COMMON APPLICATION FORM



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND ALL FIELDS ARE MANDATORY

Investors mu	st read th	e KIM,	Instru	uction	ns and	l Pro	duct La	abelir	ng on	front	page	befor	е со	mpletin	g th	is Form.					A	pplic	ation	No:										
DISTRIBUTO	R INFORI	MATIO	N														(Refe	er Insti	ructio	n No.	1)									FOF	R OFF	ICE L	JSE O	NLY
Distribut	or ARN/ F	RIA		S	ub Ag	jent <i>l</i>	ARN C	ode				EUII	N No).				ık Braı ıb Brol					Sa	les C	ode				Dat	te/Tin	ne of	f Rec	eipt	
ARN-	1812	211	ı							ı	E 5	28	68	B2																				
Upfront commis																	esto	rs' ass	essm	ent of	variou	us fac	ctors i	ncludi	ng th	ne se	rvice	rend	ered	by th	e dist	tributo	ır.	
I/We hereby of without any interaction broker or notwith sales person of the	action or a standing th	dvice b ne advid	y the o	emplo 1-appr	ovee/re	elatior	nship m	nanag	ıer/sal	les per	rson o	f the a	bove	: distribu	itor/:	sub		1 st app orised					2 nd	applio S	ant// ignat			d		3 rd a		ant/A ignato		ised
TRANSACTIO					ATION	NS TH	HROUG	GH DI	ISTRI	IBUTO	ORS/A	GENT	rs o	NLY																(Refe	r Ins	tructi	on N	o. 1(a))
In case the pur																						tible [_											al Funds
as applicable fi																								confi	m th	at I a	ım an	exist						
Folio No.	NIT HOLD	ER INF	ORM	ATIO	N [Ple	ease	fill in y	your	Folio	Num	ber a	nd pr	ocee	ed to So	her	ne and F	aym	ent De	etails]											(Refe	r Ins	tructi	on No	o. 2(a))
MODE OF HO	LDING &	KIN/	KYC E	DETAI	LS																								(Ref	ier In:	struc	tion N	lo. 9(a & b))
Single		Joi	nt		A	nyon	e or S	urviv	or (De	efault))																							
				P	erma	nent	Accou	nt Nu	umbe	r (PA	N)					KY	C Ide	entifica	ation	Numb	er (Kl	N)												
First Appli	icant																										PAN	V/ KY	C Pro	oof Er	ıclos	ed		
Second Ap	pplicant																										PAN	V/ KY	C Pro	oof Er	ıclos	ed		
Third App	licant																										PAN	V/ KY	C Pro	oof Er	ıclos	ed		
Guardian	(in case I	Minor)																									PAN	V/ KY	C Pro	oof Er	ıclos	ed		
APPLICANT'S	S DETAILS	S																	(Re	fer In	struct	tion N	lo. 2(b))	(#R	efer	Instr	uctio	n No	o. 2(b)	9)	(*	Man	datory)
FIRST/ SOLE	APPLICA	NT'S I	DETAI	LS		Mr.		VIs.		M/s																								
Name (1st) (N	ame shou	ıld be a	as pei	r PAN	n _ [Т	Ŧ	Т	Ŧ	Т	T								Т	Т		Т											\neg	
. , .		_	N/I	1/	, L		Nation	a olitu	\vdash						!		<u> </u>		\dashv		ountry	of Di	rth [
Date of Birth* Status of Firs	ш		nt [Pl	ease	tick (Ivalioi	_] Indi	ividua	ıl [Nor	ı - In	ndividua	al*	[For	Non -	· indiv	idual					, CRS	: & U	lltim	ate B	enefi	icial	Owne	rshir) (UB	0)	
□ D:dt.l			NIDI F) on otr	riation	_		Non	Dono	triatio	, F		rtno	rohin				ficatio	_	- '						, ,				guaro	dian		DOL	
Resident I				_ `	riation ciety /	_	NRI-		•		ıı L ıl Resi	Pa identi		٠	LLI Tef	Trust	_	HUF Proprie	A Atoreh		∏ No		fit Ord				othe		Jugn	•		specif		∐ 00
LEI No.	Jorato [十		loty /	T	屵	Torci	I I I I I		111031	luciii			7''			fer Ins			_	11110	iii Oit		ry Da			,,,,, 		T (pic	1000	орооп) /	
(Mandatory f												amou	ınt o	of Rs. 5	0 cr	ores or	•				,				., -)D	I	1M		YYY	Υ	
We are a <u>"N</u> tax Act, 196 Company re	on-Profit 1 (43 of gistered u	Organ 1961), inder t	i zatio and i he se	n" [N is reg ction	NPO] istere 8 of tl	which d as he Co	h has t a trust ompan	been t or a ies A	cons socie ct, 20	tituted ety ur 013 (*	d for r nder th 18 of :	eligio ne So 2013)	us o cietie	r charita es Regi	able stra	purpose tion Act,	s ref 186	erred t 0 (21 d	to in c of 186	lause 60) or	(15) (any s	of sec imila	ction 2 r State	of the legis	e Inc lation	ome n or a	a			YES			NO	
If yes, pleas (If not regist											the a	above	info	rmation	1)																			
For Investme	ents "On b	ehalf	of Mi	nor"	П	Birtl	h Certi	ificate	е Г	□ Sc	hool	Certif	icate		Pas	ssport	П	Other			Rela	ations	ship w	ith m	inor		Fath	ner	П	Moth	er	П	egal	Guardia
NAME OF GU																																		
Mr.	Ms.	M	/s					ᆚ																									\perp	
Designation									Ν	Mobile	+91	I																						
Please note t		addre	ss an	d con	itact d	letail	s will	be u	pdate	d as	per y	our K	YC/	CKYC r	ecoi	rds.						_							_				_	
Mailing add	ress					_														_			_								\square		\dashv	
	$\perp \perp$	_				4			1											_											Ш		\dashv	\perp
Landmark	\perp	\perp		_		\perp	\perp	_	\bot	\bot				Щ			-		_	\perp	_	_	_								\square		\dashv	
City													St	tate				Щ	\perp	\perp	\perp	\perp	\perp	Ц.			Pi	in Co	de		Ш			
Email ID*																		+91											Tel.					
*I/We hereby Email ID belo		hat the		il addı	ress a	and th	ne mob	oile n	umbe	Child	vided	on the	e app	plication	n for	rm belon gs	gs to	(Plea	se ticl	((√)	any or	ne fro	m the	belov	N opt	tions) 	Ithore						
Mobile No. b	-															js js																		
Please note: I		_					_					_			-	_					_						_							
Overseas add	- i	FPIs/	NRIS	/ PIO	ls)	_	_	_	_	_	_									_		_	_										_	
Mailing add	ress	_				4														\perp											\square		\dashv	
		\perp	Ш	\perp	\perp	\perp	\perp		\perp	\perp	_			\sqcup	\Box			Ш	\perp	\perp		\perp	1	_							Щ		\perp	\perp
Landmark		1				\perp	\perp	\perp	\perp	\perp	_			Щ					(City	\perp	\perp	_								Ш		\perp	\perp
State									<u>_</u>		L		Cou	ıntry				Ш			\perp	L		L			Zi	ip Co	de		\square		ᆜ	\perp
			AC	(NO	WL	ED(GEMI	ENT	SL.	.IP (TO B	E FIL	LEC) IN B	Y TI	HE SOL	E/FI	RST /	APPL	ICAN	IT)				Ap	plic	atio	on N	lo:					
caived from: Mr	· / [\/]c / [11/6															0	n anni	licatio	n for	allot	mant	ofur	nite										
ceived from: Mr der Scheme	./ 1/15./1	vi/ S						DI	an							Ont	d ion	παμμ	ııball(וטוווע	allUti	nent	oi ul	1115										
eque/DD No					D,	atad	- 1	_, Plá	ماا /			\mou	int /	' ₹\		, Opt	UII_						Dra											
Bank and Branc	h				D	alcu_	/	_	_/		F	11100	iiit (`)									- DIA	vVII										
Bank and Branc ase note: All unit all		re suhi	ect to	realiza	ation o	f cher	aues/D	eman	nd Dra	fts and	d subi	ect to	the te	-· erms an	d co	nditions	of rela	evant S	cheme	Infor	mation	Docu	ment	and				to-	n 0:	ian-'		9. D-	ıtc.	
tement of Additiona			JUL (U)	oanzo	ation 0	. 01160	4u03/D	oman	טוע הי	io ail	u subji	out lU	ino il	orrito all	u 00	muitiOH5 (יי וטול	runt o	onomi		riduUII	שטטט	mont	unu			S	ıamı	p, Si	ignat	ure	αIJa	æ	

SECOND APPLICANT'S DETAILS	Mr.	Ms.	Nationality	y		Co	ountry of Birth				Mobile	+91									
Name (2 nd) (Name should be as per	PAN)					TΤ							П	T	\top	Ť					
Email ID*			<u> </u>																		
Email ID belongs to Self	Spouse	e Der	pendent C	hildren 🗍	Dependent	Siblings	s Depen	dent Parent	s \square	Guardiar	in case	of mir	nor Γ	Otl	ners						
Mobile No. belongs to Self	Spouse	= .	oendent C		Dependent	-	= :	dent Parent		Guardiar				0tl	_						
THIRD APPLICANT'S DETAILS	Mr.	Ms.	Nationality	,		Co	ountry of Birth				Mobile	+91									
Name (2 nd) (Name should be as per	PAN)					T								\forall	$\overline{}$	\dagger	+	+	+		
Email ID*	171)															<u> </u>		<u> </u>	<u> </u>		<u> </u>
			0	bilder -	D	0:1-1:	- Dr	-lt Dt		0				الم ٦							
Email ID belongs to Self Mobile No. belongs to Self	Spouse Spouse		oendent C oendent C		Dependent Dependent	-	= .	dent Parent: dent Parent:		Guardiar Guardiar			_	_ Oti] Oti	ners _						
ADDITIONAL KYC DETAILS	Породос	,	Jonaoni O	Illidion	Боронасті	Olbillig	эворон	dont i diont	° ⊔	Guarulai	i iii cast	01 11111	101		1013 _	/P	efer lı	netru	ction	No 2	(c))
	Applicant	2 nd Applic	cant 3	ord Applicant	Guard	lian		_	_	_	_			_		(11	CICI II				
Private Sector Service	Applicant	Z Applic	Jani J	Applicant	Guard	IIaII	Politically E	xposed Per	son (PE	P) detail	S:		ls a l	PEP	R	elate	ed to P	PEP	Not A	Applica	able
Public Sector Service							1 st Applicar	nt						1				T			
Government Service Business							Т Арріюці					+			_			\dashv			
Professional							2 nd Applica	nt													
Agriculturist							3 rd Applicar	nt						1				\dashv			
Retired Housewife			-+		+ $+$							+			+			+			
Student							Guardian														
Proprietorship Others (Please specify)							Authorised	Signatory/	Partners	s/ Direct	ors/ Oth	ers]				T			
					-		Foreign Evo	hange / Mo	nev Ch	anner Se	rvices	$\overline{}$	Gaming	1 / G	amhlin	ın / I	otterv	/ Ca	eino S	Service	ΔC
Non-Individual Investors involved	d/ providing	any of the	mentione	ed services			Money Len			unger of	1 41009	=	None o	-		-	LULIEI Y	, ud	5111U S	JOI VIU	us
Gross Annual Income Range (in ₹)	1 st Appli	icant 2 nd /	Applicant	3 rd Applica	nt Guar	dian	Gross	Annual Inc	ome Ra	inge (in 🖥	(t) 1 st	Applic	ant 2	nd Ap	plican	t 3	rd Appl	licant	G	iuardia	an
Below 1 lac							10-25	lac						[
1-5 lac							<u> </u>	- 1 cr						_							
5-10 lac							> 1 0	r													
OR Networth in ₹ (Mandatory for Non Individual) (not older													as	Ï							
than 1 year)														DD		MM		Υ	YYY		
EMAIL COMMUNICATION INFORMA				of Farmil									\	DD			h 04				
EMAIL COMMUNICATION INFORM.	ing docume		-				atement	☐ Nev	vs Lette	ır	A	nnual F	Report	DD] 01	ther St	atuto	ry Info		
EMAIL COMMUNICATION INFORMA VWe wish to receive the follow FATCA & CRS INFORMATION (for I	ing docume	cluding So	le Proprie				atement	☐ Nev	vs Lette	ir	A	nnual F	Report	DD] 01	ther St	atuto	ry Info		
EMAIL COMMUNICATION INFORMA VWe wish to receive the follow FATCA & CRS INFORMATION (for Information is required)	ing docume ndividual in for all appli	cluding So cant(s)/ gu	le Proprie	etor) (Self Co	ertification)] 01		atuto	ry Info		
EMAIL COMMUNICATION INFORMA VWe wish to receive the follow FATCA & CRS INFORMATION (for I	ing docume ndividual in for all appli Business	cluding So cant(s)/ gu Resident	le Proprie uardian tial 🔲 B	etor) (Self Co	ertification Registere) d Office	e (for address	mentioned] 01		atuto	ry Info		
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for It The below information is required Address Type: Residential or E	ing docume ndividual in for all appli Business [h you are re	cluding So icant(s)/ gu Resident sident for to	le Proprie uardian tial B ax purpos	etor) (Self Co	ertification Registere ssociated T) d Office	e (for address erence Numbers	mentioned	in form	/existinç					lio)	O1		atuto Instr	ry Info		
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for II The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's	ing docume ndividual in for all appli Business [h you are re	cluding So icant(s)/ gu Resident sident for to	le Proprie Jardian tial B ax purpos cant (incli	usiness es and the as	ertification Registere ssociated T) d Office	e (for address rence Numbers Second	mentioned s below. Applicant/	in form	/existinç				n Fo	lio)	01 (d Ap	Refer	atuto Instr	ry Info		
EMAIL COMMUNICATION INFORMA VWe wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category	ing documei ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in which Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/	ing documei ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor)	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in which Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other	ing documei ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for II The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India?	ing documei ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in which Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth	ing documei ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM. I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth Country of Birth	ing documei ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth Country of Birth Country of Tax Residency	ing docume ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type:	ing docume ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth Country of Tax Residency Tax Payer Ref. ID No ^ Identification Type [TIN or other, please specify]	ing docume ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth Country of Tax Residency Tax Payer Ref. ID No Identification Type [TIN or other, please specify] Country of Tax Residency 2	ing docume ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM. I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth Country of Birth Country of Tax Residency Tax Payer Ref. ID No Identification Type [TIN or other, please specify] Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Identification Type	ing docume ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth Country of Tax Residency Tax Payer Ref. ID No ^ Identification Type [TIN or other, please specify] Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Identification Type [TIN or other, please specify]	ing docume ndividual in for all appli Business [h you are re:	cluding So icant(s)/ gu Resident sident for to First Applic	le Proprie uardian tial B ax purpos cant (inclu Yes [usiness es and the as uding Minor) No ovide the	ertification Registere ssociated T) d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	
EMAIL COMMUNICATION INFORM I/We wish to receive the follow FATCA & CRS INFORMATION (for I The below information is required Address Type: Residential or E Please indicate all countries in whice Category Is the applicant(s)/ guardian's Country of Birth/ Citizenship/ Nationality/ Tax Residency other than India? Place/ City of Birth Country of Birth Country of Tax Residency Tax Payer Ref. ID No ^ Identification Type [TIN or other, please specify] Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Identification Type [TIN or other, please specify] Country of Tax Residency 3	ing documen ndividual in for all appli Business [h you are re: f	cluding So icant(s)/ gu Resident sident for tr First Applic If Yes, following in	lle Proprie	usiness ses and the as uding Minor) No ovide the Imandatory	ertification Registere ssociated T)	d Office	e (for address erence Numbers Second	mentioned s below. Applicant/ Yes , please pro	in form, Guardi No	/existing			earing i	in Fo	lio) Thir	Office of the control	Refer	Instr Instr No	ry Info	n No.	

FOR MORE INFORMATION

Bank of India Mutual Fund

Add: B/204, Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

BANK ACCOUNT DET	AILS -	Manu	uloi,																													(11	efer	nstruc	
Name of the Bank										П	T	Т		T					T	T															T
Account Number	Ť									T	T	Ť	T		Ť	A/C	Туре	(Plea	se ✓)			avinç	JS		Curre	nt		NRE		NR	0	F	CNR		Other
Branch Address											T	Ť	T	Ť					T	T	ĺ														T
City	Ť										T	St	ate	Ť	Ť		П		T										PIN	l Cod	е				十
MICR Code								(Pl	ease	ente	r th	e 9 di	git n	umb	er that	appe	ars af	er yo	ur ch	eque	nun	nber)							Can	ncelled	l conv	of a	cheau	e require	ed in c
IFSC Code (RTGS/NE	FT)												(11 C	haract	er co	de app	earin	ig on y	your	ched	que le	af)											ough ch	
SCHEME AND PAYMI	ENT DE	TAILS	(Pa	yme	nt th	rougl	ı Cas	:h/No	n-M	ICR (Che	ques/	Outs	statio	on Che	ques	not a	ccepi	ted)												(1	Refei	r Inst	ruction	1 No.4
Scheme Name										Т	T	T	T	T	Т							T													\top
Plan	+									\vdash	$\frac{1}{1}$	+	+	0)ption	+	\Box	\dashv	_	\dashv	\dashv	\dashv	\dashv			_									+
Sub Option	+									+	t	+	+	+	DCW F	reaue	encv	_	\dashv	\dashv	\dashv	\dashv	\dashv			_								$\overline{}$	\pm
Investment Amount	(₹)									\perp	H	D	D Ch		es if an							+	Ne ¹	: Am	ount	(₹)									+
Cheque/ DD No.						Dra	un B	ank								J (· /				\dashv	Bran	ch/Ci				(- /									
· ·	S/B	_	NRF	<u>L</u>	1 Cu) [] FCN	VR*	*K	indly	/ prov	vide ph	otoco	ppy of	the p	avmei					eian	Inwa	rd re	mitta	nce (Certif	icate	(FIRC	C) evi	idenc	ng sou	irce o
	JEFT/R				=	_	d Tra		_		-		OTN				1		nk A/c		_		1	3							(
UTR/Reference no/U		_				j i uii	u IIa	113161					OTI	VI								_													
REDEMPTION / DIVID			ANC	F																												(R	efer	nstruc	tion I
Electronic Payme																^		\F.		-				,			,,								
Cheque Payment																																			
DIVIDEND TRANSFEI	R FACII	.ITY (Plea	se ti	ck to	sele	ct thi	s fac	ility))																					(Re	efer I	nstrı	ction I	No.4(
		e onl	y un	der	Tranc	foro	flnco	mo D)istril	butio	n cı	ım ca	n:tal	itla		nlan	(IDCW	Tran	sfer) i	f the	e uni	t ho	der	choo	ses	to tr	ansfe	er the	e am	nount	of t	he d	ivido		
This facility is a them into any o	talls Deposi	– (Ple	ase	ensu ed (N	re th	at th	e sed t Acc	chem quen	ne ce of	ails a	DP DP	as m	entice led b	oned		appl		n fori	m mai			h tha		mod	de or	ıly)	eld w			eposi	toy P		ipant		
them into any of them. National Securities Central Depository NOMINATION DETAIL I/We wish to nom	TAILS Deposi Service	- (Ple	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid	entidled to the second	cann	in the	appl s will	be all	n fori	m mai by de	efaul	It in (h tha	ronic	Ben	de or	ry Ad	ccoun	nt No				(Re	efer I). nstruc	tion N
them into any of the into any of them into any of the into any of th	TTAILS Deposi Service S for I	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m Name ID No Name divid	enticled be solved by the solv	cani Da (Bi	in the	e appl s will mina chool	te] (M	n fori	m mai by do	te		h tha	poort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nomi lardia	nee nn of	(R	efer I	instruc	b) in w
them into any of the into any of them into any of the into any of th	TTAILS Deposi Service S for I	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid divid	enticled be solved by the solv	cani Da (Bi	in the N units	mina chool Birth oof to ned)*	te] (M	anda	m mai by de	tte	e of (h tha electr	oort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nominardia	nee nn of	(R	efer I	ion (%	b) in whee sh
them into any of the into any of them into any of the into any of th	TTAILS Deposi Service S for I	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid divid	enticled be solved by the solv	cani Da (Bi	in the N units	mina chool Birth oof to ned)*	te] (M	anda	m mai by de	tte	e of (h tha electr	oort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nominardia	nee nn of	(R	efer I	instruc	b) in whee shape (s
them into any of the into any of them into any of the into any of th	f the o	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid divid	enticled be solved by the solv	cani Da (Bi	in the N units	mina chool Birth oof to ned)*	te] (M	anda	m mai by de	tte	e of (h tha electr	oort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nominardia	nee nn of	(R	efer I	instruc	b) in w
them into any of the into any of them into any of the into any of th	f the o	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid divid	enticled be solved by the solv	cani Da (Bi	in the N units	mina chool Birth oof to ned)*	te] (M	anda	m mai by de	tte	e of (h tha electr	oort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nominardia	nee nn of	(R	efer I	instruc	b) in w
them into any of the into any of them into any of the into any of th	f the o	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid divid	enticled be solved by the solv	cani Da (Bi	in the N units	mina chool Birth oof to ned)*	te] (M	anda	m mai by de	tte	e of (h tha electr	oort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nominardia	nee nn of	(R	efer I	instruc	b) in w
National Securities Central Depository NOMINATION DETAIL I/We wish to nom Name and Addres (IN CAPI	f the o	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid divid	enticled be solved by the solv	cani Da (Bi	in the N units	mina chool Birth oof to ned)*	te] (M	anda	m mai by de	tte	e of (h tha electr	oort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nominardia	nee nn of	(R	efer I	instruc	b) in w
National Securities Central Depository NOMINATION DETAIL I/We wish to nom Name and Addres (IN CAPI	f the o	- (Pletory L	ease iimite dia) L	ed (N	neme (If D SSDL)	DSL)	e set t Acc	quencount	ce of deta	/ Noo	DP DP Tarr	as m provid Name ID No Name divid divid	enticled be solved by the solv	cani Da (Bi	in the N units	mina chool Birth oof to ned)*	te] (M	anda	m mai by de	tte	e of (h tha electr	oort	Ben	eficia	ary Ad	Sign (Opti	nt No	e of I	Nominardia	nee nn of	(R	efer I	instruc	b) in w
them into any of the into any of them into any of the into any of the into any of them into any of them into any of the into any of	f the o	- (Ple story L ss (Incomplete in the complete	dia) Luals	ensu [Mil *Pro that	neme (If D SDL) ed (C	wish ase to	e set t Acc	quent count	ce of deta	/ Non	DP DP Tari	as m Name ID No Name get ID divid h Cer nship ee w older	entidled I	cant Date Date Date Date Date Date Date Dat	in the My units	mina chool Birth oof to ned)*	te] (M	anda din	m mai by de	tte Name	e of (Nomi	h thaa	oort s a r	Beni	eficia	ers	Sigri (Opti	nt No	e of I	Nomi	nee en of ory)	Pri the by a	efer I	nstruc	tion N b) in w be sh nee (s 1009
National Securities Central Depository NOMINATION DETAIL I/We wish to nom Name and Addres (IN CAPI'	f the o	- (Ple story L ss (Incomplete in the complete	dia) Luals	ensu [Mil *Pro that	neme (If D SDL) ed (C	wish ase to	e set t Acc	quent count	ce of deta	/ Non	DP DP Tari	as m Name ID No Name get ID divid h Cer nship ee w older	entidled I	cant Date Date Date Date Date Date Date Dat	in the My units	mina chool Birth oof to ned)*	te] (M	anda din	m mai by de	tte Name	e of (Nomi	h thaa	oort s a r	Beni	eficia	ers	Sigri (Opti	nt No	e of I	Nomi	nee en of ory)	Pri the by a	efer I	nstruc	tion N b) in w be sh nee (s 1009

13 DECLARATION

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of Bank of India Mutual Fund including the section on Who cannot invest and Prevention of Money Laundering. I/We hereby apply for Allotment/Purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am /are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise Bank of India Mutual Fund its Investment Manager and its agents to disclose details of my investment to my bank(s)/Bank of India Mutual Fund and /or Distributor/Broker / Investment Advisor. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly

I/We are aware that the information provided/collected in this application form is necessary in relation tooperation of my/our investment account. I/We hereby give consent for sharing my/our data/information with any third party as may be required by Bank of India Mutual Fund for the purpose of providing services to me/us or for opening, continuing and operating my/our investment account/folio.

I/ We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

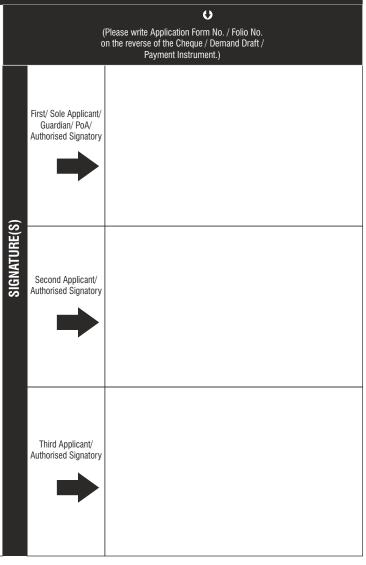
I/We request Bank of India Mutual Fund to update my/our following details for the above Folios. I/we authorize Bank of India Investment Managers Pvt. Ltd. Registrars to refer these details to any of the appropriate authorities including Unique Identification Authority of India (UIDAI)/ KYC Registration Agency/Authentication Agencies etc. and also authorize such agencies / service providers including UIDAl to share the data as per their records, for verification purpose. In case of any correction/change in name/address/mobile number/date of birth etc. recorded with UIDAL please update the change with UIDAI's Aadhaar Self Service Update Portal, currently, https://ssup.uidai.gov.in/web/quest/update and also with Bank of India MF.

I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/ AMC/ ITS DISTRIBUTOR FOR THIS INVESTMENT

I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above. I/ We hereby agree to read the respective SID and SAI of the schemes of Bank of India Mutual Fund before investing in any scheme of Bank of India Mutual Fund.

Applicable to NRI only: I/We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account.

CERTIFICATION: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions above and hereby accept the same.



CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/ true copies Certified by a Director/Trustee/Company Secretary/Authorized signatory/Notary Public).

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FPI	HUF	AOP & BOI	Demat Holder
PAN Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓		✓	
Memorandum & Articles of Association		✓									
Trust Deed						✓					
NPO declaration			✓			✓					
Bye-laws			✓								
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								1			
UBO		✓	✓	✓		✓		✓	✓	✓	
FATCA & CRS	✓	✓	✓	✓	✓	✓	✓	1	✓	✓	✓