

COMMON APPLICATION FORM

Application No. _____

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	Ref. No.
ARN-167174				E038800	

☐ *I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)

☐ I confirm that I am a First time investor across Mutual Funds ☐ I confirm that I am an Existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 7, 9 & 11 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) ***Mandatory**

Unitholder's Name	Folio No.
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2. MODE OF HOLDING ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors

3. FIRST APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions) (Please ensure that the details mentioned matches with the KYC details)

☐ Mr. ☐ Ms. ☐ M/s. **N A M E**

PAN ☐ KYC **CKYC No. (KIN) ^**

3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No.	E-mail
Tel. (Off.) Country/ Area code	Tel. (Res.) Country/ Area code
Fax Country/ Area code	

I/ we wish to receive the Account Statement, Annual Report or Abridged Report, Consolidated Account Statement and other statutory documents in ☐ Physical ☐ E-mail

Mailing address* (P. O. Box address is not sufficient.)

City	State	Pin Code
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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
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3b. Date of Birth (Mandatory in case of minor) D D M M Y Y Y Y **Minor's Relationship with Guardian** (referred in point no. 4) ☐ Father ☐ Mother ☐ Legal Guardian

3c. Proof for Date of Birth and relationship with Guardian ☐ Birth Certificate ☐ School Leaving Certificate ☐ Marksheet issued by HSC/ State Board ☐ Passport ☐ Others (Please Specify)

3d. Status* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Sole Proprietorship ☐ HUF ☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Listed Company ☐ Unlisted Company ☐ Body Corporate ☐ Bank/FI ☐ Insurance Company ☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ FII ☐ Others (Please Specify)

3e. Occupation* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify)

3f. Gross Annual Income* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

Net-worth in ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)

Please tick (✓)* <input type="radio"/> Politically Exposed Person <input type="radio"/> Related to Politically Exposed Person <input type="radio"/> Not Applicable	For Non - Individual Investors* (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> No Any other information [Please specify]: _____
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^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

12. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)

Application No. _____

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India	Date ____/____/____
I / We _____	
authorise you to debit my / our Account No. _____	Type of Account _____
₹ (in figures) _____	₹ (in words) _____ to
pay for the purchase of units of Union _____ (Scheme Name)	
Signature of Account Holder(s) / Authorised Signatory(ies) (As per Bank records)	

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____

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

an application for units of _____ (Scheme/Plan/Option)

Amount _____ Instrument No _____

Dated ____/____/____ Drawn on Bank & Branch _____



Collection centre's stamp with
date and time of receipt

5.	THIRD APPLICANT'S INFORMATION* <i>[Please tick (✓)]</i> (Refer Section 'B', 'C' and 'G' of instructions)																											
	<input type="radio"/> Mr. <input type="radio"/> Ms.		NAME OF THIRD APPLICANT																		Date of Birth		DDMMYYYY					
	PAN										<input type="radio"/> KYC										CKYC No. (KIN) ^							
	5a. Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others <i>(Please Specify)</i>																											
	5b. Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others <i>(Please Specify)</i>																											
	5c. Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹																											
	5d. Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable																											
5e. Contact Details* Mobile No. E-mail																												

6. **FATCA INFORMATION/ FOREIGN TAX LAWS*** - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA and UBO Declaration Form available at www.unionmf.com or at our Customer Service Centres) *[Please tick (✓)]* (Refer Section 'M' of instructions)

- Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C - others; please state the reason thereof.

*For demat holder, submission of KYC is optional.



Union
MUTUAL FUND

DATE INSTRUCTIONS FOR WORK/LOG/DIRECT REPLY

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.