

COMMON APPLICATION FORM FOR LUMP SUM

Application No.



ARN- ARN-181211 <small>Ref#</small>	ARN- Sub-Distributor Code	E E528682	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIN 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 of First / Sole Applicant /
Guardian / Authorised Signatory**1 EXISTING FOLIO NO.** **2 MODE OF HOLDING / OPERATION** ☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is anyone or survivor)**3 APPLICANT'S DETAILS** (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory.Gender ☐ Male ☐ Female**1st APPLICANT** Mr Ms M/s First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached ☐ Date of Birth** GUARDIAN NAME IF MINOR / CONTACT PERSON
(FOR NON INDIVIDUALS) / POA HOLDERMr Ms First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian ☐ Date of Birth** **2nd APPLICANT** Mr Ms First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached ☐ Date of Birth** **3rd APPLICANT** Mr Ms First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached ☐ Date of Birth**

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/ First applicant is minor. *Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Mobile No. Tel. No. Office Tel. No. Residence Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POAEmail ID Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA (Please refer Instruction No. Z and ✓)**Second Holder Contact details** Mobile No. Email ID Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POAEmail id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA**Third Holder Contact details** Mobile No. Email ID Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POAEmail id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POAAll communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here) ☐If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here) ☐

(Refer instruction Z)

5 TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other <input type="text"/> Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 BANK DETAILS (Mandatory)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)Bank Name & Branch Branch City IFSC Code 11 digit MICR Code 9 digit**Bandhan MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions

From

Stamp & Signature

Scheme	Bandhan										Plan							Option									
Mode of payment	<input type="checkbox"/> Self	<input type="checkbox"/> Third Party Payment (Please fill the 'Third Party Payment Declaration Form')										Payment mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Bandhan OTM	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> RTGS/NEFT										
Amount (figures)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Cheque/DD/UTR/UMR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cheque Date	D	D	M	M	Y	Y			
Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	Please specify									
Bank & Branch Name	<input type="text"/>																										

9 NOMINATION DETAILS Mandatory section for Individuals (Single or Joint) ☐ I/We wish to nominate ☐ I/We do not wish to nominate^{SS}

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Nominee 1	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 2	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 3	PAN	Mobile	Email ID	Nominee/ Guardian sign

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify _____</small>
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify _____</small>
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify _____</small>

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries)

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

☐ **Reason B** → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ **Reason C** → Others please state the reasons thereof:

Address Type of Sole /1st Holder			Address Type of 2nd Holder			Address Type of 3rd Holder		
<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

OCCUPATION [Please tick (✓)]

[illegible]

GROSS ANNUAL INCOME [Please tick (✓)]

[illegible]

OTHERS [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(hh): (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/we have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/we hereby declare that I/we do not have any existing MCO SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in 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 me/us. For NRIs / PIOs / FPIs only / I/we confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreigners / Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from / in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/we hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

Sign Here →	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated						Amount (₹)	Scheme
	D	D	M	M	Y	Y		