AIG Investments

COMMON APPLICATION FORM

Please read Instructions before completing this Form

ζř	DIRECT	
Se	BROKER/DISTRIBUTOR	Sub Broker Name & Code
(Plea Mand	ARN - 13308	

"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"

Sr. No.

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- Your Application Form is complete in all respects & duly signed by all applicants:

 Name, Address and Contact Details are mentioned in full.

 Bank Account Details are entered completely and correctly. 9 digit MICR Code of your bank is mentioned in the Applicantion Form.

 Permanent Account Number (PAN) of all Applicants (Except for Micro SIP) is mentioned and necessary documents are enclosed for all investments.

- Micro SIP) is mentioned and necessary documents are enclosed for an investments. KYC Acknowledgement Letter of all applicants is enclosed if investment amount is Rs. 50,000 and above.

 Photo identification document for all applicants is provided for Micro SIP Attach the proof of identity and address along with the application form. See Instructions for more details.

 Appropriate Investment Option is selected. If the Dividend Option is chosen, Dividend Payout or Re-investment and Dividend Frequency is indicated.

 If units are applied for Jointly, Mode of Holding of account is indicated.

- Certified PAN Card (Except for Micro SIP) KYC Acknowledgement Letter of all applicants for investments of Rs. 50,000 and above

 Resolution / Authorisation to invest List of Authorised Signatories with Specimen Signature(s) Memorandum & Articles of Association Trust Deed Bye-Laws Partnership Deed Notarised Power of Attorney Account Debit / Foreign Inward Remittance Certificate from remitting Bank Photo identification document (list available in the form)#

indicated.

• Application Number is mentioned on the reverse of the cheque.

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• Relevant documents as listed alongside are submitted with the Application

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SIP / MICRO SIP AUTO DEBIT (ECS) FORM

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atc	BROKER/DISTRIBUTOR	Sub Broker Name & Code
(Plea: Mand	ARN - 13308	

"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"

Sr. No.

I. For Exis	sting Unith	nolders							
First Unitholder						Exist	ting Folio No.		
Sole /	First Applican	t / Guardian		Second Appli	cant		·	Third	Applicant
PAN No.*			PAN No.*				PAN	No.*	
KYC Compliant# (Please √)	☐ Yes ☐ No	KYC Com	pliant# (Please √)	☐ Yes	□ No	KYC	Compliant# (Please	e ✓) ☐ Yes ☐ No
*Mandatory (Except for				andatory for investmen					, 2 100 2 110
Photo Identif	cation Do	cument * (please	e specify the rel	levant docume	nt number ι	under th	e respectiv	e column, as ap	plicable)
		Voter Identity Card	Driving Lice	ense l	Passport	Photo	Ration Card	Photo Debit Car	d Any Other(Please specify)
Sole / First Applicar	it / Guardian								
Second Applicant Third Applicant									
	O SIP Please e	nclose self/ARN holde	r attested copy of t	he document					
	-								
		· - Applicant's D	etalis (Marida	.tory)					
Sole / First Applican		I R S T		М		L E		L A S	T N A M E
3. Sy	stematic l	Investment Plan	(SIP) Details	(Mandatory)	OR	1	Micro SIP	Details (Mand	atory)
Scheme Name									
Plan		Regular		Growth*	ividend Payout	Div	vidend Reinves	stment	
SIP Frequency (Plea	se ✓)	1onthly* OR	Quarterly	IP Date (Please ✓	Ist OF	R 7th	* OR 🗌	14 th OR 21	or All four dates
Installment Amount	(Rs.) Rs.	M I N	M U M	R S.	1 0 0	0			
First SIP Cheque No	о.		Date	ed D D /	M M /	ΥΥ	ΥΥ		
Drawn on (Bank / B	ranch Name)								
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(The first Auto Debit sho after the first SIP transac		days (Second	Installment)				Installment)	cified SIP will continue for	· 50 years
	,	of no information, ambigu	ity or discrepancy.			W II IIC	D'Ella Date is spec	cined 3ii Will Continue for	50 years.
4. Particu	lars of Ban	ık Account (Fro	m which mon	ey will be del	oited)				
Account holder name	e								
as in Bank Account Bank name									
Branch Address					N 5	Ci	ity		
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		dicate account type of				FCNR	Others	Pleas	se specify
Enclosed (please	,		n Inward Remittanc		Others	direct debit /	participation in E0	CS. If the transaction is de	layed or not effected at all for reasons of
incomplete or incorrect in or representatives respon	nformation, I/We was insible. I/We will als	vould not hold AIG Global In to inform AIG Global Asset N	vestment Group Mutual I 1anagement Company (Ir	Fund, their Investment ndia) Private Limited ab	Manager - AIG Glob out any changes in r	al Asset Mana ny/our bank a	gement Company account. The ARN	(India) Private Limited or I holder has disclosed to n	any of their appointed service providers ne/us all the commissions (in the form of
SIPs which together with	the current applica	ation will result in aggregate	investments exceeding R	ious Mutual Funds from s. 50,000/- in a year. I/V	amongst which the Ve have read and ag	Scheme is be reed to the te	eing recommende erms and condition	d to me/us. I/We declare t ns mentioned overleaf.	that I/We do not have any existing Micro
SIGNATURE(S)	ALL ACCOU	NT HOLDERS MUST	SIGN HERE)						
First Account Holde	er's Signature ('As in Bank Records)	Second Acco	unt Holder's Signa	<u> </u>				ature (As in Bank Records)
				Recorded	FOR OFFICE	USE OI	NLY (Not t	o be filled in by	investor)
Dated D D	/ M M	/	<u></u>	on	D / M	M /	YYY	by	
Dated D D	/ 11 11	/		Credit A/c. No.					
5. Author	isation of I	Bank Accountho	older(s) (to be	signed by the	Accounthold	der)			
							ilobal Investment	Group Mutual Fund shall b	pe made from my/our below-mentioned , acting through their authorised service
providers and representa	tives carrying this I	e nereby authorise AIG Glob ECS Mandate Form to get it uthorised service providers t	verified and executed. I/V	We hereby further auth	orise AIG Global Ass	set Manageme	ent Company (Ind	ia) Private Limited (Investi	, acting through their authorised service ment Manager to AIG Global Investment
		OF BANK ACCOUN							
Account Number									
Name of First Accou	unt Holder (As	in Bank Records)	Name of Sec	cond Account Hole	der (As in Bank F	Records)	Name	of Third Account Ho	older (As in Bank Records)
					1				() () () ()
First Account Holde	r's Signature (As in Bank Records)	Second Acco	ount Holder's Sign	ature (As in Ban	k Records)	Third	Account Holder's Sig	gnature (As in Bank Records)
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