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SBIMUTUAL FUND A PARTNER FOR LIFE (A Joint Venture between SBI & AMUNDI)

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			D	٨	D .	т (- n			D	1			(A Joint Venture between SBL& AMUNDI)	

A PARTNER FOR LIFE (A Joint Venture between SBI & AMUNĎI) 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180221-27, <u>www.sbimf.com</u> SBI CHOTA SIP DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM



Investors subscribing to the scheme throu (Only for Growth Plans of Magnum Balanced	igh SIP Direct Debit Fac Fund, MMPS 93, MSFU Cor	cility must completents ntra Fund and SBI Blue	e this form compulsorily alongwite this form compulsorily alongwite the computed with minimum 60 installm	ith Common Application Form
(Application		east 30 days before t	the 1 st Direct Debit Clearing date) Sub-Broker Code	Reference No. (To be filled by Registrar)
ARN & Name of Distributor	Branch Code (only for SBI a	and Associate Darks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
Unfort commission shall be used directly by the investor	to the AMEL registered Distribu	utors beend on the invest	ters' accompany of various factors include	ling the equiler vendered by the distributer
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In case the subscription amount is Rs. 10,000/- or mo investor other than first time mutual fund investor) will				
Please (✓) □ SIP Registration - by New			SIP Cancellation	SIP
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Estis No (Application No	IN	VESTOR DETAILS	Investor please mention Folio Number / Fo	or New Applicants please mention the
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Name of Father/ Guardian in case of Minor				
PAN DETAILS (Furnishing of PAN together with an a First Applicant / Guardian		mandatory) Second Applicant		Third Applicant
Mandatory Enclosures		Mandatory Enclosures		landatory Enclosures
PAN Proof KYC Acknowledgemen		KYC Acknov	•	KYC Acknowledgement
SIP with Cheque SIP with	out Cheque			
Scheme Name				(Note : Cheque should be drawn on
Each SIP Amount (Rs.)		Transaction via Cheque	No.	bank account mentioned below)
SIP Date 5 th 10 th 15 th 2 25 th 30 th (For February, last business)	O th Frequency M	0 N T H	L Y Enrolment Period	NO. OF MONTHS
SIP Period From D D M M		Please 🗸) 📘 🛛 🕞		Till further notice*
DECLARATION : I/We hereby , authorize the AMC and	their authorised service provi	iders , to debit my / our fo	ollowing bank account directly for collec	* Please refer point no. 13 (xii) on page no.25. tion of payments.
	BANK PARTICU	ULARS (as per ba	nk records)	
Name of 1st Holder				
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Name of Bank				
Branch Name and Address				
City Account No.				
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IFS Code DECLARATION & SIGNATURE : I/We hereby declare that the particulars		uvilling page to make payments		
not effected for reasons of incomplete or incorrect information, I/We wo with the current Micro SIP application will result in aggregate investments e	Ild not hold the user institution respons	sible. 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
payable to him for the different competing Schemes of various Mutual Fur	ds from amongst which the Scheme is	being recommended to me/usl/	We have read and agreed to the terms and conditions	s mentioned in common Equity KIM.
SIGNATURE(S) Applicants must	\otimes			
sign as per mode S of holding 1st Account Hol		2nd Account H	Holder	3rd Account Holder
		ER'S ATTESTATIO		
Certified that the signature of account holder and the Details of Ba	nk account are correct as per our re	ecords. Sign	nature of authorised Official from	Bank (Bank stamp and date)
Signature of authorised Official from Banl				
The Branch Manager				M M Y Y Y Y
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Sub : Mandate verification for A/c. No.				
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payments for which I/We have signed and endorsed the Further, I authorize my representative (the bearer of this	Mandate Form.			
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SBI MUTUAL FUND A PARTNER FOR LIFE (To be filled in by the First applicant/Authorized Sign	To be filled in by th		Application No.	
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7. INVESTMENT		NT DETAILS : I/We wou		vest in the following Sche Plan (SIP) with cheque				(SEE NOTE 5)
	ur investment details l			Is below and SIP details at Sr N				SIP) without cheque bit Facility Registration cum Mandate Form)
Scheme Name								
Options (Please ✓)	Growth		idend Payo	out Dividend Re	einvestment			
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Inves	tment Amount (F	(s. In Figures)			Investment Amour	nt (Rs. in	Words)	
For third party che		Note 3 vii. FPLAN (SIP)/ SBI CH		MICRO SIR (THROI	IGH POST DATED	CHEQU	ES)	(SEE NOTE 12, 14 & 15)
SIP								
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1. SIP Date and N Installments	0.0151P	SIP Date (Please ✓)	5 th	10 th 15 th 20 th	25 th 30 th (Fo	r February, I	ast business	day) No of SIP Installments
(Please ✓ any one								
2. Frequency (Plea	se 🗸 any one only)	Monthly SIP (De	fault)	Quarterly SIP	1			
3. SIP Period		From D D M	MY	ҮҮҮҮҮТо	D D M M	Y	ΥΥ	Till further notice* * Refer point no. 13 (xii) on page no.25
4. Cheque(s) Deta	ils	No. of Cheques	SIP Installm	ent Amount (in figures)	Cheque Nos			Cheques drawn on
		ND/ REDEMPTION						(SEE NOTE 6)
			will receive	e their redemption/dividen	d proceeds (if any) dired	ctly into the	eir bank ac	count. Please attach a copy of a
CANCELLED cheq								
		ayment as deemed appropriate. An ase of Micro SIP) (ple						ete or incorrect information provided by investo ation) (SEE NOTE 14)
Document Descripti	•	ase of Micro Sir) (pie		at investors have to provid	le address proor in addr	tion to phe		
Document Number								
		.S –(Please ensure that the	sequence of	names as mentioned in the	application form matches	with that c	of the accou	nt held with the Depository
		Please (✓)) Yes			ase provide the below d			in neid with the bepository
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Depository				Depository			. ,	× ,
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		gle holding, Nomination i						
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Guardian								Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
(To nominate more	than one persor	n, please fill nomination	orm separa	ately)				
12B. NOMINATI	ON: I do not w	vish to nominate any po	erson at th	e time of making the i	nvestment.			
Signature								
oignature								
13. DECLARATIO	ON & SIGNATU	RE (SEE NOTE 1 ⁻ "I/We have r	ead and unders	stood the contents of the Schen	ne Information Document and	the details of	f the scheme	and I/We have not received or been induced
by any rebate or gifts, dir	ectly or indirectly, in ma	aking this investment." "I/We here	by declare that	the amount invested/to be invest	ed by me/us in the scheme(s)	of SBI Mutua	I Fund is deriv	ed through legitimate sources and is not held
								ntal or statutory authority from time to time." ' e are authorised to enter into this transactions
for and on behalf of the C	ompany/Firm/Trust. **	I/We confirm that I am/we are No	n Resident of Ir	ndian Nationality/Origin and I/We	hereby confirm that the funds	for the subsc	riptions have	been remitted from abroad through approved IP/Micro SIPs which together with the current
Micro SIP application will	result in aggregate inv	vestments exceeding Rs. 50,000	in a year (appli	icable to Micro SIP investors only	y). The ARN holder has disclos			ssions (in the form of trail commission or any
other mode), payable to	nim for the different cor	mpeting Schemes of various Mut	ual Funds from	amongst which the Scheme is b	eing recommended to me/us			
SIGNATURE(S)								
Applicants must								
sign as per mode of holding	\otimes			\otimes		\otimes		
		Guardian / Authorised Sig	natory	2nd Applicant / Autho	orised Signatory		rd Applica	nt / Authorised Signatory
Date			-		Place			- •
				— TEAR HERE				
All future com	nunication in co	nnection with this appli	cation shou	uld be addressed to the	e Registrars to the sc	heme or	SBIMF C	Corporate Office.
Investment Ma					Registrar:			
	nagement Pvt.	Ltd.			Computer Age Mana	gement S	Services P	vt. Ltd.,
(A Joint Ventu	e between SBI	& AMUNDI)			SEBI Registration No	5. : INR00	00002813))
		Parade, Mumbai - 400			148, Old Mahabalipu Adjacent to Hotel Fo			
	0244/22180221 ner.delight@sbi	, Fax : 022 -22180244 imf.com			Tel: 044-30407000 &			
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SBIMU A PARTN	d. 105. Tel	: 022-22	2180221	-27, <u>ww</u>			ΑΤΙΟ	ON N	10.																		
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Scheme Name								
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3. SIP Period		From D D M	MY	ҮҮҮҮҮТо	D D M M	Y	ΥΥ	Till further notice* * Refer point no. 13 (xii) on page no.25
4. Cheque(s) Deta	ils	No. of Cheques	SIP Installm	ent Amount (in figures)	Cheque Nos			Cheques drawn on
		ND/ REDEMPTION						(SEE NOTE 6)
			will receive	e their redemption/dividen	d proceeds (if any) dired	ctly into the	eir bank ac	count. Please attach a copy of a
CANCELLED cheq								
		ayment as deemed appropriate. An ase of Micro SIP) (ple						ete or incorrect information provided by investo ation) (SEE NOTE 14)
Document Descripti	•	ase of Micro Sir) (pie		at investors have to provid	le address proor in addr	tion to phe		
Document Number								
		.S –(Please ensure that the	sequence of	names as mentioned in the	application form matches	with that c	of the accou	nt held with the Depository
		Please (✓)) Yes			ase provide the below d			in neid with the bepository
Nation	al Securities D	Depository Limited (NSDL)	C	entral Depository	Services	(India)	Limited (CDSL)
Depository				Depository			. ,	× ,
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Beneficiary Accourt								
		MANDATORILY ACCOMP. minate the following pers						011 for
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Name of the Nomin	iee				Percent	age		
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Relationship				Date of Birth*			V V	
Address of Nomine	e/			Date of Dirtit		T	ТТ	\otimes
Guardian								Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
(To nominate more	than one persor	n, please fill nomination	orm separa	ately)				
12B. NOMINATI	ON: I do not w	vish to nominate any po	erson at th	e time of making the i	nvestment.			
Signature								
oignature								
13. DECLARATIO	ON & SIGNATU	RE (SEE NOTE 1 ⁻ "I/We have r	ead and unders	stood the contents of the Schen	ne Information Document and	the details of	f the scheme	and I/We have not received or been induced
by any rebate or gifts, dir	ectly or indirectly, in ma	aking this investment." "I/We here	by declare that	the amount invested/to be invest	ed by me/us in the scheme(s)	of SBI Mutua	I Fund is deriv	ed through legitimate sources and is not held
								ntal or statutory authority from time to time." ' e are authorised to enter into this transactions
for and on behalf of the C	ompany/Firm/Trust. **	I/We confirm that I am/we are No	n Resident of Ir	ndian Nationality/Origin and I/We	hereby confirm that the funds	for the subsc	riptions have	been remitted from abroad through approved IP/Micro SIPs which together with the current
Micro SIP application will	result in aggregate inv	vestments exceeding Rs. 50,000	in a year (appli	icable to Micro SIP investors only	y). The ARN holder has disclos			ssions (in the form of trail commission or any
other mode), payable to	nim for the different cor	mpeting Schemes of various Mut	ual Funds from	amongst which the Scheme is b	eing recommended to me/us			
SIGNATURE(S)								
Applicants must								
sign as per mode of holding	\otimes			\otimes		\otimes		
		Guardian / Authorised Sig	natory	2nd Applicant / Autho	orised Signatory		rd Applica	nt / Authorised Signatory
Date			-		Place			- •
				— TEAR HERE				
All future com	nunication in co	nnection with this appli	cation shou	uld be addressed to the	e Registrars to the sc	heme or	SBIMF C	Corporate Office.
Investment Ma					Registrar:			
	nagement Pvt.	Ltd.			Computer Age Mana	gement S	Services P	vt. Ltd.,
(A Joint Ventu	e between SBI	& AMUNDI)			SEBI Registration No	5. : INR00	00002813))
		Parade, Mumbai - 400			148, Old Mahabalipu Adjacent to Hotel Fo			
	0244/22180221 ner.delight@sbi	, Fax : 022 -22180244 imf.com			Tel: 044-30407000 &			
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8. INVESTMENT A	ND PAYME	NIDE	TAILS	: I/We wou	uld like t	to invest	in the fo	ollowin	g Sche	eme of	SBI Mut	ual Fur	ld				(SEE I	NOTE 5)
Scheme Name Plans / Sub Plans																			
Options (Please ✓)	Growth			Bon	us			Divide	nd Pa	avout		Di	vidend F	leinves	tment				
Dividend Frequency	Daily		🗌 We			E For				Month	hlv			Quarter				Annuall	lv
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Investm	ent Amount (Rs. in F	igures)		_					Inv	estmen	t Amou	int (Rs.	in Wor	ds)				
(Please see the Plans & O	Options and divi	dend poli	icy details	, in the Sche	eme spec	ific inform	ation for	Plans/S	ub Plar	ns/Option	ns/divider	nd freque	ency and c	dividend	mode o	details befo	re filling t	the above	detials).
For third party chequ																		10.0	1.4
9. SYSTEMATIC I	NVESTMEN	IT PLA	N (SIP)/ MICRO) SIP											(SEE N	OTE 12	2, 13 &	14)
SIP with Chee	que		SIP	without Cl	neque				n case	this ap	plication	is for N	licro SIP	(Pleas	e tick ())	MICRO	SIP	
1. Payment Mechanis	sm		Chequ	les							SIP EC	S/Dire	ct Debit						
(Please ✓ any one only				e provide the	e details b	elow)								SIP ECS/	Direct D	ebit Facility		on cum Mar	ndate Form)
		SIP	Date (P	lease 🗸) 🚦	5 th	10 ^t	h 🚺 1	5 th	20 th		25 th	30 th (I	For Februa	ary, last b	ousiness		of SIP tallmen	its	
2. Frequency (Please	✓ any one only)		Month	nly SIP (De	fault)			Quarte	rly SIF	,									
3. SIP Period		Fro	m D	D M	M	V		V	T-	D	D	MN		V	V	V []	Till furt	her notic	ce*
4. Cheque(s) Details		_							То					T	I				n page no.23
4. Oneque(3) Details		NO	o. of Che	ques	SIP Insta	allment /	Amount	(in figu	res)	Ci	neque No	OS				Cheques	drawn d	n	
10. DOCUMENT D	ETA <u>ILS (in</u>	ca <u>se o</u>	f Micro	SIP) (ple	ase <u>not</u> e	e th <u>at in</u> v	ves <u>tors h</u>	nave to	provid	de <u>addr</u>	ess proo	of in add	dition to r	ohoto io	de <u>ntific</u>	ation)	(SEE I	NOTE 1	4)
Document Description																			
Document Number (if a	37	10																EE NOT	TE 16)-
11. DEMAT ACCO Do you want Units in		•			ience of na No	mes as me	moned in				es with that vide the			with the L	repositor	y Participant	ŋ. (S		- TO)
	Securities		. ,, _)		-						es (li	ndia)	Limited	(CDS	L)	
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Participant Name — DP ID No.		N						articipa		ne —									
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Beneficiary Account																			
THE APPLICATION FO						ELATES	TCLIEN	IT INVE	STOR	MASTE	ER/DEM/	AT ACC	OUNTS	TATEM	IENT.		(SEE I	NOTE 1	k)
Name of Mother (Mrs/				1 1					1							1			
Name of Applicant					_				<u> </u>								<u> </u>		
(If different from Parent/Legal (Guardian)																	Description	
LOCK IN (Please ✓)	: 🗌 Red	quired	Not F	Required		DEMPT	ON OP	FION	Lum	np-sum	Stag	gered		omina hild [:] (F		an altern ✓)		Requirea Not Requ	
Name of Alternate Chil	d					,asc v j			1								IЧ	- T .	1 1
Date of Birth of alterna	ate child		м			vlv	1	Dala		- 4- 41									
13. ONLY FOR M		COME						neia	lionsni	p to the	Magnur	II HOIGE				(9		DTE 1 k	
GOOD HEALTH DECLARAT	ION : I declare th	at I am in	sound heal	th, do not hav	e any phys	sical defect	/deformity,	perform	my routir	ne activitie	es independ	dently and	l, that I hav	e never s	suffered of	or have been	Signa	ature of A	,
suffering, or have been hospit respect and that I have not w	ithheld or omitted	to give any	or a conditi y information	on requiring n n that may inf	luence my	atment for a admission	into the Gr	ess, as o oup Insu	n date. I rance Sc	hereby de heme of \$	sBI Life Ins	he above urance C	statements o. Ltd. I her	are true a eby agre	e that thi	s declaration	oigne		ppilount
any benefits under the Group	Insurance Scheme	. I hereby	arrice Schen agree to you Critical Illing	ir conveying the	ne above p	articulars re	garding my	/ admissi	on into th	executor le Group I	s, administr nsurance S	cheme to	SBI Life. I a	Iso permi	it SBI Life	to approach			
GOOD HEALTH DECLARAT suffering, or have been hospil respect and that I have not w shall form the basis of my ad any benefits under the Group me directly for any charticatio disease, ii. have undergone c or be suffering from paralysis,	or have been advis	ed medica	Illy to under	go chest and/	or heart su	rgery withir	the follow	ing six m	onths, iv	have irre	versible kic	iney and/o	or irreversib	le liver fa	ilure, v. h	ave suffered	i		
14A. NOMINATION	: I wish to no	ominate	the follo	owing pers	son/s to	receive	the pro	ceeds	in the	event o	of my dea	ath. (W	ith effec	t from (01/04/2	011, for		NOTE 1	10)
individual investors ap		ngle hol	lding, No	mination i	s manda	atory. Ho	owever, i	n case	you do	o not wi	sh to noi	1	_	gn poli	nt 14 B	.)	(022		,
Name of the Nominee	•											Percen	itage						
Name of the Guardia	n																		
Relationship							Date	of Birt	th* 🛛) D	Μ	Μ	ΥY	Y	Y	\otimes			
Address of Nominee/ Guardian																-	ure of No	ominee/G	Guardian
(To nominate more th		n nlee	se fill no	mination	form ee	naratoh	()											e of Minor	
14B. NOMINATION								naking	the i	nvestn	nent.								
Signature																			
15. DECLARATIO	N & SIGN	ATUR	E (SE	F NOTE		· " /We b	ave read	and ur	Idereto	nd the	contente	of the	Scheme I	Information	tion Do	cument an	d the do	tails of the	e schemo
and I/We have not recc us in the scheme(s) of or legislation or any of and Articles of Associa transactions for and on subscriptions have bee Individuals / HUF; ** A Rs. 50,000 in a year (eived or been	induced	by any re	ebate or gi	fts, direc	tly or inc	directly, i	in maki	ng this	investn	nent." "I/	We here	eby decla	re that	the an	nount inve	sted/to b	e investe	d by me/
or legislation or any ot	her applicable	laws or	any notif	ications, di	rections	issued b	iu is not iy any go	overnme	ental o	r statuto	ory autho	rity fron	n time to	time."	* I/We	certify the	regulati at as per	the Men	iy statute norandum
transactions for and or	n behalf of the	ompany, e Compa	Bye law any/Firm/	s, Trust De Trust. ** I/	eed or F We conf	'artnersh irm that	ip Deed I am/we	and re are N	solutio on Res	ns pass sident o	f Indian	Nationa	lity/Origin	rm / II n and I	/We he	We are au preby conf	ithorised	to enter the fund	into this is for the
Individuals / HUF; ** A	pplicable to NF	m abroa RI; I/We	do not h	n approved ave any ex	isting SI	g channe P/Micro :	SIPs whi	ch toge	our No ether w	ith the o	current N	licro SI	applica	tion wil	result	in aggreg	ate inve	stments e	xceeding
to him for the differen	applicable to N t competing S	Aicro SII chemes	of variou	rs only). II is Mutual I	he ARN Funds fr	holder h om amor	as disclo igst whic	sed to ch the	me/us Schem	all the e is be	commiss ing recor	sions (in mmende	the torn d to me	n of tra /us	il comi	nission or	any oth	er mode)	, payable
SIGNATURE(S) Applicants must	\otimes					\otimes							\otimes						
sign as per mode	St Applicant /	Guardi	an /∆uth	orised Si	inatory	-	2nd Ann	licant	Auth	orised	Signator	v		3rd A	pplics	nt / Autho	orised 9	Signatory	/
of holding 1 Date		Juanul	an/Auti		Jiatory	'						,	Place	5.4 P	-66100				
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All future commu	nication in c	onnecti	on with	this appli	cation				to the	e Regi	strars to	the s	cheme	or SE	BIMF (Corporate	e Office		
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(A Joint Venture			,	1 · · · · ·	005								lo. : INF				inglili-		
191, Maker Towe Tel.: 022-221802																m Thura)097, Tai			
E-mail : custome										Tel: 0	44-304	07000	& 2458	7000,	Fax:	044-2458	80982		
Website : www.s	bimf.com									Email	: enq_L	@cam	sonline.c	com, V	Vebsit	e : www.	camsor	nline.con	n



ARN & Na	me of F	lietribu	itor									ase II ciate Ban		SLUC		Sub-Bro) oker			Referen	nce N	0 (To	be fille	d by B	egistrar)
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All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

Investment Manager : SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & AMUNDI) 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180244/22180221, Fax : 022 -22180244 E-mail : customer.delight@sbimf.com Website : www.sbimf.com

Registrar:

Computer Age Management Services Pvt. Ltd., SEBI Registration No. : INR000002813) 148, Old Mahabalipuram Road, Okkiyam Thuraipakkan, Adjacent to Hotel Fortune, Chennai 600097, Tamil Nadu Tel: 044-30407000 & 24587000, Fax: 044-24580982 Email: enq_L@camsonline.com, Website : www.camsonline.com

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□ (Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Office Use

Only

IMPORTANT NOTES - PLEASE READ BEFORE FILLING UP THE FORM

- 1. This Application Form is meant to enable a person to comply with the client identification programme laid down by the Prevention of Money Laundering Act, 2002 (PMLA) hereinafter referred to as Know Your Client (KYC) requirements. It is for use by INDIVIDUALS only. A separate form is provided for non-individual entities such as Hindu Undivided Family (HUF). Corporates, Trusts, Societies, etc.
- 2. This form is not an Investment Application Form, and is only meant for providing information and documents required for KYC compliance. Applicant must be KYC compliant while investing with any SEBI registered Mutual Fund which has subscribed to the services of CDS. Ventures Limited (CVL) for compliance of the KYC procedure. A list of participating Mutual Funds is available on the website of AMFI at www.amfiindia.com.
- Subscription to participating Mutual Fund Units may be made only after obtaining the KYC 3. Acknowledgement at their respective designated Points of Acceptance / Investor Service Centres.
- Each Unitholders / Investors must attach their KYC Acknowledgement along with the Investment 4 Application Form(s) / Transaction Sip(s) while investing for the first time in every folio. Applications Forms / Transaction Sips not accompanied by KYC Acknowledgement are liable to be rejected by the participating Mutual Funds.
- Joint Holders: Joint holders need to be individually KYC compliant before they can invest with 5 any participating Mutual Fund. e.g. in case of three joint holders, all holders need to be KYC compliant and copies of each holder's KYC Acknowledgement must be attached to the investment application form with any Mutual Fund.
- Minors: In case of investments in respect of a Minor, the Guardian should be KYC compliant and attach their KYC Acknowledgement while investing in the name of the minor. The Minor, upon attaining majority, should immediately apply for KYC compliance in his/her own capacity 6 and intimate the participating Mutual Fund(s) concerned, in order to be able to transact further in his/her own capacity.
- 7. Power of Attorney (PoA) Holder: Investors desirous of investing through a PoA must note that the KYC compliance requirements are mandatory for both the PoA issuer (i.e. Investor) and the Attorney (i.e. the holder of PoA), both of whom should be KYC compliant in their independent capacity and attach their respective KYC Acknowledgements while investing.

GUIDELINES FOR FILLING UP THE KYC APPLICATION FORM

- General The Application Form should be completed in ENGLISH and in BLOCK LETTERS. 1
- Please tick in the appropriate box wherever applicable. 2.
- Please fill the form in legible handwriting so as to avoid errors in your application processing. 3. Please do not overwrite. Corrections should be made by canceling and re-writing, and such corrections should be counter-signed by the applicant.
- 4. Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected.
- Applications complete in all respects and carrying necessary documentary attachments should be submitted at the designated PoS. A complete list of PoS is available on the website of AMR 5. at www.amfiindia.com, www.cdslindia.com and Mutual Fund websites.
- You are required to submit a Proof-of-Identity document and a Proof-of-Address document for each address filled by you in this form. Documents submitted to support Identity and 6 Address should be
- Proof of Identity i.
- Original PAN Card + Self-attested photocopies (Originals will be returned over-the-counter after verification)
- ii Proof of Address
- Original Documents + Self-attested photocopies (Originals will be returned over-the-counter after verification) OR
- True Copies attested by a Notary Public / Gazetted Officer / Manager of a Scheduled Commercial Bank or Multinational Foreign Banks (Name, Designation and Seal should be affixed on the copy). Unattested photocopies of an original document are not acceptable
- If the above documents including attestation / certifications are in regional language or foreign language then the same has to must be translated into English for submission.
- Α. **Identity Details**
- Name: Please state your name as Title (Mr/Mrs/Ms/Dr/Commander/etc.), First, Middle and Last 1 Name in the space provided. This should match with the name as mentioned in the PAN card failing which the application is liable to be rejected. If the PAN card has a name by which the applicant has been known differently in the past, than the one provided in this application form, then requisite proof should be provided e.g. marriage certificate, or gazetted copy of name change.
- Date of Birth: Please ensure that this matches with the Date of Birth as indicated in the PAN 2. card.
- 3. Nationality: Foreign Nationals are not allowed to apply, unless they are Non-Resident Indians (NRIs) or Persons of Indian Origin (PIO).
- Status : Please tick your current residential status. 4.
- Please affix most recent colour photograph and sign across the photograph. 5.
- Address Details B.

1.

- Address for Communication : Please provide here the address where you wish to receive all 1. communications sent by the participating Mutual Funds with whom you invest. The address you give here will supercede existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. This address should match with the address in the 'Proof-of-Address' submitted as supporting document; otherwise the KYC Application Form is liable to be rejected.
- Contact Details: Please provide your Telephone / Email contact details. The contact details given 2 by you here **will not supercede** existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. You will have to independently communicate the same to them in case of any change(s).
- Proof of Address Documents : Please note that each of the two addresses mentioned by you will need to be supported by a 'Proof-of-Address' bearing your or your spouse's / parent's

- If an individual becomes a Mutual Fund Investor due to an operation of law, e.g., transmission of units upon death of an investor, the claimant / person(s) entering the Register of Unitholders of the participating Mutual Fund(s) will be required to be KYC compliant before such transfer can take place.
- The KYC process requires investors to provide their Proof of identity (PAN card copy only) and Proof of Address (any valid documents listed in section B of the KYC Application Form) to comply with KYC requirements. Participating Mutual Funds reserve the right to seek any additional information / documentation in terms of the PMLA at any point of time.
- Participating Mutual Funds/ CVL will not be liable for any errors or omissions on the part of the applicant / Unit holders in the KYC Application Form. Documents received in support of 10. KYC requirements will be verified at the designated "Points of Service" (PoS), on a best effort basis. How ever acceptance and processing of the KYC Application Form is subject to independent verification by CVL. In the event of any KYC Application Form being rejected for lack of information / deficiency / insufficiency of mandatory documentation, etc. CVL will inform the applicant of such rejection.
- The participating Mutual Fund, its Asset Management Company (AMC), Trustee Company and their Directors, employees and agents shall not be liable in any manner for any claims arising whatsoever on account of freezing the folios / rejection of any application / non-allotment of units or mandatory redemption of units / refund due to non-compliance with the provisions of the PMLA, SEBI guidelines or where the AMC / Mutual Fund believes that transaction(s) by an applicant / investors is / are suspicious in nature within the purview of the PMLA and SEBI guidelines and requires reporting the same to Financial Intelligence Unit - India (FIU-IND).
- 12. Once the investor is KYC compliant, he will be required to intimate his/her KYC details to all the participating Mutual Funds with whom he/she has investments. The KYC Compliance will be deemed to have been completed for the investor in all folios held by him/her (identified by his/her PAN) in the records of the participating Mutual Fund.
- 13. In case of NRI, details of overseas address along with proper proof for the same & passport copy are mandatory documents.

(documents to establish relationship also to be submitted) name as supporting documents. Rease tick the box as applicable, for the document provided by you. You may attach any one of the following documents (Any document having an expiry date should be valid on the date of submission)

 Latest* Land Line Telephone Bill • Latest* Electricity Bill • Passport • Driving License • Latest* Bank Passbook • Latest* Bank Account Statement • Voter Identity Card • Pation Card • Latest* Demat Account Statement • Registered Lease / Sale Agreement of residence • Proof of Address issued by Bank Managers of Scheduled Commercial Banks / Multinational Foreign Banks / Gazetted Officer/Notary Public/Bected Pepresentatives to the Legislative Assembly/Parliament / Any other document approved by AMFI as a valid address proof.

These documents should not be more than three months old as on the date of submission of this form.

4. Permanent Address / Overseas Address: If you are a Resident Indian, and your Permanent address is different from the one mentioned in the Address for Correspondence, please state it here. If you are a Non-Resident Indian or a Person of Indian Origin, it is mandatory for you to state your Overseas Address here.

Other details

- Gross Annual Income details: Please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
- 2
- Occupation details: Rease indicate your current occupation by ticking the one most applicable to you. You are required to fill up the next section, if it additionally applies to you. **Politically Exposed Persons (PEP)** are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, 3 senior politicians, senior Government/judicial/ military officers, senior executives of stateowned corporations, important political party officials, etc.

After you have completed filling up the KYC Application Form, please submit the same along with the entire set of supporting documents to any designated PoS. Please also submit a photocopy of the Form for acknowledgement purpose, which you can retain for your records.

Other important notes, after the KYC Acknowledgement is issued to you:

- Please preserve the document from CVL which confirms your KYC compliance. You will need to attach photocopies of this document when you invest for the first time in every folio, in any participating Mutual Fund.
- 2 If you observe any error in the details captured by CVL, you are requested to approach your nearest designated PoS.
- 3 If you are already holding investments in any participating Mutual Funds, please provide a copy of your KYC acknowledgement, giving details of your folio / account numbers to such Funds or their Registrars. Please note that your signature on the KYC Application Form should match with that on the records of the participating Mutual Funds. In respect of new investors, signature on the Application Form for investing / transacting in
- 4. participating Mutual Fund should match with that on this KYC Application Form.
- After allotment of KYC compliance, if there are any changes in an Applicant's details such as Name, Address, Status, Income bracket, Occupation or Signature, the change should be registered with CVL through a designated PoS expeditiously, by using the KYC Details Change 5 form. It should be noted that only after such registration will the change be reflected in the participating Mutual Fund's records. Particularly with respect to change of address, investors should register such change giving 10 days time for the subsequent communications from participating Mutual Funds to reach them at their new address. Original / Attested copies of documents supporting the change will be required to be submitted together with the KYC Details Change Form. For any other investment related information or changes thereto, the applicant should approach the participating Mutual Funds or their Registrars.

Investors Applying for KYC, Please Submit the KYC Documents on A4 Size Paper Only.

CHECKLIST

(Before submitting this form, please go through the following checklist)

- Please ensure that the form is completed in all respects and signed by you
- 2.
- Please affix your recent photograph and sign across the photograph. Please attach your PAN card as proof of Identity. This should be a photocopy plus original for verification. 3.
- Rease attach a Proof of Address Document (one for each distinct address). These should be either original + photocopies or attested / notarised photocopies. 4.
- If you are an NRI, you must mention your overseas address in B(4). 5
- Please submit a photocopy of the duly completed KYC Application Form.

Please fill in ENGLISH and in BLOCK LETTER The information is sought under Prevention of Money Laur For existing Mutual Fund investors, the address(es) furnished her	dering Act, 200	2, the ru	les notifie	d there	under a	nd SEBI's	s guid	lelines o	n Ant	ti Mone	y Laund		
A. Identity Details (Please see guidelines A1 to A4								(.,	
1. Name of Applicant (Please write complete name as per Certifica		on / Regist	ration; lea	ving one	e box blar	nk betwe	en 2 v	words. F	lease c	do not a	obreviate	the Nam	1e).
													-
2. Date of Incorporation / Registration D D / M M //			ther Liste				1						_
Registration Number issued by Registering Authority					Symbol								
 3i. Status Please tick (✓) □ Private Ltd. Co. □ Public Ltd. Public Ltd. Public Ltd. Public Ltd. Co. □ Public Ltd. Public L	ation Defence nership? YES [] YES NO – Gaming / ffice bearers are /	e Establish NO Gambling were PEPs	nment] Body of Services of ne.	of Individ (e.g. casin	uals 📃 Ios, bettii] Socie ng syn	ety 🗋 dicates)	LLP [_ Othe	rs <u>(Pleas</u>	AOP e specify)	
4. Permanent Account Number (PAN) (MANDATORY)						Copy of			tached				
B. Address Details (Please see guidelines B1 to B3	overleaf)												
1. Address for Correspondence													
City / Town / Village			Cou	ntrv				Postal Co	de				
2. Contact Details			000	iitiy									
Contact Person Mr. / Ms.													
Tel. (Off.) (ISD) (STD) Mobile (ISD) (STD)		Tel. (Fax	Res.) (19		(STD)								
E-Mail Id.													
3. Proof of address to be provided by Applicant. Please Latest Land Line Telephone Bill Latest Electricity Bill Latest Ba Registration Certificate issued under Shops and Establishments Act 4. Permanent / Registered Address of Applicant (in	nk Account Statem Any other p	nent 🔲 L	atest Dema Idress doci	at Accour ument (a	nt stateme is listed o	ent 🗖 Ri verleaf)	egister	ed Lease	/ Sale /	Agreeme	nt of Off	ice Premis	d. æs
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5. Proof of address to be provided by Applicant. Please Latest Land Line Telephone Bill Latest Bectricity Bill Latest Ba Registration Certificate issued under Shops and Establishments Act C. Other Details. (Please see quidelines C1 and C2)	nk Account Statem	nent 🔲 L	atest Dema	at Accour	nt stateme	ent 🗖 Ri	egister	(√) ag ed Lease	/ Sale / Please	the doo Agreeme	nt of Off	attache ice Premis	d. ses
 C. Other Details (Please see guidelines C1 and C2 1. Gross Annual Income Details Please tick (✓) □ Upto Rs. 50,00,000 □ Rs. 50,00,001 to Rs. 2,50,00,000 □ 2. Mandatory Certified Documents to be submitted i. Hindu Undivided Family (HUF) 	Rs. 2,50,00,001 t	e (Pleas	etick (•	∕) aga	inst do	cumen	ts at	tacheo		Rs. 50,00),00,001	and abov	ve.
ii. Company / Body Corporates	Certificate of In					of Associa	tion	🗌 Resolu	ition of	the Board	of Direct	ors	_
iii. Partnership firms	Certificate of re	egistration [Partnershi	p deed [Docume	nts eviden	cing au	thority to	invest				_
iv. Trusts, foundations, NGOs, Charitable Bodies, Clubs / Mutual Fund Schemes	Authorised Sign				res] Authorise	d Signator	y List w	ith specir	nen sigi	natures			
v. Unincorporated association or a body of individuals	Proof of Existen					s evidencir	ng auth	ority to ir	ivest				_
vi. Foreign Institutional Investors (FIIs)	Authorised Sign					uthorised S	Signator	y list with	specim	nen signat	ure		—
vii. Scheduled Commercial Banks and Registered Financial Institutions not incorporated under the Companies Act, 1956 / Regulatory Bodies / Army / Government Bodies / Any other bodies created / incorporated / registered under state or central legislation being eligible to invest in Mutual Funds	Copy of Constit			uments [Docum	ents evider	ncing a	uthority to	o invest				
viii. Limited Liability Partnership	LLP Agreement	Cert	ificate of Ind	corporatio	n by RoC								
DECLARAT	ION						Α			TURE(SED P			
We hereby confirm that we have read and understood the Instructions mentione of the mutual fund registered under the SEBI (Mutual Funds) Regulations, 1996 in units issued by Mutual Funds and we agree to abide by the terms, conditio the respective Mutual Funds. We hereby declare that the particulars given here belief, the documents submitted along with this application are genuine and we any Act, Rules, Regulations or any statute or legislation or any Notifications, Di to time. We hereby undertake to promptly inform CVL / the mutual fund agent and accept that CVL, the respective Mutual Funds, their authorised agents and for any losses, costs, damages arising out of any actions undertaken or activity	ins, rules, regulations ein are true, correct : e are not making this irections issued by an of any changes to t representatives ('the ties performed by th	s and other and comple s applicatior ny governm the informat Authorised iem on the	statutory re te to the be for the pu ental or station provided Parties') are basis of the	equiremen est of our pose of o tutory aution hereinate not liable information	ts applicab knowledge contravention hority from pove and a e or respon ion provide	e and on of time agree sible ed by							
us as also due to us not intimating / delay in intimating such changes. We here in any form, mode or manner, all / any of the information provided by us to the and / or to their authorised agents and representatives including all changes, u agree to provide any additional information / documentation that may be requ	respective Mutual Fu pdates to such inform	unds in whic mation as a	h we may ti nd when pr	ransact / I ovided by	have transa us. We he	acted ereby	Place Date :						

For Office	Name and Employee Number of Receiver	Ref.
Use Only	 Originals Verified) Self Certified Document copies received (Attested) True copies of documents received 	KYC

IMPORTANT NOTES - PLEASE READ BEFORE FILLING UP THE FORM

GUIDELINES FOR FILLING UP THE KYC APPLICATION FORM

- This KYC Application Form is for use by NON-INDIVIDUALS only. A separate form is provided for INDIVIDUALS.
- 2. This form is not an Investment Application Form, and is only meant for providing information and documents required for KYC compliance. Applicant must be KYC compliant while investing with any SEBI registered Mutual Fund which has subscribed to the services of CDSL Ventures Limited (CVL) for compliance of the KYC procedure. A list of participating Mutual Funds is available on the website of AMFI at www.amfiindia.com.
- Subscription to participating Mutual Fund Units may be made only after obtaining the KYC Acknowledgement at their respective designated Points of Acceptance / Investor Service Centres.
- 4. Investors must attach their KYC Acknowledgement along with the Investment Application Form(s) / Transaction Sip(s) while investing for the first time in every folio. Applications Forms / Transaction Sips not accompanied by KYC Acknowledgement are liable to be rejected by the participating Mutual Funds.
- Power of Attorney (PoA) Holder: Investors desirous of investing through a PoA must note that the KYC requirements are mandatory for both the PoA issuer (i.e. Investor) and the Attorney (i.e. the holder of PoA), both of whom should be KYC compliant.
- Participating Mutual Funds require investors to provide their identity and address information, supported by documentary evidence for the "Know Your Client" requirements laid down by the Prevention of Money Laundering Act, 2002 (PMLA). They reserve the right to seek any

General

- 1. The Application Form should be completed in ENGLISH and in BLOCK LETTERS.
- 2. Please tick in the appropriate box wherever applicable.
- Rease fill the form in legible handwriting so as to avoid errors in your application processing. Rease do not overwrite. Corrections should be made by canceling and re-writing, and such corrections should be countersigned by the applicant.
- Applications incomplete in any respect and / or not accompanied by required documents are liable to be rejected.
- Applications complete in all respects and carrying necessary documentary attachments should be submitted at the designated PoS. A complete list of PoS is available on the website of AMR at www.amfiindia.com, www.cdslindia.com and Mutual Fund websites.
- A. Identity Details
- Name: This should match exactly with the name as mentioned in the PAN Card and other supporting documents; otherwise the application is liable to be rejected. If the PAN Card and other supporting document has a name by which the applicant has been known differently in the past, than the one provided in this Application Form, then requisite proof should be provided, e.g. Name Change Certificate.
- Please mention the date of incorporation or registration of your organisation. If your company is listed on the National Stock Exchange of India Limited, please mention the scrip symbol.
- 3. Please indicate the Status as applicable.
- It is MANDATORY to mention your PAN in the space provided and attach a self attested photocopy of the PAN Card. Please also submit your original PAN Card which will be returned across the counter after verification.

B. Address Details

- Address for Communication : Rease provide here the address where you wish to receive all communications sent by the participating Mutual Funds with whom you invest. The address you give here will supercede existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. This address should match with the address in the 'Proof-of-Address' submitted as supporting document; otherwise the KYC Application Form is liable to be rejected.
- 2. Contact Details: Rease provide the Contact Person's Name / Telephone / E-mail contact details for the participating Mutual Fund to communicate with you. The contact details given by you here will not supercede existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. You will have to independently communicate the same to them in case of any change(s).
- Permanent Address / Pegistered Address / Overseas Address: Flls / other entities must quote their Permanent Overseas Address supported by required documents duly certified.
- 4. Proof of Address Documents : Please note that **each** of the two addresses mentioned by you will need to be supported by a 'Proof-of-Address' bearing your name as supporting documents. Please tick the box as applicable, for the document provided by you. You may attach any one of the following documents (Any document having an expiry date should be valid on the date of submission):

additional information / documentation in terms of the PMLA at any point of time.

- 7. Participating Mutual Funds/ CVL will not be liable for any errors or omissions on the part of the applicant / Unit holders in the KYC Application Form. Documents received in support of KYC requirements will be verified at the designated " Points of Service" (PoS) on a best effort basis. However acceptance and processing of the KYC Application Form is subject to independent verification by CVL In the event of any KYC Application Form being rejected for lack of information / deficiency / insufficiency of mandatory documentation, etc. CVL will inform the applicant of such rejection.
- 8. The participating Mutual Fund, its Asset Management Company (AMC), Trustee Company and their Directors, employees and agents shall not be liable in any manner for any claims arising whatsoever on account of freezing the folios / rejection of any application / non-allotment of units or mandatory redemption of units / refund due to non-compliance with the provisions of the PMLA, SEBI guidelines or where the AMC / Mutual Fund believes that transaction(s) by an applicant / investors is / are suspicious in nature within the purview of the PMLA and SEBI guidelines and requires reporting the same to Financial Intelligence Unit - India (FIU-IND).
- 9. Once the investor is KYC compliant, it will be required to intimate its KYC details to all the participating Mutual Funds with whom it has investments. The KYC Compliance will be deemed to have been completed for the investor in all folios held by it (identified by its PAN) in the records of the participating Mutual Fund.

Latest Land Line Telephone Bill Latest Beckricity Bill Latest Bank Passbook Latest Demat Account Statement Registered Lease / Sale Agreement of office premises Proof of Address issued by Bank Managers of Scheduled Commercial Banks / Multinational Foreign Banks / Gazetted Officer / Notary Public / Bected Representatives to the Legistative Assembly / Any other document approved by AMR as a valid address proof Registration Query Comparison of Stops and Establishments Act

Documents having an expire and Exaministic red than three months old as on the date of submission of this form.

C. Other Details

- Gross Annual Income details: Please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
- All documents indicated here are MANDATORY.
 Politically Exposed Persons (PEP) are defined a
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.
 - Original Documents + Self-attested photocopies (Originals will be returned over-the-counter after verification) OR
 - True Copies attested by Company Secretary / Director / Notary Public / Gazetted Officer / Manager of a Scheduled Commercial Bank (Name, Designation and Seal should be affixed on the copy). Unattested photocopies of an original document are not acceptable.
 - If the above documents including attestation / certifications are in regional language or foreign language then the same must be translated into English for submission.

After you have completed filling up the Form, please submit the same along with the entire set of supporting documents to any designated PoS. Please also submit a photocopy of the Form for acknowledgement purposes, which you can retain for your records. Other important notes, after the KYC Acknowledgement is issued to you:

- Please preserve the document from CVL which confirms your KYC compliance. Please attach photocopies of this document when you invest for the first time in every folio, in any participating Mutual Fund.
- If you observe any error in the details as captured by CVL, you are requested to approach the nearest designated PoS.
- 3. If you are already holding investments in any participating Mutual Fund, please provide a copy of your KYC acknowledgement, giving details of your folio / account numbers to such Funds or their Registrars. Rease note that your signature on the KYC Application Form should match with that on the records of the participating Mutual Fund.
- In respect of new investors, signature on the Application Form for investing / transacting in participating Mutual Fund should match with that on this KYC Application Form.
- 5. After allotment of KYC compliance, if there are any changes in an Applicant's details such as Name, Address, Status, Income bracket, Occupation or Signature, the change should be registered with CVL through a designated PoS expeditiously, by using the KYC Details Change form. It should be noted that only after such registration will the change be reflected in the participating Mutual Fund's records. Particularly with respect to change of address, investors should register such change giving 10 days time for the subsequent communications from participating Mutual Funds to reach them at their new address. Original / Attested copies of documents supporting the change will be required to be submitted together with the KYC Details Change Form. For any other investment related information or changes thereto, the applicant should approach the participating Mutual Funds or their Recistars.

CHECKLIST

(Before submitting this Form, please go through the following checklist)

- 1. Please ensure that the form is completed in all respects and signed by the authorised signatories.
- 2. Foreign Institutional Investors must mention their overseas address in B(2).
- 3. Please attach all required documents. These should be either original + photocopies or attested / notarised photocopies.
- 4. Please submit a photocopy of the duly completed KYC Application Form.

For assistance or enquiries please approach the Point of Service where you had submitted your KYC Application Form.