

Channel Partner / Agent Information

Agent's Name and ARN ARN-3852	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code	For Office Use Only
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Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor

Existing Investor Information (Please fill in your Folio No.)

Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio 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"/>
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If Micro SIP, please tick <input type="checkbox"/> Yes (Micro SIP: Less than Rs 50,000 per person in any rolling 12-month period)	If Micro SIP, supporting document/identification number: <input type="text"/>
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Fund in which you wish to invest

Plans and Options Plan Regular Plan Institutional Plan Option Growth Dividend Payout Dividend Re-investment

Initial Cheque/DD amount **Cheque/DD number**

Cheque/DD date

D	D	M	M	Y	Y	Y	Y
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Drawn on Bank/Branch

Please provide information on your SIP

Each SIP Amount Rs

SIP Frequency Monthly (Minimum amount Rs 250/- Minimum No of installments 20)
 Quarterly (Minimum amount Rs 750/- Minimum No of installments 7)

SIP Period from

M	M	Y	Y	Y	Y
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 to

M	M	Y	Y	Y	Y
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If you opt for SIP through post dated cheques, please indicate

First Cheque No

Last Cheque No

If you opt for SIP through Auto Debit facility please complete the separate form attached and submit it along with this form.

Change of Bank Account Details

If you have given a bank mandate for ECS/Direct Debit and wish to make a change please tick and provide details of the new bank mandate.

Name as in bank account:.....

Bank Name:.....

Branch:.....

Account Number

Account Type Savings Current Others.....

Nine-digit MICR No from cheque

SIP through Systematic Transfer Plan

I/We would like to use Systematic Transfer Plan for SIP by:
Transferring funds from

Scheme Name:
Option: Growth Dividend Payout Dividend Re-investment

To (fund in which you wish to invest through SIP)

Scheme Name:
Option: Growth Dividend Payout Dividend Re-investment

Each SIP Amount Rs

SIP Frequency Monthly (Minimum amount Rs 250/- Minimum No of installments 20)
 Quarterly (Minimum amount Rs 750/- Minimum No of installments 7)

SIP Date 1 7 14 20 25

SIP Period from

M	M	Y	Y	Y	Y
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 to

M	M	Y	Y	Y	Y
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Mode of SIP Auto Debit (also fill separate form) Post-dated cheques

Period for the SIP
 6 months 1 year 2 years 3 years 5 years 10 years
 others.....mention

SIP Date 1 7 14 20 25

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/Offer Document • hereby apply for units as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • agree to the terms and conditions for Auto Debit • agree to abide by the terms, conditions, rules and regulations of the scheme • agree to terms & conditions of PIN agreement • agree to receive account statement/communication by Email • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment • do not have any existing Micro SIPs which together with the current application will result in the total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in 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 me/us.

10. Signature (refer instruction 10)

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Acknowledgement

CAMS Folio No / **Date**

D	D	M	M	Y	Y	Y	Y
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Name

Fund in which investment made

Additional Purchase SIP: Total Amount (Rs.) _____ Total Cheque(s) _____
Cheque No.(s) _____ STP

Service Centre
Signature & Stamp