



APPLICATION FORM FOR NEW INVESTORS

(Please read Product labeling details available on cover page and instructions before filling this Form)

Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
ARN-106907			E143763	

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder. **Applicable only if ARN is mentioned but EUIN box is left blank:** "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." **Applicable only if RIA Code is mentioned:** "I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser whose code is mentioned herein."

First/Sole Applicant/Guardian	Second Applicant	Third Applicant

TRANSACTION CHARGES (Refer instructions and tick the appropriate option) Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted). I am an existing mutual funds investor (Rs.100 will be deducted).

MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name (Should match with PAN Card) PAN/PEKRN (1st Applicant) KYC

My Guardian's Name (if minor)/POA/Contact Person PAN/PEKRN (Guardian/POA) KYC

On behalf of Minor (* Attach Mandatory Documents as per instructions). **Date of Birth** Minor's / / **Date of Birth** / / **Guardian named is :** Proof attached * Father Mother Court Appointed

MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)

Email ID (in capital)

Mobile +91 **Tel** (STD Code)

Address

Landmark

City **Pin Code** (Mandatory) **State**

Address Type (Mandatory)

a. Residential & Business

b. Residential

c. Business

d. Registered Office

JOINT APPLICANTS (IF ANY) DETAILS Mode of Operation : Single Joint Either or Survivor(s) [Default]

2nd Applicant Name (Should match with PAN Card) PAN/PEKRN (2nd Applicant) KYC

3rd Applicant Name (Should match with PAN Card) PAN/PEKRN (3rd Applicant) KYC

ADDITIONAL INFORMATION

Applicant	Adhaar No. (If KYC is done through Aadhaar)	KIN No. (If KYC done via CKYC)	Date of Birth [#]	Gender
1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA [^]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned. [^]G: Guardian; [^]POA: Power Of Attorney

KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian																																								
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
Minor through Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
Non Individual	<input type="checkbox"/> Company/Body	<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF		Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
	<input type="checkbox"/> Bank	<input type="checkbox"/> AOP	<input type="checkbox"/> FI/FII/FPI		Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
Gross Annual Income Range (in Rs.)					Others (Please specify)																																												
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Politically Exposed Person (PEP) details:</th> <th>Is a PEP</th> <th>Related to PEP</th> <th>Not Applicable</th> </tr> </thead> <tbody> <tr> <td>1st Applicant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2nd Applicant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd Applicant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Guardian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Authorised Signatories</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Promoters</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partners</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Karta</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Whole-time Directors/Turstees</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																													

ACKNOWLEDGEMENT SLIP Sl. No. _____

Received from _____ Pin _____

Scheme Name	Plan/Option	Payment Details
<input type="text"/>	<input type="text"/>	Amount _____ Cheque/DD No. _____ Date _____
<input type="text"/>	<input type="text"/>	Bank and Branch details _____
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<input type="text"/>	<input type="text"/>	Bank and Branch details _____

