

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.

Personal Details (See note 1)

First Unit Holder	Folio No.
First Name	Last Name
Middle Name	Mobile
E-mail ID	
PAN - First Unit Holder	PAN - Second Unit Holder
	PAN - Third Unit Holder

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants
 I/We would like to receive the Annual Report, account statements and other communication by post instead of e-mail (Please)

Purchase (See note 2)

Scheme	Plan
Option <input checked="" type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	Dividend Frequency
Investment Amount (Rs.) ^A	DD Charges, if applicable (Rs.) ^B
Net Amount (Cheque/DD) (Rs.) ^{A minus B}	
Mode of Payment <input checked="" type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Others (please specify)	Payment made by <input checked="" type="checkbox"/> First/Second/Third Unit Holder <input type="checkbox"/> Guardian <input type="checkbox"/> Others
Cheque No.	Drawn on Bank
Dated DD MM YYYY	Branch
	City
NRI Investor, please specify account type <input checked="" type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)	
Reason for your SIP <input checked="" type="checkbox"/> Children's Education <input type="checkbox"/> Children's Marriage <input type="checkbox"/> House <input type="checkbox"/> Car <input type="checkbox"/> Retirement	

Redemption (See note 3)

Scheme	Plan	Dividend Frequency
Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	Amount (Rs.)	No. of Units
		All Units <input checked="" type="checkbox"/> <input type="checkbox"/>

If you have changed your bank and have not informed us of the change, your money will be credited to the bank account registered with us

Switch (See note 4)

From Scheme	Plan	Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency
To Scheme	Plan	Option <input checked="" type="checkbox"/> Growth* <input type="checkbox"/> Dividend	Dividend Frequency
Amount (Rs.)	No. of Units	All Units <input checked="" type="checkbox"/> <input type="checkbox"/>	

Systematic Withdrawal Plan (SWP) (See note 5)

Scheme	Plan
Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency
Withdrawal Preference <input type="checkbox"/> Amount* <input type="checkbox"/> No. of Units	Withdrawal Instalment x No. of Instalments
Withdrawal From (First Instalment) DD MM YYYY	To (Last Instalment) DD MM YYYY
Total Withdrawal	
Withdrawal Frequency <input checked="" type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	

Systematic Transfer Plan (STP) (See note 6)

From Scheme	Plan	Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency
To Scheme	Plan	Option <input checked="" type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	Dividend Frequency
Transfer Instalment Rs. x No. of Instalments <small>Minimum Rs. 500</small>	Total Transfer Rs.	Transfer Period From (First Instalment) DD MM YYYY	To (Last Instalment) DD MM YYYY
Transfer Frequency (Please choose from the options mentioned here) <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		Date MM YYYY (2nd Date will be 1st Date + 15)	
		Date DD MM YYYY	

* Default option if not selected

Your Signature/s (To be signed by all joint holders)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.

Date DD | MM | YYYY

X (Sole/First Unit Holder) X (Second Unit Holder) X (Third Unit Holder)

Acknowledgement Slip
 (To be filled in by the Applicant)

Received From	Name of the Sole/First Unitholder	Folio No.
Scheme	Plan	Option
<input type="checkbox"/> Purchase	Cheque No.	Dated DD MM YYYY
		Drawn on Bank
<input type="checkbox"/> Redemption	Amount	Units
<input type="checkbox"/> Switch	Amount	Units
		All units to Scheme Name
<input type="checkbox"/> SWP	Instalment Amount	No. of Instalments
		Frequency <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> STP	Instalment Amount	No. of Instalments
		to Scheme Name
	Frequency <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

For Office Use Only

Acknowledgement Stamp & Date