



App. No.

DISTRIBUTOR / BROKER / SCBS INFORMATION To ensure to treat the application as "DIRECT" please do not leave the boxes below blank and read the instructions mentioned in 1(b)]

Name and AMFI Reg. No. ARN- 13308	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	CAMS Serial No.
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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 the service rendered by the distributor.

1. EXISTING UNITHOLDER INFORMATION (Please fill in your Folio No., Name, PAN & Bank Account details in Section 2 & 3, and then proceed to Section 5)

Folio No. _____ Unitholder's Name _____
 The details in our records under the Folio No. mentioned above will only be considered for this application.

2. PAN & KYC DETAILS (Mandatory, as per SEBI Regulations) (See Instruction 2bi) on page 25 & bii) on page 26)

First / Sole Applicant	PAN	<input type="checkbox"/> PAN card proof	<input checked="" type="checkbox"/> Enclosed (✓)
Second Applicant		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
Third Applicant		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
Guardian**		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
PoA Holder		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof

** If the Sole / First Applicant is a Minor then state Guardian's PAN Number

M A N D A T O R Y

3. BANK ACCOUNT DETAILS (Mandatory, as per SEBI Regulations)

A/c. No. _____ A/c. Type (please ✓) Savings Current NRE NRO FCNR

Bank Name _____

Address _____

City _____ Pin Code _____

Branch _____ MICR Code _____

RTGS / IFSC Code _____ NEFT / IFSC Code _____

All Redemptions / Dividend Payouts will be payable to the First Applicant at the City and Bank Account details mentioned above.
 (See instruction 3d on page 26. Please ✓ and indicate your preference) Default mode of payout will be RTGS / NEFT if IFSC code is provided

4. APPLICANT'S INFORMATION

Name of Sole / First Applicant (First / Middle / Last Name) _____ Title Mr. Ms. M/s Minor Others _____

Date of Birth* _____ * Required for First holder / Mandatory for Minor

Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) _____ Title Mr. Ms. M/s Others _____

Relationship Father Mother Legal Guardian Date of Birth _____

Name of Second Applicant _____ Title Mr. Ms. M/s Others _____ Date of Birth _____

Name of Third Applicant _____ Title Mr. Ms. M/s Others _____ Date of Birth _____

Mode of Holding (please ✓) Single Joint* Anyone or Survivor (* Default, in case of more than one applicant and not ticked)

Address for Correspondence (P.O. Box Address is not sufficient)

City _____ Pin Code (Mandatory) _____ State _____

STD Code _____ Tel. Off. _____ Extn. _____

Mobile _____ Tel. Resi. _____ Fax _____

E-Mail _____

If you wish to receive all communication from us via e-mail, please ✓ here

Kindly ensure that the e-mail address and telephone numbers mentioned above are those of the First Unitholder. These details shall be used for all communications.

Occupation (please ✓) Service Professional Business Housewife Retired Student Agriculture Others _____

Status of Sole/First Applicant (please ✓) Individual (IND) HUF (HUF) Company (CO) FIs (FI) NRI-Repatriation (NRI) NRI-Non Repatriation (NRI) Bank (BANK) Proprietorship Firm (OTH) Trust (TRUST) Society/Club (SOCTY) Partnership (OTH) Body Corporate (CO) On behalf of Minor (MINOR) Others (OTH) _____ (please specify)

Status of Second Applicant (please ✓) Individual (IND) NRI-Repatriation (NRI) NRI-Non Repatriation (NRI) On behalf of Minor (MINOR) Others (OTH) _____ (please specify)

Status of Third Applicant (please ✓) Individual (IND) NRI-Repatriation (NRI) NRI-Non Repatriation (NRI) On behalf of Minor (MINOR) Others (OTH) _____ (please specify)

Overseas Address (Required for NRIs/FIs applicants in addition to mailing address) (P.O. Box Address is not sufficient)

DEBIT MANDATE (Royal Bank of Scotland N.V. Account Holders Only) - All applications with Debit Mandate to be submitted to (Royal Bank of Scotland N.V. Collection Centres Only)

I/We _____ (Name of the account holder)

authorise Royal Bank of Scotland N. V. to debit my/our A/c. No. _____

A/c. Type (please ✓) Savings Current NRE NRO FCNR with Rs. _____

Rs. (words) _____ and pay (name of Scheme) _____

_____ for purchase of Units. Date : _____

Debit Mandate No. _____

Authorised Signature _____

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from _____

Mr./Ms/Ms. _____

an application for purchase of Units of _____ Scheme _____ Plan _____ Option _____

along with Cheque / DD No. _____ dated _____

drawn on (Bank) _____ A/c. No. _____

for Rs. _____

All purchases are subject to realisation of Cheques / DD.

App. No.

ISC Stamp, Date & Signature

