

Distributor/Broker Code ARN- (ARN stamp here)	Sub-Broker Code	Branch Code	Relationship Manager's Name
			Mobile
			Email

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.

Please refer to the guidance notes for assistance and complete all sections in English. For legibility, please use **BLOCK LETTERS** in black or dark ink.

1. Existing Unit Holder(s) Personal Details (See note 1)	If you have, at any time, invested in any scheme of Fidelity Mutual Fund and wish to hold your present investment in the same folio, please furnish the Name of Sole/First Unitholder & Folio Number below and proceed to Section 3. Please note that investments in Fidelity India Children's Plan can be made only in the name of a Minor through his/her guardian.		
	Name of Sole/1st Holder		
	First Name	Middle Name	Last Name
	Folio No.		

2. New Applicants' Personal Details (See note 2)	Sole/1st Applicant*			
	First Name	Middle Name	Last Name	Date of Birth* DD MM YYYY
	Second Applicant^			
	First Name	Middle Name	Last Name	Date of Birth DD MM YYYY
	Third Applicant^			
	First Name	Middle Name	Last Name	Date of Birth DD MM YYYY
	+ If the Sole/First applicant is below 18 years of age, please furnish the details of the Guardian in the 'GUARDIAN DETAILS' section. *Not applicable if the first applicant is a minor.			
	<input type="checkbox"/> Single <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint (If not indicated and multiple holders are mentioned, will be treated as 'joint' by default.)			
	<input type="checkbox"/> Resident Indian Individual <input type="checkbox"/> Non-Resident Indian Individual <input type="checkbox"/> PIO <input type="checkbox"/> Mutual Fund <input type="checkbox"/> FI <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Government Body <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> AOP/BOI <input type="checkbox"/> FII <input type="checkbox"/> Society <input type="checkbox"/> NGO <input type="checkbox"/> Others (please specify)			
	Mode of Holding (Please ✓) Status of Sole/First Applicant (Please ✓) Correspondence Address (P.O. Box is not sufficient) City/Town State Pin Overseas Address (Mandatory for NRIs/PIOs) City/Town State Country Postal Code Contact Details Mobile Residence Office Fax Email ID <input type="checkbox"/> I/We would like to receive the Annual Report, account statements and other communication by post instead of e-mail (Please ✓)			
Guardian Details (Mandatory if Sole/First Applicant is a Minor) Guardian Name (in case Sole/First Applicant is a minor) Contact Person (in case of Non Individual applicants)		Guardian's Relationship With Minor* <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian		
		Proof of Date of Birth and Guardian's Relationship with Minor* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify)		

*It is mandatory to specify the date of birth and guardian's relationship with the minor and provide self-attested proofs for the same. Refer point (3) under 'General Instructions'.

3. PAN and KYC Details (See note 3)	PAN - First Applicant	PAN - Second Applicant	PAN - Third Applicant
	KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants		

4. Bank Details For Receiving Dividends/Redemption Payments (Mandatory) (See note 4)	Account Number	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO (Please ✓) <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)
	Bank Name	Branch City (Clearing Circle)
	MICR Code	IFSC Code
	(This is the 9 digit number next to the cheque number) (The 11 character code on a cheque. If you do not find it, please ask your bank branch for it)	
Dividend/Redemption payments would be credited to your account directly subject to availability of complete bank details and the facility being available with your Bank. If you however, wish to receive Dividend/Redemption proceeds as a Cheque instead, please indicate your preference for the same by ticking alongside. <input type="checkbox"/>		
Please enclose an original cancelled cheque leaf of the above bank account if your investment instrument is from a different bank account.		

Acknowledgement Slip (To be filled in by the Applicant)	Received from		Name of First Applicant/Unitholder		an application for	
	investment in		Scheme	Plan	Option	
	Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details			
	<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP	Rs.	Cheque No.	Dated	DD MM YYYY	
			drawn on Bank	Branch	City	
Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.						
For Office Use Only Acknowledgement Stamp & Date						

5. Investment & Payment Details

(See note 5)

Transaction Charges** Refer Note 5(D)

I am a First Time Investor in Mutual Funds

Rs. 150 will be deducted as transaction charges if the lump sum purchase amount or total SIP amount (Number of instalments x instalment amount) is Rs. 10,000 or more.

OR

I am an Existing Investor in Mutual Funds

Rs. 100 will be deducted as transaction charges if the lump sum purchase amount or total SIP amount (Number of instalments x instalment amount) is Rs. 10,000 or more.

**Will be deducted only if the Purchase/SIP application is submitted through a Distributor who has 'opted in' to receive transaction charges.

Investment Details

Investment Type (Please ✓) Lumpsum SIP (Please fill up the 1st SIP cheque details below and also fill and attach the SIP Auto-Debit Form)

Scheme

Plan

Option (Please ✓) (^ Default option if not selected)

Growth^ Dividend Payout Dividend Reinvestment

Dividend Frequency

NRI/FII Investors*, please indicate source of funds for your investment (Please ✓) NRE NRO FCNR Others (please specify)

Payment Details
(Please issue cheque favouring scheme name)

Investment Amount (Rs.)

DD Charges (if applicable) (Rs.)

Net Amount*** (Rs.)

(A)

(B)

(A minus B)

Instrument No.

Drawn on Bank

Dated

DD | MM | YYYY

Branch

City

***Final investment amount will be net amount minus the transaction charges if applicable. Refer Note 5(d).

Reason for Investment (Please ✓)

Children's Education

Children's Marriage

House

Car

Retirement

6. Nomination Details

(See note 6)

Do you wish to appoint a nominee for your investment(s)?

YES (Please fill up the nominee details below and sign. If you wish to appoint more than 1 nominee, please ask for a separate nomination form.)

NO (Please strike off the part below and sign.)

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of the Nominee

Name

Address

Date of Birth (in case Nominee is a minor)

DD | MM | YYYY

Signature of Nominee

X

Name and Address of the Guardian
(To be furnished in case the Nominee is a minor)

Name

Address

Signature of Guardian (Mandatory)

X

Signature(s)
(All Applicants must sign here)

X (Sole/First Applicant)

X (Second Applicant)

X (Third Applicant)

7. Your Signature/s

(To be signed by all Applicants)

(See note 7)

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the above Scheme of Fidelity Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". 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 Fidelity Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Fidelity Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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. 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 stated.

I/We accept and agree to abide by the terms and conditions (as mentioned on www.fidelity.co.in) with respect to my/our dealings with Fidelity Mutual Fund/its Investment Manager through various channels.

*APPLICABLE FOR NRIs: I/We confirm that I am/we are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/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/FCNR Account.

X (Sole/First Applicant)

X (Second Applicant)

X (Third Applicant)

8. PoA Holder Details

If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below:

PoA Holder Name for Applicant 1

PoA Holder Name for Applicant 2

PoA Holder Name for Applicant 3

PoA Holder PAN for Applicant 1

PoA Holder PAN for Applicant 2

PoA Holder PAN for Applicant 3

It is mandatory to sign on Section 6 and 7.

Call
1800 2000 400

Email
investor.line@fidelity.co.in

Website
www.fidelity.co.in