

(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	EUIIN* (Refer Section 'L' of instructions)	Ref. No.
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*I/We hereby confirm that the EUIIN 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

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

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 (✓)* **For Non - Individual Investors*** (Is the entity involved in / providing any of the following services)

Politically Exposed Person Foreign Exchange / Money Changer Services Yes No

Related to Politically Exposed Person Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Yes No

Not Applicable Money Lending / Pawning Yes No

Any other information [Please specify]: _____

^ 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)

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)

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

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

Amount _____ Instrument No _____

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

