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Instrument No

4.	SECOND APPLICANT/ GUARDIAN IF (Refer Section 'B', 'C' and 'G' of instruct		NTACT PE	RSON F	OR NON-INI	DIVIDUALS/ PO	DA HOLD	ER DE	TAILS* [/	Please tick	[·(√)]		
	○ Mr. ○ Ms. NAME	O F S		N D	APF		NT			Date of	Birth D D I	M M Y Y Y	
	PAN			KYC		Ch	CYC No.	(KIN) ^					
	4a. Status* ○ Resident Individual	O Minor		NRI (Re	epatriable)	○ NRI (Non-Rep	atriable	e)	Other	rs (Ple	ease Specify)	
	4b. Occupation* ○ Pvt. Sector ○ Pub	lic Sector O	ovt. Servi	ce \bigcirc Bus	iness O Prof	essional () Agr	iculturist	○ Retir	red \bigcirc Ho	usewife O	Student Oth	ners_(Please Specify)	
	4c. Gross Annual Income* ○ Below	1 Lac ○ 1-5 L	acs 0 5-1	0 Lacs	0 10-25 Lacs	○ >25 Lacs -	1 Crore	O >1 (Crore Ne	et-worth in	ı₹		
	4d. Other Details* O I am Politically	Exposed Pers	on (I am Re	lated to Polit	ically Exposed	Person	С	Not Appl	licable			
	4e. Contact Details* Mobile No.			E	E-mail								
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5.	THIRD APPLICANT'S INFORMATION OMr. OMs. NAME	* [Please tick			A P P L	of instruction: 'בּ' of instruction:				Date of	Birth D D I	M M Y Y Y Y	
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	5c. Gross Annual Income* O Below											icis_[riease specily)_	
	5d. Other Details* O I am Politically					ically Exposed			Not Appl				
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	5e. Contact Details* Mobile No.				E-mail								
6.	^Investors who have completed the C requested to quote the 14 digit KIN. FATCA INFORMATION/ FOREIGN TA										. ,		
J.	Declaration Form available at www.u											c i Ai OA dila OBO	
	The below information is required for a	II applicant(s)	guardian										
	Category	First App	licant (inc	luding M	linor)	Second A	pplicant	Guard	lian		Third App	plicant	
	Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	O Y	⁄es	O No		○ Yes		O No			○ Yes	○ No	
	* If Yes, please indi	cate all countr	ies in whic	h you are	e resident for	tax purposes a	nd the a	ssociate	ed Tax Re	ference N	umbers below.		
	Place/ City of Birth												
	Country of Birth												
	Address Type												
	(of address in KYC records)	Residential	/ Busines	s O Re	esidential	Residential / E	Business	○ R	esidential	O Resid	dential / Busine	ss	
	Country of Tax Residency 1												
	Tax Payer Ref. ID No. 1												
	Documentation Type 1 (TIN or Other Please specify)												
	If TIN is not applicable, [Please tick (✔)] the reason A, B or C [as defined below]	Reason	○ A	ОВ	O C	Reason O	Α () В	O C	Reas	son (A	○ B ○ C	
	Country of Tax Residency 2												
	Tax Payer Ref. ID No. 2												
	Documentation Type 2 (TIN or Other Please specify)												
	If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason	○ A	ОВ	O C	Reason O	Α) В	O C	Reason O A O B O C			
	Reason A - The country where the A Reason B - No TIN required. (Select Reason C - others; please state the	this reason O	nly if the a								N to be collecte	ed)	
Doc	ument Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder	
PAN	Card [Micro Investments, Investor(s) from im, government officials specifically exempt]	1	✓	1	✓	1	1	1		1	1	✓	
	Acknowledgement	/	/	1	/	/	1	/	1	1	/	/ *	
Res	olution/ Authorisation to invest		✓	1	/		1		1		<i>'</i>		
	of authorised signatories with specimen signatures		/	1	1	/	1		1		/		
	norandum & Articles of Association		/		,								
	tificate of Incorporation		√	<i>J</i>	/		<i>J</i>						
	-laws												
	nership Deed				1								
Note	orised POA (signed by investor and POA Holder)					✓							

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	1	✓	1	1	✓	1	1		1	✓	1
KYC Acknowledgement	1	/	1	1	✓	1	1	1	/	1	√ *
Resolution/ Authorisation to invest		/	1	✓		1		1		✓	
List of authorised signatories with specimen signatures		/	1	✓	✓	1		1		✓	
Memorandum & Articles of Association		1									
Certificate of Incorporation		✓	1	1		1					
Trust Deed			1			1					
Bye-laws											
Partnership Deed				1							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	1	✓	1	1	✓	1	1		1	1	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									/		
Overseas Auditor's Certificate & SEBI Regn. Certificate								1			
FATCA Form & UBO Declarations	/	/	1	1	✓	1	1	/	/	/	✓

*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Pvt. Ltd.,
Unit: Union Mutual Fund (formerly Union KBC Mutual Fund)

Ground Floor No.178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai, Tamil Nadu - 600 034.

Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
(formerly Union KBC Asset Management Company Private Limited)
Unit 802, 8th Floor, Tower 'A', Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400 013.
Toll Free: 1800 200 2268 | Tel No.: 022 24833333
Website: www.unionmf.com | Email: investorcare@unionmf.com



7.	DA	VOLIT BANK ACCOL	INT DETAIL C *	: [Planes tick (/)] (Pofor	Section IDI and ICI of instruct	iona) (Mill ba una	latad anly if the	n proof of bank	account in a	voilable)
7.	Ple	ease update my/our	pay-in-bank ac	count mentioned under	Section 'D' and 'G' of instruct r point no. '9' below as defar te or proof of pay-in with IFSC	ult payout bank	account O Ye	-		·
	Baı	nk Name								
		nk A/C No			Bank Branch					
	A/C	C Type Sa	avings O	Current O NRE	O NRO O FCNR	Others		(Please Sp	ecify)	
		nk City			State				PIN	
		SC CODE		MIC	R CODE	l l	case the Pay-out	bank account detail is		Pay-in hank account
	Do	cument Attached	O Bank State	ment O Cancelled che	eque with name pre-printed		etail please submit	necessary documen	ts as proof.	ay iii saim acceant
	(IFS	SC Code is the 11 digit			ory for credit via NEFT/ RTGS) (9 digit code ne	xt to the cheque	10.)	
	Foi	r unit holders opting	g to invest in de	emat mode, please ensi	ure that the bank account li	nked with the de	mat account	is mentioned h	ere.	
8.	UN	IITHOLDING OPTIO	N [Please tick (✓)] ○ Physical Mod	e O Demat Mode (If demat ac	ccount details are pr	ovided below, ui	nits will be allotted	by default in e	electronic mode only)
			`	ction 'G' of instructions)	DP ID No: I N		Beneficiary /	Account Numbe	r	
				ie			,			
	It m	ay be noted that the o	combination/ seq		le of holding in the application	form must match				ository participant.
	Inve	estor willing to invest	in demat option,	may provide a copy of th	e DP statement to enable us to	o match the dema	t details as sta	ted in the Applic	ation Form.	
9.	IN۱	ESTMENT AND PA	1	. ,,,	efer Section 'E' , 'F' and 'G' of i	instructions) [Thir	d Party payme	ent(s) will not be	accepted]	
			O Union Equity	•	○ Union Liquid Fund~		O Union Asse	et Allocation Fun	d - Moderate	Plan
	Na	ame of the Scheme	O Union Tax S		O Union Ultra Short Term D		O Union			
			O Union Small	l and Midcap Fund	O Union Dynamic Bond Fu					
		Plan		Option	Sub Opti		"		d Frequency	
	_	Regular/ Other than Dir		t Growth Dividend	ODividend Payout ORein	vestment Swe	ep Oaily	O Weekly	○ Fortnigh	tly Monthly
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		Payment Mode:	O Cheque	O RTGS O NEFT	○ Fund Transfer ○ De	ebit Mandate (Uni				
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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.