

COMMON APPLICATION FORM Application No. 6002144

(Please read the Key Information Memorandum, the Product Labels and instructions carefully an	nd complete the relevant section
legibly in black / dark coloured ink and in BLOCK LETTERS.)	•

South	Broker Code/ ARN	Sub-Broker Code ARN/ Branch Code		de LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)			Re	ef. No.			
Jour	h Gujarat ARN: 54854											
	e hereby confirm that the EUIN											
	ager/sales person of the above of the bove of the above of the bove of the bov			i in-appropriateness, if an	y, provided by the em	pioyee/relat	ionship mai	nager/sales	person (of the dis	stridutor	anc
	Signature			Signature					nature			
	le/ First Applicant/ Guardian/ POA			nd Applicant/ POA/ Authoris		at of vories		plicant/ POA		~		ibut
	pfront commission shall be paid SACTION CHARGES FOR APPL					n of various	IACIOIS INCIU	adınığ trie se	i vice ren(uered by	แ เซ นไรให้	nuut
	nfirm that I am a First time inves	tor across Mutual Fun	ds	◯lcon	firm that I am an Exist	-						
	se the subscription amount is ₹ r than first time mutual fund inve											ives
1.	EXISTING UNIT HOLDER I	•	•	•			-					dat
_	Unitholder's Name						F	Folio No.				
2.			nt (Default option)									
3.		RMATION* [Please t						ils mentione	əd match	nes with a	he KYC	deta
ŀ	OMr. OMs. OM/s.				AADHAAF CKYC No. (liner		+	+		-
-	PAN 3a. Contact Details* (Refer	Section 'l' of Instruct				(1111)						
-	Mobile No.		E-mail		a , ca () () ()							
_	Tel. (Off.) Country/ Area code			Country/ Area code		Fax	Countr	ry/ Area code	9			
H	I/ we wish to receive the Accor	unt Statement. Annual	. ,		ccount Statement and				Physic	cal	0 E-n	nail
- h	Mailing address* (P. O. Box	,	1 0				, accur					. iai
- b	City			State				Pi	in Code	+		+
H	Overseas address (Mandat	ory for NRI/FII. P. O. B	ox address is not s		ng overseas and with I	P. O. Box ad	dress pleas				ss)	
F								,			,	
	City			Country				Area	a Code	++		-
H	3b. Date of Birth (Mandatory)	in case of minor)	MMYY		ship with Guardian (referred in	point no. 4			ther O	egal Gi	Jaro
F	3c. Proof for Date of Birth	and										
	relationship with Guardian			ving Certificate OMa	IKSNEELISSUED by H	SU/ State I		rassport	Othe	ers <u>(P)</u>	ease Spe	ecity
H		esident Individual mited Partnership (LL		NRI (Repatriable)	 NRI (Non-Repatr d Company 	riable) Body Corp		Proprietorsh		○ HUF Insurance	e Com	nan
		OP/BOI O Trust	,									
				ovident Fund 🛛 🔿 Supe	erannuation/Pensior	n Fund) Gratuity F	Fund 🔿 '	FII 🔿 (Others	(Please	Spe
	3a Occupation*											-
-	3e. Occupation* O Pvt. See	ctor O Public Sector	⊖ Govt. Service (Business O Professio	onal () Agriculturist (O Retired) Housewi	ife 〇 Stude	ent O O	thers (F	Please Sp	peci
	3e. Occupation* O Pvt. See 3f. Gross Annual Income*		⊖ Govt. Service (onal O Agriculturist (Lacs O 10-	ORetired	⊖ Housewi ⊖ >	ife () Stud >25 Lacs -	ent O 1 Crore	others (P	Please Sµ ○ >1	peci
	3f. Gross Annual Income* Net-worth in ₹	ctor O Public Sector	⊖ Govt. Service (Lac ◯ 1-	Business O Profession 5 Lacs O 5-10	nal O Agriculturist (Lacs O 10- as on D	 Retired 25 Lacs D M N 	⊖ Housewi ○ > ∩ Y Y Y	ife ○ Stude >25 Lacs - Y Y (No	ent ◯ O 1 Crore ot older t	others (P	Please Sµ ○ >1	peci
	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)*	ctor O Public Sector	Govt. Service (Lac 01-	Business O Professio 5 Lacs O 5-10 dual Investors* (Is the	Lacs 0 10- as on 0 entity involved in / p	 Retired 25 Lacs D M N 	⊖ Housewi ○ > ∩ Y Y Y	ife ○ Stude >25 Lacs - Y Y (No	ent ◯ O 1 Crore ot older t	others (/	Please Sµ ○ >1 rear)	pecin Cro
	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* ○ Politically Exposed Persor	ctor O Public Sector	Govt. Service (Lac 01- For Non - Indivi Foreign Exchange	Business O Profession 5 Lacs 5-10 dual Investors* (Is the ge / Money Changer Se	Agriculturist (Lacs 0 10- as on 0 entity involved in / p rvices	 Retired (25 Lacs D M M providing a 	Housewi	ife ○ Stude >25 Lacs - Y Y (No	ent ◯ O 1 Crore ot older t	than 1 y	Please Sµ ○>1 rear) s ○Nc	Cro O
	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)*	ctor O Public Sector	Govt. Service (Lac 01- For Non - Indivi Foreign Exchange	Business Professic 5 Lacs 5-10 dual Investors* (Is the ge / Money Changer Se ing / Lottery Services [6	Agriculturist (Lacs 0 10- as on 0 entity involved in / p rvices	 Retired (25 Lacs D M M providing a 	Housewi	ife ○ Stude >25 Lacs - Y Y (No	ent ◯ O 1 Crore ot older t	than 1 y	Please Sµ ○ >1 rear)	Crc Crc
	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo	ctor O Public Sector Below 1	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending ,	Business Professic 5 Lacs 5-10 dual Investors* (Is the ge / Money Changer Se ing / Lottery Services [6	Agriculturist (Lacs 0 10- as on 0 entity involved in / p rvices	 Retired (25 Lacs D M M providing a 	Housewi	ife ○ Stude >25 Lacs - Y Y (No	ent ◯ O 1 Crore ot older t	than 1 y	Please Sµ ○>1 rear) s ○ Nc s ○ Nc	Crc Crc
-	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^ Investors who have compl	ctor O Public Sector O Below 1 n sed Person	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending , Any other inform	Business Professic 5 Lacs 5-10 dual Investors* (Is the ge / Money Changer Se ing / Lottery Services [6 / Pawning ation [Please specify]:	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting	Retired C -25 Lacs D D M N providing a syndicates	Housewi	ife O Stude >25 Lacs - Y Y (No following se	ent O 1 Crore ot older t ervices)	than 1 y	Please Si ○ >1 rear) s ○ No s ○ No s ○ No	Cro O O
ŗ	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^ Investors who have complerequested to quote the 14 digit *Self attested copy of Aadhaar	ctor O Public Sector O Below 1 	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending , Any other inform C with the Centra	Business Profession 5 Lacs 5-10 dual Investors* (Is the ge / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registr	Agriculturist (Lacs 10- as on entity involved in / p rvices eg. casinos, betting	Retired C 25 Lacs D D M M providing a syndicates	Housewi	ife O Stude >25 Lacs - Y Y (No following se	ent O 1 Crore ot older t ervices) per (KIN)	than 1 y Ye: Ye: Ye: Ye: Ye:	Please Sp >1 rear) s Nc s Nc s Nc he CKY	Crc Crc o o o
ŗ	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^ Investors who have completed to quote the 14 digit	ctor O Public Sector O Below 1 n seed Person eted the Central KYC KIN. r Card or Letter issued	Govt. Service (Lac 1- Foreign Exchang Gaming / Gambl Money Lending , Any other inform With the Centra by UIDAI containi	Business Professic 5 Lacs 5-10 dual Investors* (Is the je / Money Changer Se ing / Lottery Services [a / Pawning ation [Please specify]: al KYC Records Registing ing Aadhaar Number or	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application of	Retired Retired C C E Lacs D M M providing a syndicates ave a KYC of enrolmet	Housewi Housewi	ife O Studi >25 Lacs - Y Y (No following se tion Numb	ent O 1 Crore ot older t ervices) per (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: From the set of the set o	Please Si ○ >1 rear) s ○ No s ○ No s ○ No he CKY refer to p	Cro Cro o o o YCR
ri si U	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^ Investors who have compl requested to quote the 14 digit ⁸⁵ Self attested copy of Aadhaar under instructions section.	ctor O Public Sector O Below 1 n seed Person eted the Central KYC KIN. r Card or Letter issued	Govt. Service (Lac 1- Foreign Exchang Gaming / Gambl Money Lending , Any other inform With the Centra by UIDAI containi	Business Profession 5 Lacs 5-10 dual Investors* (Is the ge / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registr	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application of	Retired Retired C C E Lacs D M M providing a syndicates ave a KYC of enrolment	Housewi Housewi	ife O Studi >25 Lacs - Y Y (No following se tion Numb	ent O 1 Crore ot older t ervices) per (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: From the set of the set o	Please Si ○ >1 rear) s ○ No s ○ No s ○ No he CKY refer to p	Cro Cro o o o YCR
ri sa U	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^ Investors who have complerequested to quote the 14 digit *Self attested copy of Aadhaar	ctor O Public Sector Below 1 n used Person eted the Central KYC KIN. r Card or Letter issued	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform With the Centra by UIDAI containi	Business Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Aadhaar Number or	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C Stacs D M M N providing a syndicates ave a KYC of enrolmen	Housewi Housewi	ife Studi >25 Lacs - Y Y (No iollowing se tion Numb	ent O 1 Crore ot older t ervices) per (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: From the set of the set o	Please Si ○ >1 rear) s ○ No s ○ No s ○ No he CKY refer to p	Cro Cro o o o /CR
r. st U	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^ Investors who have complerequested to quote the 14 digit *Self attested copy of Aadhaarunder instructions section. DEBIT MANDATE (Lumpsum Investment) (For	ctor O Public Sector O Below 1 n sed Person leted the Central KYC KIN. r Card or Letter issued	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Adhaar Number or at CMS Locations only)	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C Stacs D M M N providing a syndicates ave a KYC of enrolmen	Housewi	ife Studi >25 Lacs - Y Y (No iollowing se tion Numb	ent O 1 Crore ot older t ervices) per (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: From the set of the set o	Please Si ○ >1 rear) s ○ No s ○ No s ○ No he CKY refer to p	Cro Cro o o o YCR
r. 12.	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^Investors who have complete 14 digit Self attested copy of Aadhaar under instructions section. DEBIT MANDATE	ctor O Public Sector O Below 1 n sed Person leted the Central KYC KIN. r Card or Letter issued	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Adhaar Number or at CMS Locations only)	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C Stacs D M M N providing a syndicates ave a KYC of enrolmen	Housewi	ife Studi >25 Lacs - Y Y (No iollowing se tion Numb	ent O 1 Crore ot older t ervices) per (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: From the set of the set o	Please Si ○ >1 rear) s ○ No s ○ No s ○ No he CKY refer to p	Cro Cro o o o YCR
n s 12.	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^Investors who have compl requested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For letached by the Registrar (CAMS)	ctor O Public Sector O Below 1 Inseed Person leted the Central KYC KIN. r Card or Letter issued r Union Bank of India S Pvt. Ltd.) and present	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Adhaar Number or at CMS Locations only)	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C	Housewi	ife Studi >25 Lacs - Y Y (No iollowing se tion Numb	ent O 1 Crore ot older f ervices) per (KIN) ttached.	than 1 y Ye: Ye: Ye: Ye: Please i	Please Sl >1 ear) s Nc s Nc s Nc he CKY	Cro o o o YCR
n s 12.	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^ Investors who have complerequested to quote the 14 digit *Self attested copy of Aadhaarunder instructions section. DEBIT MANDATE (Lumpsum Investment) (For	ctor O Public Sector O Below 1 Inseed Person leted the Central KYC KIN. r Card or Letter issued r Union Bank of India S Pvt. Ltd.) and present	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Adhaar Number or at CMS Locations only)	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C	Housewi	ife Studi >25 Lacs - Y Y (No iollowing se tion Numb	ent O 1 Crore ot older f ervices) per (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: From the set of the set o	Please Sl >1 ear) s Nc s Nc s Nc he CKY	Cro o o o YCR
, , , , , , , , , , , , , , , , , , ,	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^Investors who have compl requested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For letached by the Registrar (CAMS anch Manager - Union Bank of	ctor O Public Sector O Below 1 Inseed Person leted the Central KYC KIN. r Card or Letter issued r Union Bank of India S Pvt. Ltd.) and present	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Adhaar Number or at CMS Locations only)	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C	Housewi	ife Studi >25 Lacs - Y Y (No iollowing se tion Numb	ent O 1 Crore ot older f ervices) per (KIN) ttached.	than 1 y Ye: Ye: Ye: Ye: Please i	Please Sl >1 ear) s Nc s Nc s Nc he CKY	Cro Cro o o v CR poir
, , , , , , , , , , , , , , , , , , ,	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^Investors who have compl requested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For letached by the Registrar (CAMS anch Manager - Union Bank of	ctor O Public Sector O Below 1 Inseed Person leted the Central KYC KIN. r Card or Letter issued r Union Bank of India S Pvt. Ltd.) and present	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business Professic 5 Lacs 5-10 dual Investors* (Is the je / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Adhaar Number or at CMS Locations only)	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C	Housewi	ife Studi >25 Lacs - Y Y (No iollowing se tion Numb	ent O 1 Crore ot older f ervices) per (KIN) ttached.	than 1 y Ye: Ye: Ye: Ye: Please i	Please Sl >1 ear) s Nc s Nc s Nc he CKY	Cro Cro o o v CR poir
r s s t 2 t 2 t 2 t 2 t 2 t 2 t 2 t 2 t 2	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^Investors who have compl requested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For letached by the Registrar (CAMS anch Manager - Union Bank of	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Below 1 Control Below 1 Current Central KYC KIN. Card or Letter issued Union Bank of India S Pvt. Ltd.) and present India	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business Professic 5 Lacs 5-10 dual Investors* (Is the je / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Adhaar Number or at CMS Locations only)	anal Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired Retired C Stacs D M M N providing a syndicates ave a KYC of enrolmen	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: Ye: Please I	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro O O O O O O O O O O O O O O O O O O O
12. To be defined a second sec	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Not Applicable ^ Investors who have complerequested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For teached by the Registrar (CAMS nnch Manager - Union Bank of rise you to debit my / our Act	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Below 1 Control Below 1 Current Central KYC KIN. Card or Letter issued Union Bank of India S Pvt. Ltd.) and present India	Govt. Service (Lac 1-	Business O Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Aadhaar Number or at CMS Locations only) of India.	anal Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired (25 Lacs D M M providing a syndicates ave a KYC of enrolme Appl	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: Ye: Please I	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro Cro o o o YCR poir
12. To be defined a second sec	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable ^Investors who have compl requested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For letached by the Registrar (CAMS inch Manager - Union Bank of	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Below 1 Control Below 1 Current Central KYC KIN. Card or Letter issued Union Bank of India S Pvt. Ltd.) and present India	Govt. Service (Lac 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders a	Business O Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Aadhaar Number or at CMS Locations only) of India.	anal Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired (25 Lacs D M M providing a syndicates ave a KYC of enrolme Appl	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: Ye: Please I	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro Cro o o o YCR poir
Tissi si control de la contro	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Not Applicable ^ Investors who have completed to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For tetached by the Registrar (CAMS nnch Manager - Union Bank of rise you to debit my / our Ac figures)	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Below 1 Control Below 1 Current Central KYC Current Central KYC Current Central Current Sector Current Central Current Sector Current Curr	Govt. Service (Lac 01- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containi account holders : ed to Union Bank c	Business O Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Addhaar Number or at CMS Locations only) of India.	anal Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application o	Retired (25 Lacs D M M providing a syndicates ave a KYC of enrolme Appl	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Ye: Ye: Ye: Ye: Please I	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro Cro o o o YCR poir
Tissi si control de la contro	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Not Applicable ^ Investors who have complerequested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For teached by the Registrar (CAMS nnch Manager - Union Bank of rise you to debit my / our Act	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Below 1 Control Below 1 Current Central KYC Current Central KYC Current Central Current Sector Current Central Current Sector Current Curr	Govt. Service (Lac 01- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containi account holders : ed to Union Bank c	Business O Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Addhaar Number or at CMS Locations only) of India.	anal Agriculturist (Lacs 10- as on D entity involved in / prvices eg. casinos, betting ry (CKYCR), and ha proof of application of	Retired (25 Lacs D M M M providing a syndicates ave a KYC of enrolmer Appl ype of Acc	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb iaar to be at	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Yes Yes Yes Yes Date	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro O O O O O O O O O O O O O O O O O O O
rss so be de ro Brarr / We ₹ (in f	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Not Applicable ^ Investors who have completed to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For tetached by the Registrar (CAMS nnch Manager - Union Bank of rise you to debit my / our Ac figures)	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Below 1 Control Below 1 Current Central KYC Current Central KYC Current Central Current Sector Current Central Current Sector Current	Govt. Service (Lac 01- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform C with the Centra by UIDAI containing account holders : ed to Union Bank c	Business O Professic 5 Lacs 5-10 dual Investors* (Is the e / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Addhaar Number or at CMS Locations only) of India.	Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application of	Retired (25 Lacs D M N providing a syndicates ave a KYC of enrolmen Appl ype of Acc of Account	Housewi	ife Studi >25 Lacs - Y Y (Not ollowing set tion Numb aar to be at b	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Yes Yes Yes Yes Date	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro O O O O O O O O O O O O O O O O O O O
Tan and the set of th	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Not Applicable ^ Investors who have completed to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For tetached by the Registrar (CAMS nnch Manager - Union Bank of rise you to debit my / our Ac figures)	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Charles and the Central KYC KIN. Card or Letter issued Union Bank of India SPvt. Ltd.) and present India Cocount No.	Govt. Service (Lac 0 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform 2 with the Centra by UIDAI containing account holders i ed to Union Bank of the total sector ((Scheme Na	Business O Professic 5 Lacs 5-10 dual Investors* (Is the je / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: at KYC Records Registing Addhaar Number or at CMS Locations only) of India.	onal Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application of T Signature	Retired (25 Lacs D M M M providing a syndicates ave a KYC of enrolmer Appl iype of Acc of Account (Account (Account	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at aar to be at o.	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Yes Yes Yes Yes Date	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro O O O O O O O O O O O O O O O O O O O
I2. io be da io Brar / We iuthori ₹ (in f bay for	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Persor Related to Politically Exposed Persor Not Applicable ^Investors who have complete requested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For teached by the Registrar (CAMS nnch Manager - Union Bank of rise you to debit my / our Ac figures) r the purchase of units of U	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Below 1 Cardon Central KYC Card or Letter issued Union Bank of India SPvt. Ltd.) and present India Cocount No.	Govt. Service (Lac 0 1- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform 2 with the Centra by UIDAI containing account holders i ed to Union Bank of the total sector ((Scheme Na	Business O Professic 5 Lacs 5-10 dual Investors* (Is the je / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: at KYC Records Registing Addhaar Number or at CMS Locations only) of India.	onal Agriculturist (Lacs 10- as on D entity involved in / p rvices eg. casinos, betting ry (CKYCR), and ha proof of application of T Signature	Retired (25 Lacs D M M M providing a syndicates ave a KYC of enrolmen Appl iype of Acc of Account (A:	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at aar to be at o.	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Yes Yes Yes Yes Date	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro O O O O O O O O O O O O O O O O O O O
I2. io be defined and the second se	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Persor Related to Politically Exposed Persor Not Applicable ^ Investors who have complerequested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For tetached by the Registrar (CAMS inch Manager - Union Bank of rise you to debit my / our Ac figures) r the purchase of units of Ut WLEDGEMENT SLIP (To be find from: Mr./ Ms. /M/s	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Control Below 1 Current of the Central KYC Current of Letter issued Current of Letter issued Current of Letter issued Current No. Cur	Govt. Service (Lac 01- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform with the Centra by UIDAI containi account holders : ed to Union Bank c	Business O Professic 5 Lacs 5-10 dual Investors* (Is the pe / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Addhaar Number or at CMS Locations only) of India.	anal Agriculturist (Lacs 10- as on D entity involved in / prvices eg. casinos, betting ny (CKYCR), and ha proof of application of D Signature	Retired (25 Lacs D M M M providing a syndicates ave a KYC of enrolmen Appl iype of Acc of Account (A:	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at aar to be at o.	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Yes Yes Yes Yes Date	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro O O O O O O O O O O O O O O O O O O O
I2. io be defined and for the second secon	3f. Gross Annual Income* Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Exposed Persor Related to Politically Exposed Persor Not Applicable ^ Investors who have completequested to quote the 14 digit *Self attested copy of Aadhaar under instructions section. DEBIT MANDATE (Lumpsum Investment) (For Ideached by the Registrar (CAMS) inch Manager - Union Bank of rise you to debit my / our Act figures) r the purchase of units of U WLEDGEMENT SLIP (To be fi	ctor O Public Sector Below 1 Below 1 Below 1 Below 1 Control Below 1 Current of the Central KYC Current of Letter issued Current of Letter issued Current of Letter issued Current No. Cur	Govt. Service (Lac 01- For Non - Indivi Foreign Exchang Gaming / Gambl Money Lending / Any other inform with the Centra by UIDAI containi account holders : ed to Union Bank c	Business O Professic 5 Lacs 5-10 dual Investors* (Is the pe / Money Changer Se ing / Lottery Services [e / Pawning ation [Please specify]: al KYC Records Registing Addhaar Number or at CMS Locations only) of India.	anal Agriculturist (Lacs 10- as on D entity involved in / prvices eg. casinos, betting ny (CKYCR), and ha proof of application of D Signature	Retired (25 Lacs D M M M providing a syndicates ave a KYC of enrolmen Appl iype of Acc of Account (A:	Housewi	ife Studi >25 Lacs - Y Y (No ollowing se tion Numb aar to be at aar to be at o.	ent O O 1 Crore ot older t ervices) Der (KIN) ttached.	than 1 y than 1 y Yes Yes Yes Yes Date	Please Si >1 rear) s O Nc s O Nc s O Nc he CKY refer to p	Cro Cro o o o YCR poin

	OMr. OMs. NAME	O F S	ECO	ND	A P	P L I C	A N T			Date of Bi	irth D D	MMY	YY
	AADHAAR Card Number ^{ss}				PAN					⊖күс			
	CKYC No. (KIN) ^												
	4a. Status* O Resident Individual	⊖ Minor	() NRI (Re	epatriable)	\bigcirc NR	I (Non-Rep	patriable	e)	\bigcirc Others	(P	lease Spec	ify)
	4b. Occupation* O Pvt. Sector O Put	olic Sector \bigcirc C	Govt. Servio	ce O Bus	iness () P	rofessional \bigcirc Ag	griculturist	⊖ Reti	red O Hou	sewife O St	tudent \bigcirc O	thers (Ple	ase Speci
	4c. Gross Annual Income* O Below												
	4d. Other Details* OI am Politically	Exposed Pers	on () I am Re	elated to Po	olitically Expose	d Person	C	Not Appli	cable			
_ [4e. Contact Details* Mobile No.			E	E-mail								
	THIRD APPLICANT'S INFORMATION	* [Please tick	(✔)] (Refe	r Section	ı 'B', 'C' and	l 'G' of instructio	ns)						
	O Mr. O Ms. N A M E	O F T	HIR	D	APP	LICA	NT			Date of Bi	irth D D	M M Y	YY
	AADHAAR Card Number ^{ss}				PAN					⊂ KYC			
	CKYC No. (KIN) ^												
	5a. Status* O Resident Individual	⊖ Minor		- 1	epatriable)		I (Non-Rep			⊖ Others		lease Spec	
	5b. Occupation* OPvt. Sector OPut						-					thers (Ple	ase Speci
	5c. Gross Annual Income* O Below												
	5d. Other Details* OI am Politically	Exposed Pers	on (olitically Expose	d Person	C	Not Appli	cable			
	5e. Contact Details* Mobile No. ^Investors who have completed the 0				E-mail								
	FATCA INFORMATION/ FOREIGN TA Declaration Form available at www.i The below information is required for a	unionmf.com	or at our C									ite FATCA	and UE
	Category	11 (7	licant (inc	luding N	linor)	Second	Applicant	Guard	lian		Third A	oplicant	
	Is the Country of Birth / Citizenship /	0,											
	Nationality / Tax Residency other than India?*		res	⊖ No		⊖ Ye	S	⊖ No		(⊖ Yes	0 N	0
-							-						0
-	than India?*						-						0
-	than India?* * If Yes, please ind						-						0
-	than India?*		ries in whic	h you are	e resident f		and the a	ssociate	ed Tax Ref		nbers below	<i>I.</i>	
-	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type	icate all counti	ries in whic	h you are	e resident f	or tax purposes	and the a	ssociate	ed Tax Ref	erence Num	nbers below	<i>I.</i>	
-	than India?*	icate all counti	ries in whic	h you are	e resident f	or tax purposes	and the a	ssociate	ed Tax Ref	erence Num	nbers below	<i>I.</i>	
	than India?*	icate all counti	ries in whic	h you are	e resident f	for tax purposes	and the a	ssociate	ed Tax Ref	erence Num	nbers below	<i>I.</i>	
	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1	C Residentia	ries in whic	h you are	e resident f	 rax purposes Residential / 	and the a	ssociate	ed Tax Ref	erence Num	nbers below	<i>I.</i>	
	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick (~)] the reason A, B or C	C Residentia	ies in whic	h you are	e resident t	 rax purposes Residential / 	and the a		ed Tax Ref	erence Num	nbers below	ı. Iess 🔿 I	Resident
	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick ()] the reason A, B or C [as defined below] Country of Tax Residency 2</td <td>C Residentia</td> <td>ies in whic</td> <td>h you are</td> <td>e resident t</td> <td> rax purposes Residential / </td> <td>and the a</td> <td></td> <td>ed Tax Ref</td> <td>erence Num</td> <td>nbers below</td> <td>ı. Iess 🔿 I</td> <td>Resident</td>	C Residentia	ies in whic	h you are	e resident t	 rax purposes Residential / 	and the a		ed Tax Ref	erence Num	nbers below	ı. Iess 🔿 I	Resident
	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick ()] the reason A, B or C [as defined below] Country of Tax Residency 2 Tax Payer Ref. ID No. 2</td <td>C Residentia</td> <td>ies in whic</td> <td>h you are</td> <td>e resident t</td> <td> rax purposes Residential / </td> <td>and the a</td> <td></td> <td>ed Tax Ref</td> <td>erence Num</td> <td>nbers below</td> <td>ı. Iess 🔿 I</td> <td>Residenti</td>	C Residentia	ies in whic	h you are	e resident t	 rax purposes Residential / 	and the a		ed Tax Ref	erence Num	nbers below	ı. Iess 🔿 I	Residenti
	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick ()] the reason A, B or C [as defined below] Country of Tax Residency 2</td <td>C Residentia</td> <td>ies in whic</td> <td>h you are</td> <td>e resident t</td> <td> rax purposes Residential / </td> <td>and the a</td> <td></td> <td>ed Tax Ref</td> <td>erence Num</td> <td>nbers below</td> <td>ı. Iess 🔿 I</td> <td>Residenti</td>	C Residentia	ies in whic	h you are	e resident t	 rax purposes Residential / 	and the a		ed Tax Ref	erence Num	nbers below	ı. Iess 🔿 I	Residenti
	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick ()] the reason A, B or C<br [as defined below] Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Documentation Type 2	C Residentia	ies in whic	h you are	e resident t	Residential / Reason	and the a		ed Tax Ref	erence Num	nbers below	ı. Iess 🔿 I	Residenti
- - - - - - - - - - - - - -	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick (/)] the reason A, B or C [as defined below] Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Documentation Type 2 (TIN or Other Please specify) If TIN is not applicable, [Please tick (/)] the reason A, B or C [as defined below] Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Documentation Type 2 (TIN or Other Please specify) If TIN is not applicable, [Please tick (/)] the reason A, B or C	Reason Reason Reason Reason Reason Reason	ies in whice I / Busines: A A A A A A A A A A A A A A A A A A A	h you are	e resident f	Residential / Reason Reason Reason Reason Reason	and the a	B B B B	ed Tax Refr esidential C C C D its reside	Reasor Reasor	ntial / Busin	ess () В В В	C
	than India?* * If Yes, please ind Place/ City of Birth Country of Birth Address Type (of address in KYC records) Country of Tax Residency 1 Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick (Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Documentation Type 2 (TIN or Other Please specify) If TIN is not applicable, [Please tick (If N is not applicable, [Please tick (Documentation Type 2 (TIN or Other Please specify) If TIN is not applicable, [Please tick (If TIN is not applicable, [Please tick (<	Reason Reason Reason Reason Reason Reason	ies in whice I / Busines: A A A A A A A A A A A A A A A A A A A	h you are	e resident f	Residential / Reason Reason Reason Reason Reason	and the a	B B B B	ed Tax Refr esidential C C C D its reside	Reasor Reasor	ntial / Busin	ess () В В В	C

Document Greckist	muiviuuai	company	SUCIETY	Firms	through POA	IIusis	NIU	1113	1101	AUL & DUI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	1	1	1	1	1	1	1		1	1	1
KYC Acknowledgement	1	1	1	1	1	1	1	1	1	1	√ *
Resolution/ Authorisation to invest		1	1	1		1		1		1	
List of authorised signatories with specimen signatures		1	1	1	1	1		1		1	
Memorandum & Articles of Association		1									
Certificate of Incorporation		1	1	1		1					
Trust Deed			1			1					
Bye-laws											
Partnership Deed				1							
Notorised POA (signed by investor and POA Holder)					1						
Bank Account Proof (Latest available)	1	1	1	1	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

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

--><--

Dividend Sweep to U N N Facility Pair Option Pair Option/ Facility will be applied in case of no information, ambiguity or discrepancy. Facility Default Pair/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. Cheque / RTGS / NEFT No. Cheque / RTGS / NEFT No. Payment Mode: Cheque / RTGS / NEFT No. Cheque / RTGS / NEFT No. Cheque / RTGS / NEFT Date D M M Y Y Source Bank Name Source Bank AC No. Source Bank AC No. Source Bank AC No. FCNR Source Bank AC No. FCNR Source Bank Kore Cheque / RTGS / NEFT No. Amount in ₹ (words) Source Bank AC No. FCNR FCNR Source Bank AC No. Cheque / RTGS / NEFT No. In case the cheque is issued by a person other than the linvestor FCNR Document attached in the case of third pary payments (Mandatory) Third Pary Declarations Siter Monthly* In Case the cheque is issued by a person other than the linvestor 0 Solar Bank AC Molity Siter Monthly* In Case the cheque is an other than the linvestor In Monthly* In Case the cheque is an other than the linvestor 0 Siter Mark Solar Bank Act Monthly* In Gase the cheque is an other than othe investo	Pla	ATOUT DANK AC				ection 'D' and 'G' of instruction	ons) (Will be upd	ated only if th	ε ριουί οι ρατικ άςςοι	ınt is available)
BBR: M. Nine Bark Branch PPI on POIN		lease update my	our pay-in	-bank account r	nentioned under	ooint no. '9' below as defau	It payout bank a	account O Y		,
Dime Act Note Other Pitters Specify Bark AC type State Net NPD FORM Other Pitters Specify Bark Coy State Net NPD FORM Net NPD FORM Decamered Attached State Net			iy ii paymei	nt is through che	que/debit mandale	or proof of pay-in with IFSC o	code is enclosed	1)		
Met Cype Short Cyp						Deals Dreach				
Bend Coly Base Analytic State Pin BYS CODE Analytic State of the construction o			Savinge	Current			Othere		(Please Specify)	
Image: Coole in the Target no. agreement of the control of the c			Joavings	Current			O Others			
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>		-			MICB					
				ank Statement			4			
For unit holders oping in lowes in dermal mode, please around that the bank account like during account is methoded by allowed to able the product balance with with a able the able to able the product balance with with a able to able the product balance with with a able to able the product balance with with a able to able the product balance with with a able to able the product balance with with a able to able the product balance with with a able to able the product balance balan								9 digit code ne	xt to the cheque no.)	
DEMAT ACCOUNT DETAILS (Refer Section *0 of inductions) NSDE: Depository Participant (P) Name DP ID No. 1 N Beneficiary Account Number DEDE: Depository Participant (P) Name Beneficiary Account Number Beneficiary Account Number If may to note that the combations sequence of names and node of holding in the application form mut match exactly with the account between withing to be securitied. Number of the security with the account between the security of inductions) (Third Party payment(s) with the account between withing to be securitied. Nume of the Scheme Union Tac Saver Scheme Union Number (Inductions) (Third Party payment(s) with the account between withing to the security. Party Option Union Statewer Scheme Union Number (Inductions) (Third Party payment(s) with the account be security. Party Option Union Number (Inductions) (Third Party payment(s) with the account between with Number (Inductions) (Third Party Party Inductions) Number (Inductions) (Third Party Party Inductions) (Third Party Party Inductions) (Third Party Party Inductions) Number (Inductions) (Third Party Party Inductions) Party Option Party Option RTGS NETF Fund Tarstein Default Manchate (Inductions) Number (Inductions) Party Option RTGS NETF Fund Tarstein Default Manchate (Inductions) Neme (Inductions) Number (Inductions) Number (Inductions) Number (Inductions) Number (Inductions)	Fo	or unit holders o	oting to inv	vest in demat me	ode, please ensur	e that the bank account lin	ked with the de	mat account	is mentioned here.	
DEMAT ACCOUNT DETAILS (Refer Section *0 of inductions) NSDE: Depository Participant (P) Name DP ID No. 1 N Beneficiary Account Number DEDE: Depository Participant (P) Name Beneficiary Account Number Beneficiary Account Number If may to note that the combations sequence of names and node of holding in the application form mut match exactly with the account between withing to be securitied. Number of the security with the account between the security of inductions) (Third Party payment(s) with the account between withing to be securitied. Nume of the Scheme Union Tac Saver Scheme Union Number (Inductions) (Third Party payment(s) with the account between withing to the security. Party Option Union Statewer Scheme Union Number (Inductions) (Third Party payment(s) with the account be security. Party Option Union Number (Inductions) (Third Party payment(s) with the account between with Number (Inductions) (Third Party Party Inductions) Number (Inductions) (Third Party Party Inductions) (Third Party Party Inductions) (Third Party Party Inductions) Number (Inductions) (Third Party Party Inductions) Party Option Party Option RTGS NETF Fund Tarstein Default Manchate (Inductions) Number (Inductions) Party Option RTGS NETF Fund Tarstein Default Manchate (Inductions) Neme (Inductions) Number (Inductions) Number (Inductions) Number (Inductions) Number (Inductions)	UN		TION (Ple	ase tick (✔)]	O Physical Mode	Demat Mode (If demat acc	count details are pr	ovided below. u	nits will be allotted by det	ault in electronic mode on
HSDL: Depository Pericipant (DP) Name DP D No: IN Beneficity Account Number CDBL: Depository Pericipant (DP) Name Beneficity Account Number Beneficity Account Number Imay be noted that combination sequence of names and node of holding in the speciation form must match back beachy with the social hold with the Depository participant With the combination form. Imay be noted that combination sequence of names and node of holding in the speciation form must match beach participant (DP) Note: TP, Can N of Information DF Turk PM (DP) Note: TP, Can N of Information DF Turk PM (DP) Note: TP Note:			•	()/	- •					
Colsc.: Opcounds 9. Anticipant (B) Name Endeding in the application form must mich be accepted with the Depolation provide accept The provide of the accepted by the Colscience of the Scheme Colscience Colscience				•	,	DP ID No: I N		Beneficiary	Account Number	
Invest in developing on the DP attachment to enable us to match the demut details as table in the scener developing on the DP attachment to enable us to match the demut details as table in the scener developing of the DP attachment to enable us to match the demut details as table in the scener developing of the DP attachment to enable use of the DP attachment developing of the										
INVESTMENT AND PAYNERT DETALS" (Place dock (C)										
Name of the Scheme Union Equity Fund Union Equity Fund Union Equity Fund Name of the Scheme Union Save Scheme Union Save Scheme Union Save Scheme Pagudar Union Save Scheme Union Save Scheme Union Save Scheme Union Save Scheme Pagudar Union Save Scheme Option Save Scheme Option Dividend Preventions Pagudar Union Save Scheme Option Dividend Preventions Save Scheme Option Pagudar Union Save Scheme Option Dividend Preventions Save Scheme Option Pagudar Union Save Scheme Option Pagudar Union Save Scheme Option Pagudar Union Save Scheme Option Pagudar Union Save Scheme Pagudar Union Save Scheme Pagudar Union Save Scheme Pagudar Union Save Scheme Pagudar Union Save Scheme Pagudar Union Save Scheme Pagudar Union Save Scheme Saves Bark Name Saves Bark Name Account Type Saves Bark Name Saves Bark Name Pagudar Union Save Scheme Pagudar Union Saves Scheme Saves Scheme Pagudar Union Saves Scheme										
Name of the Scheme Union Small and Middes Pland Union Utils Short Yrum Debt Pland Union Dividend Prequency- Plan Option Sub Option Dividend Prequency-										
Plan Dividend Server Dividend Server Pregudard Other Than Direct Plan _ Direct Grandm Dividend Pryouul Restructurest Brace Dividend Server Deally Weekly Fundighting Monthly Pregudard Other Than Direct Plan _ Direct N N Restructurest Brace Deally Weekly Fundighting Monthly Plant Option N N Restructurest Brace D D N Monthly Plant Option N N Restructurest D D N N Y Y Plant Option N Restructurest D D N N Y	N	Name of the Scher			heme			O Union Ass	et Allocation Fund - Mo	derate Plan
			OUn	ion Small and Mi	dcap Fund	O Union Ultra Short Term De	ebt Fund~	O Union		
Dividend Sweep to U N N Plank Option Facility Document and option Facility Device Data Plank Option Device Data Plank Option Device Data Plank Option Device Data Cheque A RTGS Source Bank KAR No. Cheque A RTGS Source Bank KAC No. Cheque A Rtage Source Bank CAC No. Cheque A Rtage Source Bank CAC No. Cheque A Rtage Source Bank CAC No. Source Bank CAC No. Source Bank CAC No. Source Bank CAC No.		PI	an		Option	Sub Optic	n		Dividend Free	quency~
Part Option Default Plan' Option Default Plan' Option Default Plan' Option Default Plan' Option Payment Kance Payment Kance Payment Kance Source Bank Code Source Bank Code Source Bank Kance S	OF	Regular/ Other tha	n Direct Plar	Direct O Gro	wth O Dividend	O Dividend Payout O Reinv	estment O Swe	ep 🔿 Daily	⊖ Weekly ⊖ Fe	ortnightly O Monthl
Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy. Perspective Action Plan (Plan	Div	ividend Sweep to	UNI	O N						
Payment Mode: Cheque PTGS NEFT Fund Transfer Debit Mandate (Union Bank of India AC Holders only) Cheque / RTGS / NEFT No. Cheque / RTGS / NEFT Date D M M Y Y Monute In C Figures) Amount In C (vords) Source Bank Anne Source Bank Anne Source Bank Anne NRO FCNR Source Bank AC No. Cheque Issue Name In case the cheque Is issued by a person other than the investor Document attrached in the case of third party payments (Mandatory) Third Party Declarations TO BE FILLED ONLY IN CASE OF SIP APPLICANT Name Fequency Start Month/Year End Month/Year Cheque Issue V (Vord) Bank AND NO. Start Month Start Month Start Month/Year End Month/Year Cheque Issue V (Vord) Cheque	Pla	lan/ Option					Facility			
Pheque / RTGS / NEFT No. Amount in ₹ (words) D M M Y Y Y Source Bank Name Source Branch Source Branch Source Bank Name Source Branch Source Branch Source Bank Are No. Source Bank Are No. Source Branch NRO<	De	efault Plan/ Optio	n/ Facility w	ill be applied in c	case of no informat	ion, ambiguity or discrepanc	у.			
Mourant in 7 (Figures) Amount in 7 (words) Source Branch Source Branch Source Branch Alor No. Cheque Issuer Name Source Branch In case the cheque is issued by a person other than the investor Document attached in the case of third party payments (Mandatory) Third Party Declarations TO BE FILLED ONLY IN CASE OF SIP APPLICANT Name PAN Control Berne Name PAN Control Berne Name Scheme / Plan / Option SiP Installment Amount (* in figures) 2nd 0 8th* Output Start Monthly'ear End Monthly'ear Cheque Start Monthly'ear End Monthly'ear Cheque Start Monthly'ear End Monthly'ear Cheque Start Monthly'ear Cheque Start Monthly'ear Cheque Start Monthly'ear Cheque Start Monthly'ear Start Monthly'ear Cheque Start Monthly'ear Cheque Start Monthly'ear Cheque Start Monthly'ear Cheque Start Monthly'ear Cheque Start Monthly'ear Cheque Start Start Monthly'ear Start Monthly'ear Cheque Start ManDate Instruction FOR NACH/ECS/ DIRECT DEBIT (Refer overleaf for instructions) UNRN Cole Sponsor Bank Code For Office use UNRN Cole Sponsor Bank Code For Office use UNRN Cole Sponsor Bank Code For Office use Cheque Start Year Office Start Cole For Office use		Payment Mode	: O Cł	neque ORT	GS ONEFT	○ Fund Transfer ○ Deb	oit Mandate (Uni	on Bank of Ind	ia A/C Holders only)	
Bource Bank IFSC Code Cheque Issuer Name In case the cheque is issued by a person other than the investor Document attached in the case of third party payments (Mandaton) Third Party Declarations TO BE FILLED ONLY IN CASE OF SIP APPLICANT Name PAN Image: Scheme/Plan/Option SiP installment Amount (? in figures) SiP and Bith* Order Start Month/Year End Month/Year End Month/Year Order Start Month/Year End Month/Year End Month/Year Order Start Month/Year End Month/Year End Month/Year Order Start Start Month/Year End Month/Year Order Start Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year Image: Start Month/Year Image: Start Month/Year Order Start SystemAttic INVEStment PLAN (SIP) - Auto DEBIT FORM Monthiny Image: Start Month/Year Image: Start Month/Year ManDate INStruction FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions) Image: Start Monthy Kear Image: Start Month/Year		Cheque / RTG	S / NEFT N	D.			Che	que / RTGS /	NEFT Date D	DMMYYY
Bource Bank IFSC Code Cheque Issuer Name In case the cheque is issued by a person other than the investor Document attached in the case of third party payments (Mandaton) Third Party Declarations TO BE FILLED ONLY IN CASE OF SIP APPLICANT Name PAN Image: Scheme/Plan/Option SiP installment Amount (? in figures) SiP and Bith* Order Start Month/Year End Month/Year End Month/Year Order Start Month/Year End Month/Year End Month/Year Order Start Month/Year End Month/Year End Month/Year Order Start Start Month/Year End Month/Year Order Start Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year Image: Start Month/Year Image: Start Month/Year Order Start SystemAttic INVEStment PLAN (SIP) - Auto DEBIT FORM Monthiny Image: Start Month/Year Image: Start Month/Year ManDate INStruction FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions) Image: Start Monthy Kear Image: Start Month/Year	MU	Amount in ₹ (F	igures)			Amount in ₹ (words)				
Bource Bank IFSC Code Cheque Issuer Name In case the cheque is issued by a person other than the investor Document attached in the case of third party payments (Mandaton) Third Party Declarations TO BE FILLED ONLY IN CASE OF SIP APPLICANT Name PAN Image: Scheme/Plan/Option SiP installment Amount (? in figures) SiP and Bith* Order Start Month/Year End Month/Year End Month/Year Order Start Month/Year End Month/Year End Month/Year Order Start Month/Year End Month/Year End Month/Year Order Start Start Month/Year End Month/Year Order Start Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year End Month/Year Order Start Monthiny Image: Start Month/Year Image: Start Month/Year Image: Start Month/Year Order Start SystemAttic INVEStment PLAN (SIP) - Auto DEBIT FORM Monthiny Image: Start Month/Year Image: Start Month/Year ManDate INStruction FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions) Image: Start Monthy Kear Image: Start Month/Year	MPS	Source Bank N	ame				Source	e Branch		
Document attached in the case of third party payments (Mandatory) Third Party Declarations To BE FILLED ONLY IN CASE OF SIP APPLICANT Name PAN Scheme/ Plan/ Option SiP Installment Amount ('t in figures) Pan Option SiP Installment Amount ('t in figures) Siart Monthly* Option SiP Installment Amount ('t in figures) Outarterly Option SiP Installment Amount ('t in figures) Outarterly Option SiP Installment Amount ('t in figures) Outarterly Option Start Monthly* Outarterly Option Start Action Plance Date	E	Source Bank A	/C No.			Accour		•		
TO BE FILLED ONLY IN CASE OF SIP APPLICANT Name PAN Scheme/ Plan/ Option SiP installment Amount (t in figures) SiP Date (requency Frequency Start Month/Year End Month/Year Op Scheme/ Plan/ Option SiP installment Amount (t in figures) SiP Date (requency Frequency Start Month/Year End Month/Year Op Scheme/ Plan/ Option SiP Date (refault Dec 2095) Provide Start Option Start Month/Year End Month/Year Option Scheme/ Plan/ Option SiP Date (refault Dec 2095) Provide Start Option Start Month/Year End Month/Year Option Start Month/Year Control Start Month/Year End Month/Year End Month/Year Option Start Month/Year Option Start Month/Year Option Start Month/Year Option System Option Start Month/Year Option Start Month/Year Option Mint Plan Option Start Month/Year Colstart Mint Plan Option Mint Plan Option Start Month/Year End Mint Plan Option End Mint Plan Option <th< th=""><th></th><th>Source Bank If</th><th>SC Code</th><th></th><th></th><th>Cheque Issuer Name</th><th>In case the</th><th>cheque is iss</th><th>ued by a person othe</th><th>r than the investor</th></th<>		Source Bank If	SC Code			Cheque Issuer Name	In case the	cheque is iss	ued by a person othe	r than the investor
Name PAN Scheme/ Plan/ Option SiP Installment Amount (t in figures) SiP Date Frequency Start Month/Year End Month/Year 0 Scheme/ Plan/ Option SiP Installment Amount (t in figures) SiP Date Frequency Start Month/Year End Month/Year 0 Scheme/ Plan/ Option SiP Installment Amount (t in figures) SiP Add Bith Monthly* Scheme/ Plan/ Option Scheme/ Plan/ Option 0 Scheme/ Plan/ Option SiP Add Bith Monthly* Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option 0 Scheme/ Plan/ Option 0 Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Option Scheme/ Plan/ Optin Scheme/ Plan/ Option Scheme/ Plan		Document alla	iched in the	e case of third pa	ny payments (Mar	datory) O Third Party De	ciarations			
Scheme/ Plan/ Option SiP Installment Amount (t in figures) SiP Date 2nd Frequency Start Month/Year End Month/Year (Default Dec 2095) 9 2nd 8th* Monthly*		i			TO BE FII	LED ONLY IN CASE OF	SIP APPLICA	ANT		
Image: space of the space		Name							PAN	
Image: State of Account Holder Signature of Account Holder Image: Signature of Account Holder Signature of Account Holder Signature Primary Account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder			Schem	ne/ Plan/ Option			SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099
Image: State of Account Holder Signature of Account Holder Image: Signature of Account Holder Signature of Account Holder Signature Primary Account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder								O Monthly*		
Image: Systematic inverse in words Systematic inverse in words Systematic inverse in words Systematic inverse in words Signature of Account Holder										· · · · · · · · · · · · · · · ·
Image: Second	۵.						\bigcirc 15th \bigcirc 23rd		MMYYYY	Y M M Y Y Y
Image: Second	SIP							⊖ Quarterly		
Image: State of the debit of mandate processing charges by the bank whom I am authorizing to debit my account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder	SIP						\bigcirc 2nd \bigcirc 8th*	QuarterlyMonthly*		(M M Y Y Y (M M Y Y Y
Pbefau SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions) UMR P o r o f r i o u s e Date D M M Y Y Sponsor Bank Code For Office use Utility Code For Office use If CEL Bank Name of Customer's Bank IFSC In figures UDENCY X Monthly X Quarterly X Half Yearly X Yearly As & when presented Early DEBIT TYPE X Fixed Amount Maximum Amo Folio No. If agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. Signature Primary Account Holder Signature of Account Holder Name as in bank records Name as in bank records Name as in bank records	SIP						○ 2nd ○ 8th* ○ 15th ○ 23rd	 Quarterly Monthly* Quarterly 		
Systematic Investment PLAN (SIP) - AUTO DEBIT FORM MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions) UNIN For ffice use Utility Code For Office use Sponsor Bank Code For Office use Utility Code For Office use VWe, hereby authorize Union Mutual Fund To debit [Tick (?)] SB/CA/CC SB-NRE/SB-NRO/Off Bank Name of Customer's Bank IFSC or MICR Mount of Rupees in words if in figures QUENCY & Monthly & Quarterly & Half Yearly & Yearly & As & when presented DEBIT TYPE Kixed Amount Maximum Amount rence 1 Folio No. Phone No. Email ID Email ID Image for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. Nome Signature of Account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder Minit Y Y Y Y Name as in bank records	SIP						 ○ 2nd ○ 8th* ○ 15th ○ 23rd ○ 2nd ○ 8th* 	 Quarterly Monthly* Quarterly Monthly* 	M M Y Y Y M M Y Y Y M M Y Y Y M M Y Y Y	M M Y Y Y I M M Y Y Y I M M Y Y Y I M M Y Y Y I M M Y Y Y I M M Y Y Y
MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions) UMRN F o r o f f i c e u s e Date D M M Y Y Y Sponsor Bank Code For Office use Utility Code For Office use UNRN F o r o f f i c e u s e Utility Code For Office use UNRN F o r office use Utility Code For Office use UNe, hereby authorize Union Mutual Fund To debit [Tick (/)] SB/CA/CC SB-NRE/SB-NRO/Office Bank Name of Customer's Bank IFSC or MICR Ifsigures Dues in words If infigures If figures Dues Infigures Infigures Infigures Due No. Phone No. Phone No. Phone No. Phone No. If agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. Signature of Account Holder Name as in bank records	SIP						 ○ 2nd ○ 8th* ○ 15th ○ 23rd ○ 2nd ○ 8th* 	 Quarterly Monthly* Quarterly Monthly* 	M M Y Y Y Y	M M Y Y Y M M Y Y Y M M Y Y Y M M Y Y Y *Defau
MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions) UMRN Forofficeuse Date M M Y Y Sponsor Bank Code For Officeuse Utility Code For Officeuse UNRN Forofficeuse Utility Code For Officeuse UNRN Forofficeuse Utility Code For Officeuse UNR, hereby authorize Union Mutual Fund To debit (Tick (~)) SB/CA/CC SB-NRE/SB-NRO/Ott ACEL Bank a/c number Insort Customer's Bank IFSC or MICR Bank Name of Customer's Bank IFSC or MICR Ifsigures QUENCY X Monthly X Quarterly X Half Yearly X Yearly As & when presented DEBIT TYPE Fixed Amount Amaximum Amount rence 1 Folio No. Phone No. Email ID Email ID Email ID Email ID Email ID Email ID Signature of Account Holder Name as in bank records Name as in bank records	SIP						 ○ 2nd ○ 8th* ○ 15th ○ 23rd ○ 2nd ○ 8th* 	 Quarterly Monthly* Quarterly Monthly* 	M M Y Y Y Y	(M M Y Y Y Y) (M M Y Y Y Y) (M M Y Y Y Y) (M M Y Y Y Y) *Defau
W Y Y Y Date D M Y Y Y Sponsor Bank Code For Office use Utility Code For Office use Sponsor Bank Code For Office use Utility Code For Office use ATE I/We, hereby authorize Union Mutual Fund To debit [Tick (/)] SB/CA/CC SB-NRE/SB-NRO/Office use ATE I/We, hereby authorize Union Mutual Fund To debit [Tick (/)] SB/CA/CC SB-NRE/SB-NRO/Office use Bank a/c number I/We, hereby authorize Union Mutual Fund IFSC IfSC IfSC Bank a/c number I/We, hereby authorize In figures IfSC IfSC IfSC Bank a/c number IfSC IfSC IfSC IfSC IfSC Bank Name of Customer's Bank IFSC IfSC IfSC IfSC QUENCY X Monthly X Quarterly X Half Yearly X Yearly X As & when presented DEBIT TYPE X Fixed Amount Maximum Amount of Maximum Amount of Rupees rence 1 Folio No. Phone No. Email ID IfScature of Account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder Name as in bank records Name as in	SIP			SYSTEMAT		MENT PLAN (SIP	○ 2nd ○ 8th* ○ 15th ○ 23rd ○ 2nd ○ 8th* ○ 15th ○ 23rd	 Quarterly Monthly* Quarterly Monthly* Quarterly 		(M M Y Y Y (M M Y Y Y (M M Y Y Y (M M Y Y Y *Defau
Sponsor Bank Code For Office use Utility Code For Office use ATE I/We, hereby authorize Union Mutual Fund To debit [Tick (*)] SB/CA/CC SB-NRE/SB-NRO/Off Bank a/c number Intervention Bank a/c number Intervention SB/CA/CC SB-NRE/SB-NRO/Off Bank a/c number Intervention IFSC Intervention Intervention Bank Name of Customer's Bank IFSC Intervention Intervention Bunk Name of Customer's Bank IFSC Intervention Intervention QUENCY X Monthly X Quarterly X Half Yearly X Yearly X As & when presented DEBIT TYPE X Fixed Amount X Maximum Amount rence 1 Folio No. Phone No. Email ID Intervention Intervention I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. Signature of Account Holder Signature of Account Holder Signature of Account Holder M M M Y Y Y Y Name as in bank records	dis						○ 2nd ○ 8th* ○ 15th ○ 23rd ○ 2nd ○ 8th* ○ 15th ○ 23rd	Quarterly Monthly* Quarterly Monthly* Quarterly		/ M Y Y Y / M M Y Y Y / M M Y Y Y / M M Y Y Y / M M Y Y Y / M M Y Y Y / M M Y Y Y / M M Y Y Y / M M Y Y Y / M M Y Y Y
ATE Other basic Por Onice use Por Onice use ATE I/We, hereby authorize Union Mutual Fund To debit [Tick (*/)] SB/CA/CC SB-NRE/SB-NRO/Other Bank a/c number Image: Second	dis U		MAND	DATE INSTRU	JCTION FOR	NACH/ ECS/ DIRECT	○ 2nd ○ 8th* ○ 15th ○ 23rd ○ 2nd ○ 8th* ○ 15th ○ 23rd	Quarterly Monthly* Quarterly Monthly* Quarterly	instructions)	
DIFY I/We, hereby authorize Union Mutual Fund To debit [Tick (✓)] SB/CA/CC SB-NRE/SB-NRO/Otf NCEL Bank a/c number Image: SB/CA/CC SB-NRE/SB-NRO/Otf SB/CA/CC SB-NRE/SB-NRO/Otf Bank Name of Customer's Bank IFSC Image: SB/CA/CC SB-NRE/SB-NRO/Otf Bank Name of Customer's Bank IFSC Image: SB/CA/CC SB-NRE/SB-NRO/Otf mount of Rupees in words Image: SB/CA/CC SB-NRE/SB-NRO/Otf QUENCY X Monthly X Quarterly X Half Yearly X Yearly X As & when presented DEBIT TYPE X Fixed Amount QUENCY X Monthly X Quarterly X Half Yearly X Yearly X As & when presented DEBIT TYPE X Fixed Amount Image: Policio No. Phone No. Email ID Image: Signature of Account As per latest schedule of charges of bank. AloD Image: Signature Primary Account Holder Signature of Account Holder Signature of Account Holder Image:			MANE IMRN	DATE INSTRU	JCTION FOR	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd 15th 23rd 0 - AUTO [DEBIT (Refe	Quarterly Monthly* Quarterly Monthly* Quarterly	instructions) Date	M M Y Y Y
Bank Name of Customer's Bank IFSC or MICR mount of Rupees in words If in figures QUENCY X Monthly X Quarterly X Half Yearly X Yearly ✓ As & when presented DEBIT TYPE X Fixed Amount Phone No. Phone No. Image for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. AIOD MM Y Y Y Y M M Y Y Y Y Name as in bank records Name as in bank records			MANE IMRN	DATE INSTRU	JCTION FOR	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd 15th 23rd 0 - AUTO [DEBIT (Refe	Quarterly Monthly* Quarterly Monthly* Quarterly	instructions) Date	M M Y Y Y
in words ₹ in figures QUENCY X Monthly X Quarterly X Half Yearly X Yearly ✓ As & when presented DEBIT TYPE X Fixed Amount ✓ Maximum Amo rence 1 Folio No. Phone No. Email ID Image: Signature of Account Holder Name as in bank records			MAND MRN [ponsor Bar	DATE INSTRU	O f f i For Office us	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd 15th 23rd 0 - AUTO [DEBIT (Refe	Quarterly Outly* Quarterly Outly* Out	Instructions) Date D For Office use	M M Y Y Y
QUENCY X Monthly X Quarterly X Half Yearly X Yearly X As & when presented DEBIT TYPE X Fixed Amount X Maximum Amount rence 1 Folio No. Phone No. Phone No. Image for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. RIOD Signature Primary Account Holder Signature of Account Holder Signature of Account Holder Name as in bank records			MANE IMRN [ponsor Bar by authorize	DATE INSTRU	O f f i For Office us	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd 15th 23rd 0 - AUTO [DEBIT (Refe	Quarterly Outly* Quarterly Outly* Out	Instructions) Date D For Office use	M M Y Y Y
QUENCY X Monthly X Quarterly X Half Yearly X Yearly X As & when presented DEBIT TYPE X Fixed Amount X Maximum Amount rence 1 Folio No. Phone No. Phone No. Image for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. RIOD Signature Primary Account Holder Signature of Account Holder Signature of Account Holder Name as in bank records		Jinion State Freedometer I/We, heree Bank a/c r	MANE MRN [ponsor Bar by authorize umber [DATE INSTRU	JCTION FOR 0 f f i For Office us al Fund		2nd 8th* 15th 23rd 2nd 8th* 15th 23rd 15th 23rd 0 - AUTO [DEBIT (Refe	Quarterly Outly* Quarterly Outly* Out	instructions) Date D D For Office use Tick ((()] SB/CA/CC) [M] [Y] Y] Y]
rence 1 Folio No. rence 2 Application No. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. AIOD m D D M M Y Y Y Y D D M M Y Y Y Y Name as in bank records Name as in bank records Name as in bank records	U w U I w U I	Inion Trail Free Street	MANE MRN [ponsor Bar by authorize umber [DATE INSTRU	JCTION FOR 0 f f f i For Office us al Fund ''s Bank	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd 15th 23rd 0 - AUTO [DEBIT (Refe	Quarterly Outly* Quarterly Outly* Out	instructions) Date D D For Office use Tick (or MICR	M Y Y Y SB-NRE/SB-NRO/Oth
Prence 2 Application No. Email ID I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. RIOD	U U U U U U U U U U U U U U	Inion IVWe, here IVWe, here Bank a/c r to f Rupees	MANE	DATE INSTRU	JCTION FOR 0 f f i For Office us al Fund ''s Bank ir	NACH/ ECS/ DIRECT	 2nd ○ 8th* 15th ○ 23rd 2nd ○ 8th* 15th ○ 23rd AUTO I DEBIT (Reference) Utility Code [Quarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly OEBITF(r overleaf for To debit [1	instructions) Date D D For Office use ick (or MICR T T T Date D D For Office use For Office For Offi	M Y Y SB-NRE/SB-NRO/Oth I I I I In figures
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. AIOD	U Vor Be (()) ATE DIFY ICEL Bank mount	I/We, here Bank a/c r C	MANE	DATE INSTRU	JCTION FOR 0 f f i For Office us al Fund ''s Bank ir	NACH/ ECS/ DIRECT	 2nd ○8th* 15th ○23rd 2nd ○8th* 15th ○23rd) - AUTO I DEBIT (Reference) Utility Code Utility Code DEBIT TYPE	Quarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly OEBITF(r overleaf for To debit [1	instructions) Date D D For Office use ick (or MICR T T T Date D D For Office use For Office For Offi	M Y Y SB-NRE/SB-NRO/Oth I I I I In figures
BIOD Signature Primary Account Holder Signature of Account Holder Signature of Account Holder m D M Y Y Y D D M Y Y Y Name as in bank records	U Vor Be (()) ATE DIFY ICEL Bank mount	I/We, here Bank a/c r C	MANE	DATE INSTRU	JCTION FOR 0 f f i For Office us al Fund ''s Bank ir	NACH/ ECS/ DIRECT	 2nd ○8th* 15th ○23rd 2nd ○8th* 15th ○23rd) - AUTO I DEBIT (Reference) Utility Code Utility Code DEBIT TYPE	Quarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly OEBITF(r overleaf for To debit [1	instructions) Date D D For Office use ick (or MICR T T T Date D D For Office use For Office For Offi	M Y Y SB-NRE/SB-NRO/Oth I I I I In figures
m D D M Y Y Y Y Signature of Account Holder Signature of Account Holder D D M Y Y Y Name as in bank records Name as in bank records Name as in bank records	DIFY ICEL Bank mount QUEN rence	I/We, here I/We, here Bank a/c r to f Rupees NCY X Monthly X = 1	MANE	DATE INSTRU	JCTION FOR 0 f f i For Office us al Fund ''s Bank ir	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd) - AUTO I DEBIT (Refer Utility Code	Quarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly OEBITF(r overleaf for To debit [1	instructions) Date D D For Office use ick (or MICR T T T Date D D For Office use For Office For Offi	M Y Y SB-NRE/SB-NRO/Oth I I I I In figures
m D D M Y Y Y Y Signature of Account Holder Signature of Account Holder D D M Y Y Y Name as in bank records Name as in bank records Name as in bank records	DIFY ICEL Bank mount QUEN rence	Joion TUAL FUND S I/We, here I/We, here Bank a/c r It of Rupees NCY X Monthly X I I I I I I	MANE	ATE INSTRU	JCTION FOR 0 f f i For Office us al Fund ''s Bank ''s Bank Yearly As & w	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd - AUTO I DEBIT (Refer Utility Code	Quarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly OUDEBIT F(r overleaf for To debit [1 OUDEBIT E	instructions) Date □ □ For Office use ick (✓)] SB/CA/CC or MICR □ ₹ (Fixed Amount	SB-NRE/SB-NRO/Oth
D D M M Y Y Y Y Name as in bank records	(V) ATE DIFY ICEL Bank nount QUEN rence	Joion TUAL FUND S I/We, here I/We, here Bank a/c r It of Rupees NCY X Monthly X I I I I I I	MANE	ATE INSTRU	JCTION FOR 0 f f i For Office us al Fund ''s Bank ''s Bank Yearly As & w	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd - AUTO I DEBIT (Refer Utility Code	Quarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly Ouarterly OUDEBIT F(r overleaf for To debit [1 OUDEBIT E	instructions) Date □ □ For Office use ick (✓)] SB/CA/CC or MICR □ ₹ (Fixed Amount	M Y Y Y SB-NRE/SB-NRO/Oth Image: SB-NRO/Oth Image: SB-NRO/Oth Image: SB-NRO/Oth Image: SB-NRO/Oth Image: SB-NRO/Oth Image: SB-NRO/Oth
	(V) ATE DIFY ICEL Bank nount QUEN rence rence	Jinion TUAL FUND TUAL FUND TUAL FUND TUAL FUND TUAL FUND TUAL FUND Start I/We, here Bank a/c r I Start of Rupees NCY X Monthly X I agree for the	MANE	ATE INSTRU	JCTION FOR	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd) - AUTO I DEBIT (Refer Utility Code Utility Code DEBIT TYP Jo. Odebit my account	Quarterly Outhly* Quarterly Monthly* Quarterly ODEBIT F(r overleaf for To debit [T E E N Int as per late	instructions) Date D D For Office use Tick (✓)] SB/CA/CC or MICR ₹ (Fixed Amount st schedule of charge	M M Y Y Y SB-NRE/SB-NRO/Oth in figures ✓ Maximum Amo
	(V) ATE DIFY ICEL Bank nount QUEN rence rence	Jinion TUAL FUND TUAL FUND TUAL FUND TUAL FUND TUAL FUND TUAL FUND Start I/We, here Bank a/c r I Start of Rupees NCY X Monthly X I agree for the	MANE	ATE INSTRU	JCTION FOR	NACH/ ECS/ DIRECT	2nd 8th* 15th 23rd 2nd 8th* 15th 23rd) - AUTO I DEBIT (Refer Utility Code Utility Code DEBIT TYP Jo. Odebit my account	Quarterly Outhly* Quarterly Monthly* Quarterly ODEBIT F(r overleaf for To debit [T E E N Int as per late	instructions) Date D D For Office use Tick (✓)] SB/CA/CC or MICR ₹ (Fixed Amount st schedule of charge	M Y Y Y SB-NRE/SB-NRO/Oth in figures ✓ Maximum Amou s of bank.

· .

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.

cottlemente made te queb Neminee (a) shell be evel		Jutual Fund / Truatao / Coope		inderstand that all payments ar
settlements made to such Nominee(s) shall be a val Name and Address of Nominee	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee/
		(to be furnished i	n case the Nominee is a minor)	Signature of Nominee/ Guardian of Nominee (Optional)
Nominee				
DECLARATION & SIGNATURES* (Refer Section				
 I/ We have read, understood and hereby agrewebsite, and hereby apply for Units of the afor this investment. I/ We hereby declare that the evasion of any Act, Regulation, Rule, Notificati commission or any other mode), payable to hi me/us. I/ We hereby confirm that Union Mutuz given me/us any indicative portfolio and indicz invest in units of the Scheme and the AMC / Tru I/ We hereby confirm that the information provia and responsible for the information submittle including SEBI. I/We confirm that may applicatio CRS T & C and hereby accept the same. I/ We and also undertake to provide any other addition autorize the Fund / the AMC / the RTA to share third party service providers, my/ our distributt agencies and other investigation agencies in o without any obligation of advising me/ us of the Applicable to SIP Investments only: I/ We hereby transaction is delayed or not effected for reasons authorize the Fund. 	d. I/We am/are not prohib n is in compliance with app also undertake to keep you and information as may be any information provided I r(s), SEBI registered Intern r outside India, and/ or to v same, as may be required	ited from accessing capita plicable Indian and foreign I promptly informed in writing required by any intermedia oy me/ us to the Fund, its Sp nediaries or any Indian or fo vitihhold and pay out any su by regulators/tax authoritie	al markets under any order/ruling/j laws. I/ we also confirm that I have re gabout any changes/modifications ry or by domestic or overseas regula bonsor, the AMC, Trustee, their emp reign governmental or statutory or ju ims from my/ our account(s) or clos s.	udgment etc., of any regulation ad and understood the FATCA is to the above information in futur tors/tax authorities. J/ We hereb loyees, RTAs, authorized agents idicial or tax/ revenue authorities e or suspend my/our account(s)
Applicable to Micro Investments only: I/We do receeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, 2. validating/authenticatingand, 3. updating/seeding my/ our Aadhaar numb Act (PMLA).	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with	o investments which toget Indian Nationality / Origin Non Resident External / Ori odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). prescribed "KYC Change Request I e thereunder, for: I regulations made thereunder) and	result in aggregate investment nds for subscriptions have bee Form" and submit the same at th Prevention of Money Launderin
Applicable to Micro Investments only: I/We do receeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/our consent in accord 1. collecting, storing and usage, 2. validating/authenticatingand, 3. updating/seeding my/our Aadhaar numb	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with	o investments which toget Indian Nationality / Origin Non Resident External / Ori odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). prescribed "KYC Change Request I e thereunder, for: I regulations made thereunder) and	result in aggregate investment nds for subscriptions have bee Form" and submit the same at th Prevention of Money Launderin
Applicable to Micro Investments only: I/We do receeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, 2. validating/authenticatingand, 3. updating/seeding my/ our Aadhaar numb Act (PMLA).	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with	o investments which toget Indian Nationality / Origin Non Resident External / Ori odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). prescribed "KYC Change Request I e thereunder, for: I regulations made thereunder) and	result in aggregate investment nds for subscriptions have bee Form" and submit the same at th Prevention of Money Launderin
 Applicable to Micro Investments only: I/We do exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, validating/authenticatingand, updating/seedingmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharing SEBI registered mutual funds and their Registration Signature 	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RTA	o investments which toget Indian Nationality / Origin Non Resident External / Ori- odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including As) and KYC Registration Ag Signature	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). e prescribed "KYC Change Request e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up	result in aggregate investment nds for subscriptions have been Form" and submit the same at the Prevention of Money Laundering asset management companies of dating the same in my/our folios Signature
 Applicable to Micro Investments only: I/We do receeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, 2. validating/authenticatingand, 3. updating/sedeningmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharing SEBI registered mutual funds and their Registration and their Reg	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RTA	o investments which toget Indian Nationality / Origin Non Resident External / Ori- odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including As) and KYC Registration Ag Signature cant/ POA/ Authorised Signa	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). e prescribed "KYC Change Request e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up	result in aggregate investment nds for subscriptions have bee Form" and submit the same at the Prevention of Money Laundering asset management companies of dating the same in my/ our folios
 Applicable to Micro Investments only: I/We do exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, validating/authenticatingand, updating/seedingmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharing SEBI registered mutual funds and their Registration Signature 	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RTA	o investments which toget Indian Nationality / Origin Non Resident External / Ori- odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including As) and KYC Registration Ag Signature cant/ POA/ Authorised Signa	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). e prescribed "KYC Change Request I e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up tory Third Applicant/	result in aggregate investment nds for subscriptions have been Form" and submit the same at the Prevention of Money Laundering asset management companies of dating the same in my/our folios Signature
 Applicable to Micro Investments only: I/We do exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, validating/authenticatingand, updating/seedingmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharing SEBI registered mutual funds and their Registration Signature 	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RTA	o investments which toget Indian Nationality / Origin Non Resident External / Ori- odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including As) and KYC Registration Ag Signature cant/ POA/ Authorised Signa	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). prescribed "KYC Change Request e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up tory	result in aggregate investment nds for subscriptions have been Form" and submit the same at the Prevention of Money Laundering asset management companies of dating the same in my/our folios Signature
 Applicable to Micro Investments only: I/We do exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, validating/authenticatingand, updating/seedingmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharin SEBI registered mutual funds and their Registration Signature 	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RTA	o investments which toget Indian Nationality / Origin Non Resident External / Ori- odate the same by using the ,2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including as) and KYC Registration Ag Signature cant/ POA/ Authorised Signa	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). e prescribed "KYC Change Request I e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up tory Third Applicant/	result in aggregate investment nds for subscriptions have been Form" and submit the same at the Prevention of Money Laundering asset management companies of dating the same in my/our folios Signature
 Applicable to Micro Investments only: I/We do exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, validating/authenticatingand, updating/seedingmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharing SEBI registered mutual funds and their Registration Signature 	not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RTA ory Second Appli	o investments which toget Indian Nationality / Origin Non Resident External / Ori- odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including As) and KYC Registration Ag Signature cant/ POA/ Authorised Signa Strategic Inv	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). e prescribed "KYC Change Request I e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up tory Third Applicant/ SIP for vestment Planning	result in aggregate investment nds for subscriptions have been Form" and submit the same at the Prevention of Money Laundering asset management companies of dating the same in my/our folios Signature POA/ Authorised Signatory
 Applicable to Micro Investments only: I/We do exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, validating/authenticatingand, updating/seedingmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharing SEBI registered mutual funds and their Registration Signature 	Not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RTA ory Second Appli	o investments which toget Indian Nationality / Origin Non ResidentExternal/Ori- odate the same by using the 2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including (dhaar number(s) including (and KYC Registration Act Signature cant/ POA/ Authorised Signa Strategic Investment	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). e prescribed "KYC Change Request e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up tory Third Applicant SIP for restment Planning Planning - A goal based pla	result in aggregate investment nds for subscriptions have beer Form" and submit the same at the Prevention of Money Launderin, asset management companies of dating the same in my/our folios Signature POA/ Authorised Signatory
 Applicable to Micro Investments only: I/We do exceeding ₹ 50,000 in a year. Applicable to NRIs only: I/We confirm that I am / remitted from abroad through normal banking char Important alert: Incase there is any change to your point of service of any KYC Registration Agency. Declaration with regards to Aadhaar Card Numb A. I/We hereby provide my/ our consent in accord 1. collecting, storing and usage, validating/authenticatingand, updating/seedingmy/ our Aadhaar numb Act (PMLA). B. I/We hereby provide my/our consent for sharing SEBI registered mutual funds and their Registration Signature 	Not have any existing Micro we are Non-Resident(s) of nels or from fund in my/our KYC information, please up er: lance with the Aadhaar Act, er(s) in accorandance with ng/disclosing of my/ our Aa ar and Transfer Agents (RT/ ory Second Appli Second Appli Welcome to Str you can r	o investments which toget Indian Nationality / Origin Non Resident External / Ori- odate the same by using the ,2016 and regulations made the Aadhaar Act, 2016 (and dhaar number(s) including (s) and KYC Registration Act Signature cant/ POA/ Authorised Signa Strategic Investment not only plan for your r	her with the current application will and I/we hereby confirm that the fu dinary account/FCNR account(s). e prescribed "KYC Change Request I e thereunder, for: I regulations made thereunder) and demographic information with the a pencies (KRAs) for the purpose of up tory Third Applicant/ SIP for vestment Planning	result in aggregate investment nds for subscriptions have beer Form" and submit the same at the Prevention of Money Launderin Isset management companies of dating the same in my/ our folios Signature POA/ Authorised Signatory

*

Terms and Conditions for Mandate Instruction for Auto Debit:

-->

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is i. 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 ii. the discretion of Union Mutual Fund without assigning any reasons or prior notice
- The investor agrees to abide by the terms and conditions of NACH facility of iii. 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 iv. 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.
- Investors are required to ensure that there are adequate funds in their bank vii. 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.
- SIP cancellation can be done separately by submitting the request atleast 15 viii. Business Days in advance; however the associated mandate can be retained for future investments.

- The total of all SIP instalments in a day should be less than or equal to the ix. maximum amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs х. should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- Investments made through the Auto Debit Mode are subject to realization of xi. 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
 - Bank Account Number (Investor's bank account number) c.
 - d. Name of Destination Bank (Investor's bank)
 - IFSC / MICR code e.
 - 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 Number
 - Reference 2: Mention Application No. h.
 - Phone No. (Optional) i.
 - i. Email ID (Optional)
 - Period: Start date and End Date of NACH registration (in format k. DD/MM/YYYY) or select 'Until cancelled'.
 - Ι. Signature as per bank account records
 - m. Name: Mention Bank Account Holder Name as per bank records