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> > NFO OPENS ON: May 20, 2011

CLOSES ON: June 03, 2011

APPLICATION FORM FOR UNION KBC EQUITY FUND

Application No. 5001304 (Please read the instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.) **Collection Date** Sub-Broker Code/ Branch M Broker Code/ ARN **MO Code** Lead Generator Code Code Time Stamping ARN-13308 Any 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. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 6 & 8 only) * Mandatory Application through ASBA [Please shade (●)] (Refer Section 'G' of instructions) O Yes \bigcirc No 2. APPLICANT INFORMATION *[Please shade (●)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details) Name of First Applicant / Non-individual Investor (First time investors, please fill in all the blocks) Date of Birth (Mandatory in case of minor) D D M M \bigcirc Mr. \bigcirc Ms. \bigcirc M/s. Name of Guardian (In case of minor) / PoA Holder / Contact Person (In case of Non-individual Investors) ○ Mr. ○ Ms. Relationship with Minor (Please attach proof for date of birth and relationship) Designation of Contact Person (For Non-individual Investor) O Legal Guardian Mother O Father Name of Second Applicant ○ Mr. ○ Ms. Name of Third Applicant ○ Mr. ○ Ms. PAN and KYC* [Please shade (●)] (Not applicable for Micro SIP and investor(s) from Sikkim) Mode of Holding Status Know Your Client (KYC) **Applicant Details** PAN *Please attach Proof ○ Resident Individual ○ Minor OHUF Single O Sole Proprietor ○ Bank First Applicant ○ KYC Proof O NRI-NRE O NRI-NRO O PIO-NRE Second Applicant O KYC Proof Joint (Default option) O PIO-NRO Society $\bigcirc \, \mathsf{Trust}$ Third Applicant O KYC Proof Partnership Firm ○ Govt. Entity ○ Company Anyone or Survivor Guardian/ PoA Holder KYC Proof (Please Specify) Others . (Please Specify) OCCUPATION ○ Service ○ Housewife ○ Business ○ Professional ○ Retired ○ Student ○ Political Rep. ○ Others CONTACT INFORMATION (Refer Section 'I' of instructions) Mailing address of First Applicant / Non-individual Investor (P. O. Box address is not sufficient.) Pin Code City State Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address) City Country Area Code Contact details of First Applicant/ PoA Holder/ Contact Person (Refer Section I of Instructions) (Please ensure to mention Country and Area Code) Tel. (Off.) Country/ Area code Mobile | Country/ Area code Tel. (Res.) Country/ Area code Country/ Area code E-mail INVESTOR PROFILE [Please shade (●)] Gender Annual Income (₹) Annual Savings (₹) First Applicant $\bigcirc \mathsf{F}$ \cap M O < 2L O 2L-5L ○ 5L-10L ○ >10L O <1L ○ 1L-3L ○ 3L-5L ○ >5L Second Applicant \bigcirc M \bigcirc F ○ <2L O 2L-5L ○ 5L-10L ○ >10L ○ <1L ○ 1L-3L O 3L-5L ○ >5L Third Applicant \circ M $\, \cap \, F$ ○ <2L O 2L-5L ○ 5L-10L ○ >10L O <1L ○ 1L-3L ○ 3L-5L ○ >5L Risk Tolerance \bigcirc Low \bigcirc Medium O High Investment Horizon \bigcirc 1-12 months \bigcirc 12-24months \bigcirc 24-36 months \bigcirc 36 months and above **DEBIT MANDATE FOR UNION KBC EQUITY FUND** (Lumpsum Investment) Application No. 5001304 6A (For Union Bank of India account holders only) To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India. Date ____/__ To Branch Manager - Union Bank of India authorise you to debit my / our Account No. ₹ (in figures) to pay for the purchase of units of Union KBC Equity Fund. ₹ (in words)

> Signature of Account Holder(s) / Authorised Signatory(ies) (As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. 5001304



Collection centre's stamp with date and time of receipt

(Scheme/Option)

Instrument No Amount

Received from: Mr./ Ms. /M/s __

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application to the Registrar & Transfer Agent of the scheme

Computer Age Management Services Pvt. Ltd.,

Unit: Union KBC Mutual Fund

Bank Account Proof

148, Old Mahabalipuram Road, Okkiyam Thuraipakkam, Chennai - 600097.



Union KBC Asset Management Company Pvt. Ltd.
7th Floor, Piramal Tower, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai-400013.
Toll Free: 1800 200 2267 | Tel No.: 022 24833333
Website: www.unionkbc.com | Email: investorcare@unionkbc.com

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

SIP Period

Amount (₹)



Collection centre's stamp with date and time of receipt

Registration Cum Mandate Form For ECS (Debit Clearing) / Direct Debit

(Please read the instructions overleaf carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.) For Office use Sub-Broker Code/ **Branch Collection Date** Broker Code/ ARN MO Code **Lead Generator Code** Code Time Stamping ARN-13308 Any 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. APPLICANT INFORMATION [Please shade (●)] (Refer Section 'A and B' of Instructions) (For Existing Unit Holders) Application No. 5001304 Folio No. (For New Investors) Permanent Account Number (PAN) Name of First Applicant/ Unit Holder [Please shade (●)] INVESTMENT DETAILS [Please shade (●)] (Refer Section 'C' of Instructions) Please allow minimum 30 days for ECS/ Direct Debit/ Standing Instructions to register and start. ○ New SIP Registration Ohange in SIP Bank Mandate SIP Renewal ○ Micro SIP Scheme U N I O N K B C Option Sub Option Dividend Frequency SIP Period From SIP Date ○ 2nd O 8th SIP Frequency Monthly Quarterly SIP Amount in ₹ (Figures) First SIP Cheque/DD No Cheque/DD Amount in ₹ Dated Document attached in the case of third party payments Proof / Bank Certificate for DD Third Party Declarations **Document Description Document Details** in case of Micro SIP Document No.(if any) BANK ACCOUNT DETAILS (as per Bank records) [Please shade (●)] (Refer Section 'D' of Instructions) I/We hereby, authorise Union KBC Mutual Fund and their authorised service providers, to debit my/our following bank account through ECS (Debit Clearing)/Auto debit to account for collection of SIP payments Bank Account Number (please provide Core Banking Account Number only) Account Type Savings O NRO Name of Sole/ First Bank Account Holder Name of Second Bank Account Holder Name of Third Bank Account Holder Name of Bank Branch & City Mandatory to submit a cancelled cheque leaf of the bank account mentioned here IFSC CODE MICR CODE (IFSC Code is the 11 digit no appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no) **DECLARATION & SIGNATURES** (Refer Section 'E' of Instructions) I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I / We would not hold the user institution responsible. I / We will also inform AMC, about any changes in my/our bank account. I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding ₹ 50,000 in a year (applicable to Micro SIP investors only). 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 have read and agreed to the terms and conditions mentioned in SID/KIM. Sole / First Applicant / Guardian / POA / Authorised Signatory 5. AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDER (Refer Section 'F' of Instructions) Bank Branch A/C No This is to inform that I/We have registered for the RBIs Electronics Clearing Service (Debit Clearing)/Auto debit-facility and that my payment towards my SIP installments of Union KBC Mutual Fund shall be made from my/our above mention bank account with your bank. I/We authorise the representative carrying this ECS/Auto debit form to get it verified and executed. I/We hereby authorise you to debit verification charges if any from my account. First Account holder's (As in Bank Records) Third Account holder's (As in Bank Records) FOR BANK USE ONLY I/We hereby certify that the particulars furnished above are correct as per our records and we hereby declare that the copy of this form, duly completed, has been submitted to us Recorded on Branch Bank Stamp and Signature of Authorised Bank Official ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No. 5001304 SIP through ECS /Auto Debit Form Folio No./ Application No. Received from: Mr./ Ms. /M/s Dated_ our Bridge to Responsible Investing First Cheaue No. Dated Amount (₹) Scheme / Option / Frequency

Date of Commencement