### **COMMON APPLICATION FORM**

(For Lumpsum/Systematic Investment)

## Morgan Stanley



Please refer to ins	tructions before filling up this form. Al	ll sections to be filled legibly in Er	nglish and in BLOC	CK CAPITALS.
Distributor's Name and	Sub-Broker/Branch Code	Date of receipt		For office use
ARN No.				
ARN-13308				
Upfront commission shall be paid directly by the inv	0			· ·
	<b>RMATION</b> (Please mention the details b			ls and mode of holding will be as per existing Folio Number.) pliant (Refer Instruction 10, please attach proof)
			(For appli	cations of Rs. 50,000/- or more)
PAN No. Sole/First Unit holder/Guardi		older	ird Unit holder	(If PAN is already validated, please don't attach any proof.)
2a NEW APPLICANT'S INFORMAT				
NAME OF THE SOLE/FIRST APPLICANT (Mr./Ms./Mrs./M/s/Others)First N		me Last Na		Date of Birth Sex DD MM YYYY Male Femal
PAN (Mandatory)	Enclosed (Please 🗸			liant (Refer Instruction 10, please attach proof)
LEGAL STATUS OF SOLE/FIRST APPLIC	ANT (Please ✓)	(Refer Instruction 9)	(For appli	cations of Rs. 50,000/- or more)
Individual HUF Club/Society NRI/PIO		Trust Partnership NGO Defence Establis	shment Others	Bank/FI AoP/BoI
				(prease specify)
OCCUPATION OF SOLE/FIRST APPLICA		Agriculture Others (please	specify)	
GUARDIAN (if sole/first applicant is minor)/G	CONTACT PERSON (in case of non-	-individual investors only) (PAN/I	KYC Compliance n	ot required for contact person)
(Mr./Ms./Mrs./M/s/Others)	First Name	Middle Name		Last Name
PAN (Mandatory)	Enclosed (Please •	(PAN Proof Pleas (Refer Instruction 9)		liant (Refer Instruction 10, please attach proof) cations of Rs. 50,000/- or more)
NAME OF THE SECOND APPLICANT			× 11	Date of Birth
(Mr./Ms./Mrs./M/s/Others) First N	ame Middle Na	me Last Na	ame	DD MM YYYY
PAN (Mandatory)	Enclosed (Please ¥	(PAN Proof Pleas (Refer Instruction 9)		liant (Refer Instruction 10, please attach proof) cations of Rs. 50,000/- or more)
NAME OF THE THIRD APPLICANT		(refer instruction ))	(I OI appli	Date of Birth
(Mr./Ms./Mrs./M/s/Others) First N	ame Middle Na	me Last Na	ame	DD MM YYYY
PAN (Mandatory)	Enclosed (Please 🗸	(PAN Proof Pleas (Refer Instruction 9)		liant (Refer Instruction 10, please attach proof) cations of Rs. 50,000/- or more)
Mode of Operation (Please ✓) Single	Joint Anyone or S		(I OI appli	
PoA HOLDER DETAILS (If the investment i			of PoA holder)	<b>PAN</b> (Mandatory - Please attach Proof)
(Mr./Ms./Mrs./M/s/Others) First N	с ,			
2b CONTACT DETAILS OF SOLE/F	IRST APPLICANT			
Address for Correspondence (P.O. Box Addre	ess is not sufficient)	Overseas Address (Mar	ndatory for NRI/FII	Applicants)
City/Town		City/Town		State
State	PIN	Country		Postal Code
((TT))	Tel. (Res.) (ISD) (S		(10	
Tel. (Office) (ISD) (STD)		1D)	Mobile	ועפ
Fax (ISD) (STD)	email			
3 BANK ACCOUNT DETAILS (MA				NRO FCNR Others (please specify)
Account No.		$(Please \checkmark)$		NRO FCNR Others (preuse specify)
Bank Name			Branch	
City	MICR Code		(This is a nine dig	zit number next to your Cheque Number)
				, <u>1</u> ,
IFSC Code	(This is an eleven of	ligit alpha numeric number on yo	our cheque)	
Morgan Stanley		LEDGEMENT SLIP		
Received from	(To be filled in by the	Applicant/Authorised Sig	gnatory)	No.
(Mr./Ms./Mrs./M/s/Others)				
towards application for units of	and Dainvestment	Plan (Please ✓) ☐ Gro	wth Dividend	
Option (Please ✓) □ Dividend Payout □ Dividend         Investment Type (✓) □ Investment/SIP Instalment		Cheque/First SIP Cheque Deta	ils	
	Cheque No.	dated	drawn on	

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. form will be considered as final.

4 INVE	STMENT DETAILS								
Scheme					Plan				
Option	Growth or Dividend Reinvestn	ment or Di	vidend Payout		Dividen Frequen				
5 PAYN	MENT DETAILS (Please choose	$e$ section $\Lambda$ $e$	r B below) (Pefe	r Instruction 1	-	icy			
	JMPSUM INVESTMENT:	e section A of	T D Delow) (Neit		.5)				
	ent Amount		DD Charges (if app	licable)		Net Amo	ount in Figures		
Rs.		+	Rs.		=	Rs.	0		
Net Amo	ount in Words								
			Chequ	e/DD No			Dated D	D MN	A YYYY
Drawn o	n Bank		Branch				City		
	t Type (Please ✓)	urrent 🗌 NR		FCNR Oth	ers (please specify)		_ City		
	P INVESTMENT ro SIP Investment, kindly furnish the typ	ne of photo ident	rification document	enclosed				(Refer Instruct	ion 6 on page 12)
	ent Amount No. of Ins		Total Amount		SIP Period From	MM	YYYY T		YYYY
Rs.		linimum 6)	= Rs.						1
First pav	ment by Cheque only				<ul> <li>The first SIP date for days after allotment</li> </ul>		t Clearing)/Dire	ect Debit should	a be on or after 21
1,	P Instalment Cheque Details:				SIP Date (Please ✔		5th 10th	15th	20th 25th
Cheque	No	Dated	DD MM	YYYY	- SIP Frequency (Ple				
-	on Bank				on requercy (re			- ,	ama af tha ashama
Branch _	ni Dalik				City		Che	que lavoring h	ame of the scheme
	t Type (Please ✓) 🗌 Savings 🗌 Cu	urrent 🗌 NR	F NRO	ECNR Coth	ners (please specify)				
	IP THROUGH AUTO DEBIT (E				ROUGH POST-DA	ATED CHE		Theques for all 1	Months/Quarters
	also fill up the SIP Auto Debit (ECS) Fa	,		Second and su	bsequent Instalment C			hould be of sam	
			OR	Cheque Nos.	From		То		
				Dated	From DD M	IM YY	YY To D	D MM	YYYY
The AM ticking t I/We wi	MUNICATION/INFORMATIO IC will by default send the Account St the following options (Please ✓) ☐ Ac ish to avail facilities/information throug UNATION DETAILS (To be fill	tatement, Annua ccount Statemen 1gh (Please √) [	nt Annual R	eport Othe	er Statutory Informati send us the necessary	ion 7 form.	wever, you may	v request for p	hysical copies by
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# SIP AUTO DEBIT (ECS) FACILITY FORM Registration-cum-Mandate Form for ECS (Debit Clearing)

# Morgan Stanley

App. S

Distributor's Name and			h and in BLOCK CAPITALS.
	Sub-Broker/Branch Code	Date of receipt	For office use
ARN No.			
ARN-13308			
1 , ,	0	ributor based on the investor's assessment o	of various factors including the service rendered by the distribu-
APPLICANTS' INFORMATION	N (MANDATORY)		
Existing Unit holder's Folio No.			
NAME OF THE SOLE/FIRST APPLIC			
(Mr./Ms./Mrs./M/s/Others)	First Name	Middle Name	Last Name
PAN No. Sole/First Unit holder/Gu	ardian/PoA Second U	nit holder Third	Unit holder (If PAN is already validated, ple don't attach any proof.)
Please (✔)	ruction 10, please attach proof) (For a	pplications of Rs. 50,000/- or more)	
SYSTEMATIC INVESTMENT	PLAN (SIP) DETAILS (MAN	IDATORY)	
For Micro SIP Investment, kindly furnish t	he type of photo identification docume	ent enclosed	(Refer Instruction 6 on page
Scheme		Plan	
Option Growth or Dividend Re		Dividend Frequency	
D Grad D Grad	. of Instalments Total Amo (Minimum 6) = Rs.	unt	rom <u>MM YYYY</u> To <u>MM YYYY</u>
Ks. (Minimum Rs.1000) X First payment by Cheque only	(Minimum 6) = Rs.		date for ECS (Debit Clearing)/Direct Debit should be on or
First SIP Instalment Cheque Details:			allotment of units.
Cheque No.	Dated DD	MM YYYY SIP Date (Ple	
*		SIP Frequence	$(Please \checkmark)$ Monthly or Quarterly
Drawn on Bank			Cheque favoring name of the scl
Branch			Sity
Account Type (Please ✓) ☐ Savings			<u>9</u> /
AUTO DEBIT AUTHORISATIO	ON OF BANK ACCOUNT HO		
Account No.		Account Type (Please ✓) Savings □ Curre	ent NRE NRO FCNR Others (please specify
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Branch Address		City	(This is a eleven digit alpha nur
		City	(This is a eleven digit alpha nur number on your cheque)
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