

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 Rs. _____ + DD Charges (if applicable) Rs. _____ = Net Amount in Figures 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 Rs. _____ (Minimum Rs. 1000) x No. of Instalments (Minimum 6) = Total Amount Rs. _____ SIP Period From MM YYYY To MM YYYY

First payment by Cheque only

First SIP Instalment Cheque Details:

Cheque No. _____ Dated DD MM YYYY The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

Drawn on Bank _____ City _____

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^ (%)
1.	Nominee 1				
2.	Nominee 2				
3.	Nominee 3				

*Maximum three nominees will be allowed

^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

SIP AUTO DEBIT (ECS) FACILITY FORM

Registration-cum-Mandate Form for ECS (Debit Clearing)

Morgan Stanley

App. No. **S**

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. ARN-13308	Sub-Broker/Branch Code	Date of receipt	For office use
--	------------------------	-----------------	----------------

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 APPLICANTS' INFORMATION (MANDATORY)

Existing Unit holder's Folio No.

NAME OF THE SOLE/FIRST APPLICANT/UNIT HOLDER

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

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.)

Please (✓) ☐ KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

2 SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (MANDATORY)

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

Scheme

Option ☐ Growth or ☐ Dividend Reinvestment or ☐ Dividend Payout

Investment Amount Rs. (Minimum Rs.1000) x No. of Instalments (Minimum 6) = Total Amount Rs.

First payment by Cheque only

First SIP Instalment Cheque Details:

Cheque No. Dated DD MM YYYY

Drawn on Bank

Branch

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

Plan

Dividend

Frequency

SIP Period From MM YYYY To MM YYYY

The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

SIP Date (Please ✓) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

SIP Frequency (Please ✓) ☐ Monthly or ☐ Quarterly
Cheque favoring name of the scheme

3 AUTO DEBIT AUTHORISATION OF BANK ACCOUNT HOLDER(S) (MANDATORY)

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

Bank Name

Branch Address

City

MICR Code (This is a nine digit number on your cheque) IFSC Code (This is a eleven digit alpha numeric number on your cheque)

This is to inform that I/we have registered for RBI's Electronic Clearing Service (Debit Clearing) Direct Debit and that my/our payment towards my/our investment in Morgan Stanley Mutual Fund shall be made from my/our above-mentioned bank account with your bank. I/We hereby authorise MSIMPL - Investment Manager to Morgan Stanley Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise MSIMPL through their authorised service providers to debit my/our above bank account by ECS (Debit Clearing) for collection of SIP payments. Mandate verification charges, if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s)

Sole/1st Bank Account Holder

2nd Bank Account Holder

3rd Bank Account Holder

Signature(s) of Bank Account Holder(s)

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records.)

To,
The Branch Manager

Bank Name

Branch

Sub: Mandate verification for Account No.

This is to inform you that I have registered for making payment towards my/our investments in Morgan Stanley Mutual Fund by debit to my/our above account directly or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorise my/our representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,

Sole/1st Bank Account Holder

2nd Bank Account Holder

3rd Bank Account Holder

Yours sincerely

Signature(s) of Bank Account Holder(s)

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records)

FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on Recorded by Credit A/c. No.