

# COMMON APPLICATION FORM

(For Lumpsum/Systematic Investment)

# Morgan Stanley

App. No.

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

<b>Distributor's Name and ARN No.</b>  <b>ARN-13308</b>	<b>Sub-Broker/Branch Code</b>	<b>Date of receipt</b>	<b>For office use</b>
---	-------------------------------	------------------------	-----------------------

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

## 1 EXISTING UNIT HOLDER'S INFORMATION (Please mention the details below and proceed to Section 4. Please note that applicant details and mode of holding will be as per existing Folio Number.)

Folio No.  Please  KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

PAN No.  Sole/First Unit holder/Guardian/PoA  Second Unit holder  Third Unit holder (If PAN is already validated, please don't attach any proof.)

## 2a NEW APPLICANT'S INFORMATION

**NAME OF THE SOLE/FIRST APPLICANT** (Mr./Ms./Mrs./M/s/Others)  First Name  Middle Name  Last Name  Date of Birth  DD  MM  YYYY  Male  Female

PAN (Mandatory)  Enclosed (Please )  PAN Proof (Refer Instruction 9) Please  KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

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

Individual  HUF  Company/Body Corporate  Trust  Partnership  FII  Bank/FI  AoP/BoI

Club/Society  NRI/PIO  Minor  NGO  Defence Establishment  Others (please specify)

**OCCUPATION OF SOLE/FIRST APPLICANT** (Please )

Service  Business  Professional  Student  Retired  Housewife  Agriculture  Others (please specify)

**GUARDIAN** (if sole/first applicant is minor)/**CONTACT PERSON** (in case of non-individual investors only) (PAN/KYC Compliance not required for contact person)

(Mr./Ms./Mrs./M/s/Others)  First Name  Middle Name  Last Name  Date of Birth  DD  MM  YYYY

PAN (Mandatory)  Enclosed (Please )  PAN Proof (Refer Instruction 9) Please  KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

**NAME OF THE SECOND APPLICANT**

(Mr./Ms./Mrs./M/s/Others)  First Name  Middle Name  Last Name  Date of Birth  DD  MM  YYYY

PAN (Mandatory)  Enclosed (Please )  PAN Proof (Refer Instruction 9) Please  KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

**NAME OF THE THIRD APPLICANT**

(Mr./Ms./Mrs./M/s/Others)  First Name  Middle Name  Last Name  Date of Birth  DD  MM  YYYY

PAN (Mandatory)  Enclosed (Please )  PAN Proof (Refer Instruction 9) Please  KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

**Mode of Operation** (Please )  Single  Joint  Anyone or Survivor

**PoA HOLDER DETAILS** (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder) **PAN** (Mandatory - Please attach Proof)

(Mr./Ms./Mrs./M/s/Others)  First Name  Middle Name  Last Name

## 2b CONTACT DETAILS OF SOLE/FIRST APPLICANT

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

City/Town  State  PIN

**Overseas Address** (Mandatory for NRI/FII Applicants)

City/Town  State  Country  Postal Code

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

Fax (ISD)  (STD)  email

## 3 BANK ACCOUNT DETAILS (MANDATORY)

Account No.  Account Type  Savings  Current  NRE  NRO  FCNR  Others (please specify)

Bank Name  Branch

City  MICR Code  (This is a nine digit number next to your Cheque Number)

IFSC Code  (This is an eleven digit alpha numeric number on your cheque)

Morgan Stanley

## ACKNOWLEDGEMENT SLIP

(To be filled in by the Applicant/Authorised Signatory)

App. No.

Received from (Mr./Ms./Mrs./M/s/Others)   
towards application for units of  Plan (Please )  Growth  Dividend

Option (Please )  Dividend Payout  Dividend Reinvestment

Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details
<input type="checkbox"/> Lumpsum	Rs. <input type="text"/>	Cheque No. <input type="text"/> dated <input type="text"/> drawn on <input type="text"/>
<input type="checkbox"/> SIP		Bank <input type="text"/> Branch <input type="text"/> City <input type="text"/>

Collection centre/ISC stamp, date & signature

All purchases are subject to realisation of Cheque/DD. This acknowledgement slip is for unit holders reference only. Information provided in the form will be considered as final.

#### 4 INVESTMENT DETAILS

Scheme \_\_\_\_\_ Plan \_\_\_\_\_  
 Option  Growth or  Dividend Reinvestment or  Dividend Payout Dividend Frequency \_\_\_\_\_

#### 5 PAYMENT DETAILS (Please choose section A or B below) (Refer Instruction 13)

##### (A) LUMP SUM INVESTMENT:

Investment Amount \_\_\_\_\_ DD Charges (if applicable) \_\_\_\_\_ Net Amount in Figures \_\_\_\_\_  
 Rs. \_\_\_\_\_ + Rs. \_\_\_\_\_ = Rs. \_\_\_\_\_

Net Amount in Words \_\_\_\_\_ Cheque/DD No. \_\_\_\_\_ Dated DD MM YYYY

Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_  
 Account Type (Please  Savings  Current  NRE  NRO  FCNR  Others (please specify) \_\_\_\_\_

##### (B) SIP INVESTMENT

For Micro SIP Investment, kindly furnish the type of photo identification document enclosed \_\_\_\_\_ (Refer Instruction 6 on page 12)

Investment Amount \_\_\_\_\_ No. of Instalments \_\_\_\_\_ Total Amount \_\_\_\_\_ SIP Period From MM YYYY To MM YYYY  
 Rs. (Minimum Rs. 1000) x (Minimum 6) = Rs. \_\_\_\_\_

First payment by Cheque only \_\_\_\_\_ The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

First SIP Instalment Cheque Details: \_\_\_\_\_ SIP Date (Please  1st  5th  10th  15th  20th  25th  
 Cheque No. \_\_\_\_\_ Dated DD MM YYYY \_\_\_\_\_ SIP Frequency (Please  Monthly or  Quarterly)

Drawn on Bank \_\_\_\_\_ Cheque favoring name of the scheme \_\_\_\_\_  
 Branch \_\_\_\_\_ City \_\_\_\_\_

Account Type (Please  Savings  Current  NRE  NRO  FCNR  Others (please specify) \_\_\_\_\_

**SIP THROUGH AUTO DEBIT (ECS)** Please also fill up the SIP Auto Debit (ECS) Facility Form  
 OR  
 **SIP THROUGH POST-DATED CHEQUES\*** (\* Cheques for all Months/Quarters should be of same date)  
 Second and subsequent Instalment Cheque Details:  
 Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_  
 Dated From DD MM YYYY To DD MM YYYY

#### 6 COMMUNICATION/INFORMATION

The AMC will by default send the Account Statement, Annual Report and Other Statutory Information by email, if provided. However, you may request for physical copies by ticking the following options (Please  Account Statement  Annual Report  Other Statutory Information  
 I/We wish to avail facilities/information through (Please  Phone  Internet and request to send us the necessary form.

#### 7 NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) (Refer Instruction 15)

I/We do hereby nominate the person more particularly described hereunder/and cancel the nomination made by me/us earlier.

Sr. No.	Name and Address of Nominee(s)*	Date of Birth	Name and Address of Guardian		Signature of Guardian	Proportion <sup>A</sup> (%)
			(to be furnished in case the Nominee is a minor)			
1.	Nominee 1					
2.	Nominee 2					
3.	Nominee 3					

\*Maximum three nominees will be allowed

<sup>A</sup>Should aggregate to 100%. Would be allocated in equal proportion if left blank

#### 8 DECLARATION AND SIGNATURES

The Trustees, Morgan Stanley Mutual Fund

I/We have read and understood the contents of the Scheme Information Document of the scheme(s) of Morgan Stanley Mutual Fund including the sections on "who cannot invest" and "important note on Anti Money Laundering, Know Your Customer (KYC) 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 am/we are authorised to make this investment and the amount invested in the scheme is through legitimate sources only and does not involve and is not designated 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 Morgan Stanley Mutual Fund, its Investment Manager and its agent to disclose details of my investment to my bank(s)/Morgan Stanley Mutual Fund's bank(s) and/or distributor/broker/investment advisor. 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 understand that AMC reserves the right to refuse/reject the allotment of units in case of incomplete/incorrect information produced by me/us.

**Applicable for NRIs/Person of Indian Origin/FIIs:** 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.

I/We confirm that 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 confirm that I/we do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only.)

Date DD MM YYYY

SIGNATURES (ALL APPLICANTS must sign here)

Sole/First Applicant/Guardian/PoA

Second Applicant

Third Applicant