

Folio No	_____ / _____	Broker Code	_____	Sub-Broker Code	_____
----------	---------------	-------------	-------	-----------------	-------

Name of First/Sole Applicant (Please use capital Letters) _____
Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor

E-Mail	_____	Mobile No	_____
--------	-------	-----------	-------

Fund Name _____

Plans: Regular Institutional Super Institutional Options: Dividend Payout Dividend Re-Investment Dividend Sweep Growth Others.....

Bank (on which Cheque is drawn or by which Demand Draft is issued)	_____	Branch	_____
--	-------	--------	-------

Amount (figures)	Amount (in words)	Cheque/DD No (attach a cancelled cheque leaf)	Cheque/DD Date
Rs _____	_____	_____	DDMMYYYY

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document, as applicable • hereby apply for units as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

Request Date	DDMMYYYY
Signature	_____
First Applicant	Second applicant
_____	_____
Third Applicant	_____

Acknowledgement <input type="checkbox"/> Investment	Request Date: DDMMYYYY	Time Stamp/Seal
Folio No _____ / _____	Cheque/DD No: _____	_____
Fund: _____		
Amount _____	Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep or <input type="checkbox"/> Growth	

Folio No	_____ / _____	Broker Code	_____	Sub-Broker Code	_____
----------	---------------	-------------	-------	-----------------	-------

Name of First/Sole Applicant (Please use capital Letters) _____
Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor

E-Mail	_____	Mobile No	_____
--------	-------	-----------	-------

SIP Amount _____

SIP Period 1 year 2 years 3 years 5 years 10 years 15 years Perpetuity

SIP Frequency Weekly (Wednesday) Monthly Quarterly SIP Starting MMYYYYY SIP Date 1 7 14 20 25

Bank	Branch/Location	Account Type <input type="checkbox"/> SB <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Current <input type="checkbox"/> Others.....	First Cheque No
Account No	MICR No	RTGS/NEFT/IFSC	Last Cheque No

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document • hereby apply for units as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • agree to the terms and conditions for Auto Debit • agree to abide by the terms, conditions, rules and regulations of the scheme • agree to terms & conditions of PIN agreement • agree to receive account statement/communication by email • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment • do not have any existing Micro SIPs which together with the current application will result in the total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model, payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Request Date	DDMMYYYY
Signature	_____
First Applicant	Second applicant
_____	_____
Third Applicant	_____

Acknowledgement <input type="checkbox"/> Investment	Request Date: DDMMYYYY	Time Stamp/Seal
Folio No _____ / _____	Cheque/DD No: _____	_____
Fund: _____	Plan.....Option.....	
SIP Rs _____	Period _____	
From MMYYYYY	Date <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	
<input type="checkbox"/> Weekly (Wednesday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		

