

Please read Guidance Notes carefully. All Sections to be completed legibly in English in black/dark coloured ink and in BLOCK CAPITALS.

Distributor's Code	Sub-Broker's Code	Branch Code	Relationship Manager
ARN-13308			Name _____ Mobile _____

Initial commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

### 1 EXISTING UNIT HOLDER(S) 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.

Name of Sole/1st Holder \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Folio No. \_\_\_\_\_

### 2 APPLICANTS' PERSONAL DETAILS (See Note 2)

Sole/First Applicant \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth DD MM YYYY

Guardian \_\_\_\_\_ (in case Sole/First Applicant is a minor) Contact Person \_\_\_\_\_ (in case of Non Individual applicants)

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

**MODE OF HOLDING** (Please ✓)  Single OR  Anyone or Survivor OR  Joint

**STATUS OF SOLE/FIRST APPLICANT** (Please ✓)

Resident Indian Individual   
  Non-Resident Indian Individual   
  PIO   
  Mutual Fund   
  FI   
  Bank   
  Trust   
  Government Body   
  Defence Establishment  
 Company/Body Corporate   
  Partnership Firm   
  HUF   
  AOP/BOI   
  FII   
  Society   
  NGO   
  Others (please specify) \_\_\_\_\_

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

Overseas Address (Mandatory for NRI/FII Applicants) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel. (Office) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_ Mobile (ISD) \_\_\_\_\_

Email ID \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_

I/We would like to receive the following communication over Post instead of E-mail (Please ✓)  Account Statement and Annual Reports

### 3 PAN AND KYC DETAILS (See Note 3)

Please furnish below PAN of each Applicant. Fulfilment of KYC requirements is mandatory for all investments w.e.f. January 1, 2011.

PAN \_\_\_\_\_ First Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

Please enclose a copy of KYC Acknowledgement Letter issued to yourself and other applicant(s) to evidence fulfilment of KYC requirements.

**Other Proof of Photo identity and Address** [Allowed only for investments through Systematic Investment Plan (SIP) not exceeding Rs. 50,000 in a year]

Document Provided \_\_\_\_\_ First Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

Identification No. \_\_\_\_\_ First Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

### 4 BANK ACCOUNT DETAILS (MANDATORY - if left blank, Application will be rejected) (See Note 4)

Account No. \_\_\_\_\_ Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  Others (please specify) \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_ (Clearing Circle)

MICR Code \_\_\_\_\_ (9 Digit No. next to your Cheque Number) IFSC Code \_\_\_\_\_ FOR PAYOUTS THROUGH NEFT \_\_\_\_\_ (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your local Bank Branch)

We can directly credit your dividend/redemption payments into your bank account if your Bank is a part of RBI's NEFT clearance and settlement network. If you, however, wish to receive payments **by cheque only**, please indicate your preference for the same below.

I/We DO NOT wish to receive payments directly into my bank account and instead wish to receive the same by Cheque (Please ✓)

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	Rs. _____	Cheque No. _____ dated DD MM YYYY drawn on _____ Bank _____ Branch _____ City _____
<input type="checkbox"/> SIP		

For Office Use Only

Acknowledgement Stamp & Date

