

Broker Code/ ARN

COMMON APPLICATION FORM Application No. 6002144

Branch

Manager Code

Sub-Broker Code/

ARN/ Branch Code

Ref No.

(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.)

LG/ MO/ CRE

Code

EUIN*

For Office South Gujarat ARN: 54854 *I/We hereby confirm that the EUIN 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. 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 O 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. 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 1. Unitholder's Name Folio No. Joint (Default option) Anyone or Survivors 2. MODE OF HOLDING 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) AADHAAR Card Number^s Mr. Ms. Ms. M/s. M CKYC No. (KIN) ^ PAN ○ KYC 3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code) Mobile No. E-mail Tel. (Off.) Tel. (Res.) Country/ Area code 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 Mailing address* (P. O. Box address is not sufficient.) City State Pin Code Overseas address (Mandatory for NRI/FIL. P. O. Box address is not sufficient, Investors residing overseas and with P. O. Box address please provide your Indian address) Country Area Code City 3b. Date of Birth (Mandatory in case of minor) Υ Minor's Relationship with Guardian (referred in point no. 4) ○ Father ○ Mother ○ Legal Guardian 3c. Proof for Date of Birth and Birth Certificate School Leaving Certificate Marksheet issued by HSC/State Board Passport Others (Please Specify) relationship with Guardian 3d. Status* O Resident Individual O NRI (Repatriable) O NRI (Non-Repatriable) O Sole Proprietorship O Minor O Partnership Firm O Limited Partnership (LLP) O Listed Company O Unlisted Company O Body Corporate O Bank/FI Insurance Company ○ Government Body ○ AOP/BOI ○ Trust ○ Society ○ Provident Fund ○ Superannuation/Pension Fund ○ Gratuity Fund ○ FII ○ Others (Please Specify) O Pvt. Sector O Public Sector O Govt. Service O Business O Professional O Agriculturist O Retired O Housewife O Student O Others (Please Specify) 3e. Occupation* 3f. Gross Annual Income* O Below 1 Lac ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore ○ 1-5 Lacs DDMMMYYYYY(Not older than 1 year) Net-worth in ₹ as on For Non - Individual Investors* (Is the entity involved in / providing any of the following services) Please tick (✓)* O Politically Exposed Person Foreign Exchange / Money Changer Services ○ Yes ○ No O Related to Politically Exposed Person Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] ○ Yes ○ No Money Lending / Pawning ○ Yes ○ No O Not Applicable 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. ss Self attested copy of Aadhaar Card or Letter issued by UIDAI containing Aadhaar Number or proof of application of enrolment for Aadhaar to be attached. Please refer to point 'O' under instructions section. 12. **DEBIT MANDATE** Application No. (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) (Scheme Name) pay for the purchase of units of Union Signature of Account Holder(s) / Authorised Signatory(ies) (As per Bank records) ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No. Received from: Mr./ Ms. /M/s an application for units of Amount Instrument No Collection centre's stamp with Drawn on Bank & Branch date and time of receipt Dated

	OMr. OMs. NAME	OF S	SEC	O N E) A P	P L I C A	NT			Date of I	Birth D D	M M	ΥY
_	AADHAAR Card Numberss				PAN					ОКУС			
	CKYC No. (KIN) ^												
	4a. Status* ○ Resident Individual	O Mino	r	O NRI (Repatriable)	○ NRI (Non-Repa	atriable)		Others	s (Ple	ease Spe	cifv)
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	THIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions)												
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	5e. Contact Details* Mobile No.			- Luni	E-mail	and any Exposed	. 0.0011		.or, thhi				
uı	ss Self attested copy of Aadhaar Card or Letter issued by UIDAI containing Aadhaar Number or proof of application of enrolment for Aadhaar to be attached. Please refer to point under instructions section. FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA and UBic Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (*/)] (Refer Section 'M' of instructions)												
_	The below information is required for a		<i>/</i> · 0		Miner	0	mmlla 2 /	O		1	Think		
-	Category	First Ap	plicant (in	iciuding	winor)	Second A	ppiicant/	Guardia	ın		Third Ap	piicant	
	Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	0	Yes	0 N	0	○ Yes		○ No			○ Yes	0	No
	* If Yes, please ind	icate all coun	tries in wh	ich you a	are resident	for tax purposes a	ind the as	sociated	Tax Ref	erence Nu	mbers below.		
	Place/ City of Birth												
	Country of Birth												
	Address Type (of address in KYC records)	○ Residentia	al / Busine	ss O	Residential	O Residential / E	Business	○ Res	idential	O Reside	ential / Busine	ess O	Resid
	Country of Tax Residency 1												
	Tax Payer Ref. ID No. 1												
	Documentation Type 1 (TIN or Other Please specify)												
<u> </u>	If TIN is not applicable, [Please	Reason	○ A	ОВ	O C	Reason O	Α Ο	В	о с	Reaso	on O A	ОВ	0
	tick (✓)] the reason A, B or C [as defined below]												
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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	1	1
KYC Acknowledgement	/	1	1	/	1	1	1	1	1	1	√ *
Resolution/ Authorisation to invest		1	1	/		1		1		1	
List of authorised signatories with specimen signatures		/	/	/	/	1		/		/	
Memorandum & Articles of Association		1									
Certificate of Incorporation		/	1	1		/					
Trust Deed			1			1					
Bye-laws											
Partnership Deed				/							
Notorised POA (signed by investor and POA Holder)					/						
Bank Account Proof (Latest available)	1	/	1	1	✓	1	1		/	/	
Demat Statement (Latest available)											1
Client Master Statement (Latest available)											1
HUF Deed									1		
Overseas Auditor's Certificate & SEBI Regn. Certificate								1			
FATCA Form & UBO Declarations	1	/	1	1	1	1	1	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



(W		t it payment is through	gh cheque/debit mandat	e or proof of pay-in with IFSC			es (III lo pie	ase furnish the details be					
Bai	Bank Name												
Bai	ank A/C No			Bank Branch									
		Savings O C	Current O NRE		Others		(Please Specif	(v)					
	ank City	- Carmigo O	Union O MIL		Others			PIN					
	,		14101	State				PIIN					
	SC CODE			R CODE			bank account detail is diffe necessary documents as	rent from Pay-in bank account					
Do	ocument Attached	Bank Staten	nent O Cancelled che	que with name pre-printed	Pass Book	etan prease submit	necessary documents as	proor.					
(IFS	SC Code is the 11 c	ligit no. appearing on	your cheque leaf, mandate	ory for credit via NEFT/ RTGS) (N	MICR Code is the	9 digit code ne.	xt to the cheque no.)						
For	For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.												
8. UN	NITHOLDING ODI	ΓΙΟΝ [Please tick (✔	/)/ O Physical Modu	e O Demat Mode (If demat acc	oount dotaile are ne	rovided below u	nito will be alletted by a	lofault in alastronia mada					
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DE	MAT ACCOUNT I	DETAILS (Refer Sec	ction 'G' of instructions)										
NS	DL: Depository Pa	articipant (DP) Name	e	DP ID No: I N		Beneficiary A	Account Number						
CD	CDSL: Depository Participant (DP) Name Beneficiary Account Number												
	Deficiency / autopain (b) / Name Deficiency Account Number												
				e of holding in the application									
Inve	estor willing to inv	est in demat option,	may provide a copy of the	e DP statement to enable us to	match the dema	t details as sta	ted in the Applicatio	n Form.					
9. IN\	VESTMENT AND	PAYMENT DETAILS	S* [Please tick (✓)] (Re	efer Section 'E' , 'F', 'G' and 'N'	of instructions) [Third Party pa	yment(s) will not be	accepted]					
		○ Union Equity	/ Fund	○ Union Focussed Largecap	p Fund	○ Union Dyn	amic Bond Fund						
Na	ame of the Scheme	e Ounion Tax Sa	aver Scheme	○ Union Liquid Fund~		O Union Ass	et Allocation Fund - N	Ioderate Plan					
		○ Union Small	and Midcap Fund	O Union Ultra Short Term De	ebt Fund∼	○ Union							
	Pla		Option	Sub Optio			Dividend Fr	oguopov -					
				-		0.00							
	_	Direct Plan O Direct	Growth Dividend	Olividend Payout O Reinv	restment 0 Swe	ep Daily	O Weekly	Fortnightly					
Div	vidend Sweep to	UNION											
Pla	an/ Option				Facility								
Det	fault Plan/ Option/	Facility will be appl	ied in case of no informa	ation, ambiguity or discrepand	cy.								
	Day was a set Manday	0.00		0 F 1 F (0 D)									
	Payment Mode:		O RTGS O NEFT	Fund Transfer			a A/C Holders only)						
_	Cheque / RTGS	/ NEFT No.			Che	que / RTGS /	NEFT Date	D D M M Y Y Y					
LUMPSUM	Amount in ₹ (Fig	jures)		Amount in ₹ (words)									
<u>B</u>	Source Bank Na	ime			Source	e Branch							
3	Source Bank A/6	C No.		Accour	nt Type S	avings 0	Current O NRE	O NRO O FCNF					
				Cheque Issuer Name				ner than the investor					
	Source Bank IFS		hird party payments (Ma	·		crieque is iss	ded by a person on	iei tiidii tiie iiivestoi					
	TO BE FILLED ONLY IN CASE OF SIP APPLICANT												
	Name						PAN						
		Scheme/ Plan/ 0	Option	SIP Installment Amount	SIP Date	Frequency	Start Month/Yea	End Month/Ye (Default Dec 209					
				(₹ in figures)				(Delault Dec 203					
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SIB					○ 15th ○ 23rd	O Quarterly	M M Y Y Y	Y M M Y Y Y Y					
В					○ 15th ○ 23rd ○ 2nd ○ 8th*	Ouarterly Omonthly*	M M Y Y Y	Y M M Y Y Y Y					
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GIS					○ 15th ○ 23rd ○ 2nd ○ 8th* ○ 15th ○ 23rd	Ouarterly Omonthly* Quarterly	M M Y Y Y M M M Y Y Y	Y M M Y Y Y Y M M Y Y Y					
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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.

10.	NOMINATION DETAILS* [Please tick (✔)] (Refe	k (🗸)] (Refer Section 'H' of instructions) (In case of multiple nominees, please complete the separate nomination form available on our website								
	O Please register nomination as requested below	C	([®] Please strike out the form belo							
	I/We hereby nominate the under mentioned Nominee(s) to receive the amounts to my / our credit in the event of my / our death. I/We also under settlements made to such Nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor.									
	Name and Address of Nominee	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee, Guardian of Nominee					
			(to be furni	shad in case the Naminae is a miner	(Optional)					

11. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

- I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/us any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund / Sponsor will not be responsible if such investment is ultravires the relevant constitution.
 I/ We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/au not private the requisition of the provided the provided of the responsible from accessing capital markets under any order/ruling/ludgment etc. Of any regulation.
- 2. I/ We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/ We also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/tax authorities. I/We hereby authorize the Fund/ the AMC, the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or stautory or judicial or tax/revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/ tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/our account.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/FCNR account(s).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

Declaration with regards to Aadhaar Card Number:

- A. I/We hereby provide my/our consent in accordance with the Aadhaar Act, 2016 and regulations made thereunder, for:
 - collecting, storing and usage,
 - 2. validating/authenticatingand,
 - 3. updating/seeding my/our Aadhaar number(s) in accorandance with the Aadhaar Act, 2016 (and regulations made thereunder) and Prevention of Money Laundering Act (PMLA).
- B. I/We hereby provide my/our consent for sharing/disclosing of my/ our Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agents (RTAs) and KYC Registration Agencies (KRAs) for the purpose of updating the same in my/ our folios.

Signature		Signature
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory



SIP

for

Strategic Investment Planning

Welcome to Strategic Investment Planning - A goal based planning with which

you can not only plan for your multiple goals but also aim to achieve it.

To know more about Strategic Investment Planning

1800 200 2268

investorcare@unionmf.com



MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

• Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.
- iiii. The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its Registrar(s) and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit /ECS.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- v. By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- vi. SIP through Auto Debit Facility is available only on 2nd / 8th / 15th / 23rd of the month. In case these days are non-business days for the scheme, then SIP will be processed on the next business day.
- vii. Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- viii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.

- ix. The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- x. The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- xi. Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- xii. Following fields need to be filled mandatorily:
 - a. Date in format DD/MM/YYYY
 - b. Bank A/c Type: Tick the relevant box
 - $c. \quad Bank\,Account\,Number\,(Investor's\,bank\,account\,number)$
 - d. Name of Destination Bank (Investor's bank)
 - e. IFSC/MICR code
 - f. Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
 - g. Reference 1: Mention Folio Numbe
 - h. Reference 2: Mention Application No.
 - i. Phone No. (Optional)
 - j. Email ID (Optional)
 - Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
 - I. Signature as per bank account records
 - m. Name: Mention Bank Account Holder Name as per bank records