mandatory for all investors)
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Documents Enclosed ^				KYC~ PAN*	
	son <sup>#</sup> Relationship with MINOF			Guardian's Date of Birth	A S T N A M E
Documents Enclosed ^	v /1 /// E		PAN Proof		
"Please mention the contact perso	n in case of Non-individual				
Mode of Holding Singl	e Dint Anyone or	Survivor <sup>1</sup> ( <sup>1</sup> Default)			
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	L FLAN (SWF)	PLAN*:		OPTION*:	
SUB OPTIONS*:			IDCW FREQUENCY*:		
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