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. Distributor's Name and ARN No. Sub-Broker/Branch Code For office use Date of receipt ARN-13308 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. 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.) Please ✓ KYC Compliant (Refer Instruction 10, please attach proof) Folio No. (For applications of Rs. 50,000/- or more) (If PAN is already validated, please PAN No. Third Unit holder don't attach any proof.) 2a NEW APPLICANT'S INFORMATION NAME OF THE SOLE/FIRST APPLICANT Date of Birth (Mr./Ms./Mrs./M/s/Others) Enclosed (Please ✓) ☐ PAN Proof Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) **LEGAL STATUS OF SOLE/FIRST APPLICANT** (Please ✓) Company/Body Corporate AoP/BoI Individual HUF Trust Partnership Bank/FI NRI/PIO ☐ NGO Minor ☐ Defence Establishment ☐ Others (please specify) Club/Society 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) PAN Proof Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) Enclosed (Please ✓) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) NAME OF THE SECOND APPLICANT Date of Birth (Mr./Ms./Mrs./M/s/Others) Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) NAME OF THE THIRD APPLICANT Date of Birth (Mr./Ms./Mrs./M/s/Others) PAN Proof Please ✓ KYC Compliant (Refer Instruction 10, please attach proof) Enclosed (Please ✓) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) Mode of Operation (Please ✓) Single 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) 2b CONTACT DETAILS OF SOLE/FIRST APPLICANT Address for Correspondence (P.O. Box Address is not sufficient) Overseas Address (Mandatory for NRI/FII Applicants) City/Town City/Town Country Tel. (Res.) (ISD) (STD) Tel. (Office) (ISD) (STD) Fax (ISD) (STD) email **DETAILS (MANDATORY)** 3 BANK ACCOUNT Account Type Savings Current NRE NRO FCNR Others please specific Account No (Please ✓ Bank Name MICR Code (This is a nine digit number next to your Cheque Number) City IFSC Code (This is an eleven digit alpha numeric number on your cheque) ACKNOWLEDGEMENT SLIP Morgan Stanley App. (To be filled in by the Applicant/Authorised Signatory) 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 Lumpsum drawn on 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 INVE	STMENT DETAILS							
Scheme .				Plan				
Option	Growth or Dividend Reinvestment or	Dividend Payout		Dividend Frequency				
5 PAYN	MENT DETAILS (Please choose section	n A or B below) (R	efer Instruction 1	<u> </u>				
	JMPSUM INVESTMENT:							
1	ent Amount	DD Charges (if	applicable)	N	Net Amount i	in Figures		
Rs.	+	Rs.		= _1	Rs.			
Net Amo	ount in Words							
		Ch	eque/DD No		D	ated DD	MM	YYYY
	Drawn on Bank Branch			City				
Account	Type (Please ✓) Savings Current	NRE NRO	FCNR Oth	ers_(please specify)				
(B) SII	P INVESTMENT							
For Micr	ro SIP Investment, kindly furnish the type of photo	o identification docume	ent enclosed					n 6 on page 12
	ent Amount No. of Instalments	Total Amou = Rs.	nt	SIP Period From	M M Y	ТҮҮҮ То	MM	YYYY
Rs.	(Minimum Rs. 1000) X (Minimum 6)		The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 2					
	ment by Cheque only			days after allotment of ur	inits.			
	P Instalment Cheque Details:	DD M	377777	SIP Date (Please ✓)	1st 5tl	h 10th 1	5th 20	0th 25th
Cheque I	No Dat	ted DD M	M YYYY	- SIP Frequency (Please ✓)) Mont	hly or 🗌 Quarter	rly	
Drawn o	n Bank					Cheque fav	voring nam	ne of the schem
Branch _				City				
Account	Type (Please ✓) ☐ Savings ☐ Current ☐	NRE NRO	FCNR Oth	ers (please specify)				
	P THROUGH AUTO DEBIT (ECS)			ROUGH POST-DATED		ES* (* Cheques	s for all Mo oe of same	onths/Quarters
Please	also fill up the SIP Auto Debit (ECS) Facility Forr		OR	bsequent Instalment Cheque	ie Details:	To	oe or same	date)
			Cheque Nos.	From DD MM	YYYY	_ To	MM	YYYY
				rrom		_ 10		
The AM ticking t I/We wis	MUNICATION/INFORMATION (C will by default send the Account Statement, the following options (Please ✓) ☐ Account Statement of the following options (Please ✓) ☐ Account Statement of the following options (Please ✓)	atement ☐ Annua e ✓) ☐ Phone ☐ In	Other Statutory Informal Report Othe ternet and request to	er Statutory Information send us the necessary form	n.	r, you may reque	est for phy	vsical copies b
The AM ticking to I/We wis NOM I/We do	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described.	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information Other Information Inform	er Statutory Information send us the necessary form ttly) (Refer Instruction made by me/us earlier.	n. i 15)			
The AM ticking to I/We wis NOM	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by	atement ☐ Annua e ✓) ☐ Phone ☐ In Individual(s) appl	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)	r, you may reque		Proportion^
The AM ticking to I/We wis 7 NOM I/We do Sr.	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described.	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form ttly) (Refer Instruction made by me/us earlier.	n. 1 15)			Proportion^
The AM ticking to I/We wis 7 NOM I/We do Sr. No.	IC will by default send the Account Statement, the following options (Please ✓) ☐ Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)*	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking to I/We wis 7 NOM I/We do Sr.	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described.	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking to I/We wis 7 NOM I/We do Sr. No.	IC will by default send the Account Statement, the following options (Please ✓) ☐ Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)*	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking to I/We wis 7 NOM I/We do Sr. No.	IC will by default send the Account Statement, the following options (Please ✓) ☐ Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)*	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No.	C will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)*	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No.	C will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)*	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No.	C will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)*	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1.	IC will by default send the Account Statement, the following options (Please ✓) ☐ Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)* Nominee 1 Nominee 2	atement ☐ Annua e ✓) ☐ Phone ☐ Individual(s) appl cribed hereunder/and c	Other Statutory Informal Report Other Statutory Information Other Information	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	n. 1 15)			Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3.	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly desarrance and Address of Nominee(s)* Nominee 1 Nominee 2	atement Annua e V) Phone In Individual(s) appl cribed hereunder/and c Date of Birth	Other Statutory Information Report	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian d in case the Nominee is a	m. 15) 1 minor)	Signature of Gua		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3.	C will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly desarrane and Address of Nominee(s)* Name and Address of Nominee(s)* Nominee 1 Nominee 2 um three nominees will be allowed	atement Annua e V) Phone In Individual(s) appl cribed hereunder/and c Date of Birth	Other Statutory Information Report	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian	m. 15) 1 minor)	Signature of Gua		Proportion^
The AM ticking to I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu 8 DECL	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly desarrance and Address of Nominee(s)* Nominee 1 Nominee 2	atement Annua e V) Phone In Individual(s) appl cribed hereunder/and c Date of Birth	Other Statutory Information Report	er Statutory Information send us the necessary form tly) (Refer Instruction made by me/us earlier. e and Address of Guardian d in case the Nominee is a	m. 15)	Signature of Gua		Proportion^
The AM ticking t I/We wis NOM I/We do Sr. No. 1. 2. *Maximu B DECL The Trust I/We have	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)* Nominee 1 Nominee 2 Nominee 3 um three nominees will be allowed ARATION AND SIGNATURES tees, Morgan Stanley Mutual Fund te read and understood the contents of the Scheme Infections in the following stanley in the scheme Infection in the	Annua e V) Phone In Individual(s) appl cribed hereunder/and c Date of Birth Ashould aggregate to	Other Statutory Information Report Other ternet and request to the nomination Name (to be furnished o 100%. Would be all the scheme(s) of Morgan	restatutory Information send us the necessary formatily) (Refer Instruction made by me/us earlier. e and Address of Guardian d in case the Nominee is a selection of the second of the	n. 15) n 15) n minor)	Signature of Gua		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu B DECL The Trust I/We havincluding Protection	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly desaware and Address of Nominee(s)* Name and Address of Nominee(s)* Nominee 1 Nominee 2 Nominee 3 um three nominees will be allowed ARATION AND SIGNATURES tees, Morgan Stanley Mutual Fund re read and understood the contents of the Scheme Information on "who cannot invest" and "important not not." I/We hereby apply for allotment/purchase of units i	Ashould aggregate to Cormation Document of te on Anti Money Laundein the scheme and agree to the on Anti Money Laundein the scheme and agree to the on Anti Money Laundein the scheme and agree to the on Anti Money Laundein the scheme and agree to the on Anti Money Laundein the scheme and agree to the on Anti Money Laundein the scheme and agree to the on Anti Money Laundein the scheme and agree to the other to the on Anti Money Laundein the scheme and agree to the other	Other Statutory Information I Report Other Statutory Other Statutory Information I Report Other Statutory Other Stat	restatutory Information send us the necessary formatily) (Refer Instruction made by me/us earlier. e and Address of Guardian din case the Nominee is a selection of the case of the Nominee is a selection of the case of the Nominee is a selection of the case of the Nominee is a selection of the case of the Nominee is a selection of the	on if left bland	Signature of Gua		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu The Trust I/We have including Protection thereto. II, legitimate	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)* Nominee 1 Nominee 2 Nominee 3 um three nominees will be allowed ARATION AND SIGNATURES tees, Morgan Stanley Mutual Fund e read and understood the contents of the Scheme Info the sections on "who cannot invest" and "important not not." I I'We hereby declare that I am/we are authorised to in its sources only and does not involve and is not designated the section on the sources only and does not involve and is not designated the section on the sources only and does not involve and is not designated.	Annua An	Dether Statutory Information I Report	In Stanley Mutual Fund mer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules,	on if left bland	Signature of Gua		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu I/We have including Protection thereto. I legitimate Regulation I	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly desirable Name and Address of Nominee(s)* Nominee 1 Nominee 2 Nominee 3 The Aration And Signatures The Scheme Information when a supply for allotment/purchase of units in the sections on "who cannot invest" and "important not not." I/We hereby apply for allotment/purchase of units in the sections on or who cannot invest" and inportant not not. I/We hereby declare that I am/we are authorised to me sources only and does not involve and is not designans, Notifications or Directions issued by any Regulatory	Annua An	Other Statutory Information I Report Other Statutory Other Statutory Information I Report Other Statutory Other Stat	In Stanley Mutual Fund mer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules,	on if left bland	Signature of Gua		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu I/We have including Protection thereto. II, legitimate Regulation its Investru distributos	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described Name and Address of Nominee(s)* Nominee 1 Nominee 2 Nominee 3 um three nominees will be allowed ARATION AND SIGNATURES tees, Morgan Stanley Mutual Fund e read and understood the contents of the Scheme Info the sections on "who cannot invest" and "important not not." I/We hereby declare that I am/we are authorised to me is sources only and does not involve and is not designans, Notifications or Directions issued by any Regulatory ment Manager and its agent to disclose details of my in rifbroker/investment advisor. I/We have neither received	Annua Individual(s) appl Cribed hereunder/and c Date of Birth Annua	other Statutory Information I Report Other ternet and request to the singly or join ancel the nomination Name (to be furnished to be	located in equal proportion a Stanley Mutual Fund mer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making	on if left bland Sole/Fit Applica Guardi	k irst ant/PoA		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu I/We have including Protection thereto. I/ legitimate Regulation its Investr distributoon this investr AMC rese	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described in the	Ashould aggregate to Tormation Document of the on Anti Money Launder to Money Launder to the on Anti Money Launder to the on Anti Money Launder the scheme and agree take this investment and ted for the purpose of an Authority in India. I/We avestment to my bank(s)/d nor been induced by an oplication form is correct, case of incomplete/incorrect case of incomplete/incorrect.	the Statutory Information I Report Othe ternet and request to ying singly or join ancel the nomination Name (to be furnished The scheme(s) of Morgaring, Know Your Custor oabide by the terms and the amount invested in ny contravention or evan hereby authorise Morgan Morgan Stanley Mutual y rebate or gifts directly complete and truly statedect information produced training the scheme The scheme	located in equal proportion a Stanley Mutual Fund mer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making	on if left bland Sole/Fit Applica Guardi	k irst ant/PoA		Proportion^
The AM ticking t I/We wis NOM I/We do Sr. No. 1. 2. *Maximu B DECL The Trust I/We have including Protection thereto. Is legitimate Regulation tis Investr distributor this investr AMC rese Applicable	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly descended in the particular of the person more particularly descended in the person more particular person more particular person in the person person more particular person person more particular person pe	Ashould aggregate to Tormation Document of te on Anti Money Launde in the scheme and agree take this investment to my bank(s) di nor been induced by an policia of the or been induced by an policia of the purpose of a Authority in India. I/We avestment to my bank(s) di nor been induced by an policia of form is correct, case of incomplete/incorrect that I am/we are Non Re	ther Statutory Information I Report Other ternet and request to the property of the ternet and request to the property of the ternet and request to the nomination I and the nomination Name (to be furnished to 100%. Would be all the scheme(s) of Morgar ring, Know Your Custor o abide by the terms an the amount invested in my contravention or evan hereby authorise Morgan Stanley Mutually rebate or gifts directly complete and truly stated to the scheme (s) of Indian Nation Produces dident(s) of Indian Nation The scheme	located in equal proportion a Stanley Mutual Fund mer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making	on if left bland Sole/Fit Applica Guardi	k irst ant/PoA		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu B DECL The Trust I/We have including Protection thereto. I legitimate Regulation its Investr distributo this invest AMC rese Applicable we have reall addition.	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly designated by hereby nominated by hominee 1 Nominee 1 Nominee 2 Nominee 3 The hominee 4 Nominee 4 Nominee 5 The hominee 5 The hominee 6 The hominee 7 The hominee 7 The hominee 7 The hominee 7 The hominee 8 The hominee 8 The hominee 9 The hominee 1 The	Annua Individual(s) application dereunder/and compared to the second of the se	Dether Statutory Information I Report	located in equal proportion a Stanley Mutual Fund mer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making	on if left bland Sole/Fit Applica Guardi	k irst ant/PoA		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 1. 2. 3. *Maximu I/We have including Protection thereto. I/ legitimate Regulation its Investr distributo. this invest AMC rese Applicable we have re all addition in my/our	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly desarrows and Address of Nominee(s)* Name and Address of Nominee(s)* Nominee 1 Nominee 2 Nominee 3 The Aration And Signatures The Scheme Information of the Scheme Information of the Scheme Information on "who cannot invest" and "important not in". I/We hereby apply for allotment/purchase of units in our designations or Directions is under the sources only and does not involve and is not designate, Notifications or Directions is used by any Regulatory ment Manager and its agent to disclose details of my introbroker/investment advisor. I/We have neither received ment. I/We declare that the information given in this aperves the right to refuse/reject the allotment of units in the formation and purchases made under this folio will also be from fund in NRE/FCNR account.	Ashould aggregate to Date of Birth Ashould aggregate to Date of normation Document of the toon Anti Money Launder on Anti Money Launder of the on Anti Money Launder of the purpose of an Authority in India. I/We avestment to my bank(s)/d nor been induced by an opplication form is correct, case of incomplete/incorrect that I am/we are Non Reannels or from funds in my discrete or the complete of the purpose of the complete of the purpose of an and the complete of the purpose of an another the purpose of the complete of the purpose of the p	the Statutory Information I Report Othe ternet and request to ying singly or join ancel the nomination Name (to be furnished The scheme(s) of Morgaring, Know Your Custor or abide by the terms and the amount invested in ny contravention or evanhereby authorise Morgan Stanley Mutually rebate or gifts directly complete and truly state cet information produces ident(s) of Indian Nation (your NRE/FCNR accourrough approved banking	located in equal proportion a Stanley Mutual Fund mer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making	on if left bland Sole/Fit Applica Guardi	k irst ant/PoA		Proportion^
The AM ticking t I/We wis 7 NOM I/We do Sr. No. 1. 2. 3. *Maximu E DECL The Trust I/We have including Protection thereto. I I legitimate Regulation its Invest AMC rese Applicable we have re all addition in my/our I/We confu to him for	C will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly desirable Name and Address of Nominee(s)* Name and Address of Nominee(s)* Nominee 1 Nominee 2 Nominee 3 um three nominees will be allowed ARATION AND SIGNATURES tees, Morgan Stanley Mutual Fund e read and understood the contents of the Scheme Information of the sections on "who cannot invest" and "important not not." I/We hereby apply for allotment/purchase of units in /We hereby declare that I am/we are authorised to mis cources only and does not involve and is not designans, Notifications or Directions issued by any Regulatory ment Manager and its agent to disclose details of my in forbroker/investment advisor. I/We have neither received timent. I/We declare that the information given in this aperves the right to refuse/reject the allotment of units in the for NRIs/Person of Indian Origin/FIIs: I/We confident of the NRIs/Person account. If the ARN holder has disclosed to me/us all the or the different competing Schemes of various Mutual Further the different competing Schemes of various Mut	Annua Individual(s) appl Cribed hereunder/and co Date of Birth Annua Annua	the Statutory Information I Report Other Other Communication Other I Report Other	In Stanley Mutual Fundmer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fundmer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making I. I/We understand that I by me/us. anality/Origin and that I/mt. I/We understand that channels or from funds by other mode), payable ommended to me/us. I/	m. Sole/Fin Applica Guardi Applica	k irst ant/ ann/PoA		Proportion^
The AM ticking t I/We wis I/We wis 7 NOM I/We do Sr. No. 1. 1. 2. 3. *Maximu B DECL The Trust I/We have including Protection thereto. I/ legitimate Regulation its Investr distributo: this invest AMC rese Applicable we have re all addition in my/our I/We confir to him for the confirmation of the confirmati	IC will by default send the Account Statement, the following options (Please) Account States to avail facilities/information through (Please INATION DETAILS (To be filled in by hereby nominate the person more particularly described in the person of the person of the person of the Scheme Information of the person of	Ashould aggregate to Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to Date of Date of Date of Birth Ashould aggregate to Date of Date of Date of Birth Ashould aggregate to Date of Date of Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to D	the Statutory Information I Report Othe ternet and request to ying singly or join ancel the nomination Name (to be furnished The scheme(s) of Morgaring, Know Your Custor or abide by the terms and the amount invested in ny contravention or evanhereby authorise Morgan Stanley Mutually rebate or gifts directly complete and truly state cet information produces ident(s) of Indian Nation (Nour NRE/FCNR accourrough approved banking of trail commission or ar the Scheme is being recent the Custom is being recent the Custom is being recent the custom in the scheme is being recent the custom is set to the custom in the scheme is being recent the custom is set to the custom in the scheme is being recent the scheme	In Stanley Mutual Fundmer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fundmer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making I. I/We understand that I by me/us. anality/Origin and that I/mt. I/We understand that channels or from funds by other mode), payable ommended to me/us. I/	on if left bland Sole/Fit Applica Guardi	k irst ant/ ann/PoA		Proportion^
The AM ticking t I/We wis I/We wis 7 NOM I/We do Sr. No. 1. 1. 2. 3. *Maximu B DECL The Trust I/We have including Protection thereto. I/ legitimate Regulation its Investr distributo: this invest AMC rese Applicable we have re all addition in my/our I/We confir to him for the confirmation of the confirmati	Nominee 2 Nominee 2 Nominee 3 The and and understood the contents of the Scheme Infine the sections on "who cannot invoser of units in or sources only and does not involve and is not designed the sections on "who cannot invoser of units in order the short of the Scheme Infine Scheme, Nordscriptors of Indian Origin/FIIs: I/We confirment. I/We declare that I am/we are authorised to my involved in the sections or "who cannot invoser and "important not so sources only and does not involve and is not designed the sections or "who cannot invoser" and "important not involve and is not designed the sections or Divercitions issued by any Regulatory ment Manager and its agent to disclose details of my invibroker/investment advisor. I/We have neither received ment. I/We declare that the information given in this aperves the right to refuse/reject the allotment of units in the for NRIs/Person of Indian Origin/FIIs: I/We confirme emitted funds from abroad through approved banking challenge in the second of the properties of various Mutual Furn that I we do not have any existing Micro SIP investing the second of Nice in the second of Nic	Ashould aggregate to Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to Date of Date of Date of Birth Ashould aggregate to Date of Date of Date of Birth Ashould aggregate to Date of Date of Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to Date of Date of Birth Ashould aggregate to D	the Statutory Information I Report Othe ternet and request to ying singly or join ancel the nomination Name (to be furnished The scheme(s) of Morgaring, Know Your Custor or abide by the terms and the amount invested in ny contravention or evanhereby authorise Morgan Stanley Mutually rebate or gifts directly complete and truly state cet information produces ident(s) of Indian Nation (Nour NRE/FCNR accourrough approved banking of trail commission or ar the Scheme is being recent the Custom is being recent the Custom is being recent the custom in the scheme is being recent the custom is set to the custom in the scheme is being recent the custom is set to the custom in the scheme is being recent the scheme	In Stanley Mutual Fundmer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fundmer (KYC) and Investor d conditions applicable the scheme is through sion of any Act, Rules, a Stanley Mutual Fund, Fund's bank(s) and/or or indirectly in making I. I/We understand that I by me/us. anality/Origin and that I/mt. I/We understand that channels or from funds by other mode), payable ommended to me/us. I/	on if left bland Sole/Fit Applica Guardi	k irst ant/ ann/PoA		Proportion^