

COMMON APPLICATION FORM Application No.

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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 fact	
Signature Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various fact	
Signature Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various fact	y interaction or advice by the employee/relationshipship manager/sales person of the distributor and the
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various fact	
Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various fact	Signature Third Applicant/ POA/ Authorised Signatory
RANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)) I confirm that I am a First time investor across 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 other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued a	t time mutual fund investor) or ₹ 100/- (for investo
EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 7, 9 & 11 only) (The details in our records under the Folio No. mentioned below Unitholder's Name Image: Complete Section 1, 7, 9 & 11 only)	w will only be considered for this application) *Mandator Folio No.
2. MODE OF HOLDING Single Joint (Default option) Anyone or Survivors	
FIRST APPLICANT'S INFORMATION * [Please tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions) (Please ensure that t	the details mentioned matches with the KYC detail
$\bigcirc Mr. \bigcirc Ms. \bigcirc M/s. \bigcirc M/s. \bigcirc N \land A \land M \models \bigcirc \bigcirc Ms. \bigcirc M/s. \bigcirc Ms.) Ms. \bigcirc Ms. \bigcirc Ms. @ m$	
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 statutor	ry documents in O Physical O E-mail
Mailing address* (P. O. Box address is not sufficient.)	
City State Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address	Pin Code
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 of the second seco	
 Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corpora Government Body AOP/BOI Trust Society Provident Fund Superannuation/Pension Fund G Government Body Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired H Government Body Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 	Gratuity Fund FII Others (Please Specify) Housewife Student Others (Please Specify) > 25 Lacs - 1 Crore > 1 Crore
	Y Y Y Y (Not older than 1 year)
Please tick (* Politically Exposed Person For Non - Individual Investors* (Is the entity involved in / providing any Foreign Exchange / Money Changer Services Related to Politically Exposed Person Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Not Applicable Money Lending / Pawning Any other information [Please specify]:	 Yes No Yes No Yes No
^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Ide requested to quote the 14 digit KIN.	lentification Number (KIN) from the CKYCR a
2. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)	ation No.
be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.	
9 Branch Manager - Union Bank of India	Date//
We	
	unt
uthorise you to debit my / our Account No.	
₹ (in figures) ₹ (in words) ay for the purchase of units of Union (Scheme Name) Signature of Account Ho	older(s) / Authorised Signatory(ies)
₹ (in figures) ₹ (in words) ay for the purchase of units of Union (Scheme Name) Signature of Account Ho (As per content)	er Bank records)
₹ (in figures) ₹ (in words) ay for the purchase of units of Union (Scheme Name) Signature of Account Ho (As per the purchase of units of Union	er Bank records)
₹ (in figures) ₹ (in words) ay for the purchase of units of Union (Scheme Name) Signature of Account Ho (As per the purchase of units of Union Signature of Account Ho (As per the purchase of units of Union Signature of Account Ho (As per the purchase of units of Union Signature of Account Ho (As per the purchase of units of Union Signature of Account Ho (As per the purchase of units of Union Signature of Account Ho (As per the purchase of units of Union Signature of Account Ho (As per the purchase of units of Union (NOWLEDGEMENT SLIP (To be filled in by the investor) eived from: Mr./ Ms. /M/s	er Bank records)
₹ (in figures) ₹ (in words) ay for the purchase of units of Union (Scheme Name) .	er Bank records)

	Mr. OMs. NAME	O F S		O KYC	AP		YC No.	(KIN) ^			Birth D D N	/ M Y Y Y Y
	a. Status* O Resident Individual	○ Minor			epatriable)		Non-Rep	. ,		O Othe	re (Pla	ase Specify)
	b. Occupation* O Pvt. Sector O Publ	-			. ,				,	-		
	c. Gross Annual Income* O Below 1											ers_(Flease Specily)
	d. Other Details* OI am Politically E					litically Exposed			Not Appli		· · ·	
_	e. Contact Details* Mobile No.				E-mail					04010		
	HIRD APPLICANT'S INFORMATION*	-										
	Mr. O Ms. N A M E	O F T		R D	APP					Date of	Birth D D N	/ M Y Y Y Y
							YC No.	. ,				
_	a. Status* O Resident Individual	O Minor		~ `	epatriable)		Non-Rep		<i>'</i>	○ Othe		ase Specify)
	b. Occupation* O Pvt. Sector O Publ c. Gross Annual Income* O Below 1											ers (Please Specify)
	d. Other Details*					litically Exposed			Not Appli			
	e. Contact Details* Mobile No.				E-mail		1 613011	0	пот дррі	Cable		
	nvestors who have completed the Co	antral KVC w	ith the Ce			Registry (CKVCB) and h	avo a k	WC Identi	fication N	lumber (KIN) fr	om the CKVCB a
req	uested to quote the 14 digit KIN.											
D	ATCA INFORMATION/ FOREIGN TAX Declaration Form available at <u>www.ur</u>	nionmf.com	or at our C	Customer								FATCA and UBO
-	he below information is required for al Category	,	licant (inc		linor)	Second A	nnlicant	/ Guard	ian		Third App	licant
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N	the Country of Birth / Citizenship / lationality / Tax Residency other nan India?*	\circ Y	/es	⊖ No		⊖ Yes		⊖ No			⊖ Yes	○ No
	* If Yes, please indic	ate all countr	ies in whic	ch you are	e resident fo	or tax purposes a	nd the a	ssociate	ed Tax Ref	erence N	umbers below.	
Р	lace/ City of Birth											
С	Country of Birth											
	ddress Type	Decidentia			aidantial)incoo		aidential	O Decid	lantial / Duaina	
(0	of address in KYC records)	Residentia	I / Dusines	S O RE	sidential		business	0 6	esidentiai	O Resid	Jenilai / Busines	ss O Residential
C	Country of Tax Residency 1											
Та	ax Payer Ref. ID No. 1											
	Pocumentation Type 1 FIN or Other Please specify)											
ti	TIN is not applicable, [Please ck (✔)] the reason A, B or C as defined below]	Reason	○ A	⊖В	○ C	Reason 〇	A (B	○ C	Reas	son 🔿 A	○ B ○ C
C	Country of Tax Residency 2											
	ax Payer Ref. ID No. 2											
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(1	Ocumentation Type 2 FIN or Other Please specify)											
ti	TIN is not applicable, [Please ck (✔)] the reason A, B or C as defined below]	Reason	○ A	⊖В	0 C	Reason O	A (B	0 C	Reas	son 🔿 A	ОВ ОС
•	Reason A - The country where the Ac Reason B - No TIN required. (Select to Reason C - others; please state the re	this reason O	nly if the a								N to be collecte	d)
cume	nt Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
N Car kim. d	d [Micro Investments, Investor(s) from government officials specifically exempt]	1	1	1	1	1	1	1		1	1	1
C Ack	nowledgement	1	1	1	1	✓	1	1	1	1	1	<pre>/*</pre>
	on/ Authorisation to invest uthorised signatories with specimen signatures		✓ ✓			/			✓ ✓		<i>J</i>	
	ndum & Articles of Association		<i>✓</i>	• •	•	• • • • • • • • • • • • • • • • • • •	•		• •		•	
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	d POA (signed by investor and POA Holder) count Proof (Latest available)		1	1	1		1	1		1	1	
mat S	tatement (Latest available)	•	•		-	-		•		•	· ·	✓ ✓
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JF Dee ersea	a Auditor's Certificate & SEBI Regn. Certificate								1	~		
	orm & UBO Declarations nat holder, submission of KYC is optional.	1	1	1	1	1	1	1	1	1	1	1

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

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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

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To D D	MM	Y Y Y Y]		Name as	in bank r	ecords	6			Nam	ie as ii	n banl	k reco	rds				Na	ime as	s in ba	ank re	cords	

Name as in bank records \bigcirc Until cancelled 1.

Name as in bank records 3.

Or 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.

2.