# Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

# COMMON APPLICATION FORM For all schemes of Bajaj Finserv Mutual Fund



Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

1. DISTRIBUTOR INFORMATION*					
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-153155				E271894	
**By mentioning RIA/PMRN code, I/We autho applicable) *In case the EUIN box has been left b to the AMFI registered distributor, based on the i	lank, please refer the point related	to EUIN in the Declaratio	n & Signatures section overlea	af. Commission "if any applicab	
2. UNIT HOLDING OPTION PHYS	SICAL MODE (Default)	DEMAT MODE*			(Please refer instruction no. 7)
*Demat Account details are mandatory if the inv Details. In case of any ambiguity or validation fa				as given in the order of the ap	plicants matches as per the Depository
-	rities Depository Limited	and will allot units in the r		ral Depository Services (In	dia) Limited
DP Name -	, ,	D	P Name -	, , ,	•
DP ID I N Ber	neficiary A/c No.		PID	Beneficiary A/c N	No.
Enclosures - Please (✓) ☐ Client Ma	sters List (CML) 🔲 Transac	ction cum Holding Stat	tement Delivery Ins	truction Slip (DIS)	
3. MODE OF HOLDING					(Please refer instruction no. 5)
(In case of Demat Purchase, Mode of H	olding should be same as in	Demat Account)	Single	] Joint   Anyo	ne or Survivor (Default)
4. APPLICANT'S NAME AND INFORM	MATION (Mandatory) to be fi	lled in block letters. (N	ame and DOB shall be as p	er Income Tax Records)	(Please refer instruction no. 3)
Folio No.	(For Existi	ing unit holders)	Gender 🗌 M	ale 🗌 Female 🗌 Oth	ers
Name of Sole / 1st Applicant Mr. / M (Name as per IT Records)	s. / M/s. First		Middle		Last
PAN/PEKRN	CKYC No.			Date of Birt (Mandatory)	h D D M M Y Y Y Y
Mobile No.		Email ID			
The Email ID belongs to (Mandatory Please ✓ )				endent Parents 🔲 Guardia	
The Mobile No. belongs to (Mandatory Please ✓)					
The default Communication mode is E-mail only, if (We would recommend you to choose an online)					ed summary □Other Statutory Information
			Lalalul	(Legal	Entity Identifier Number is Mandatory for ction value of INR 50 crore and above for
LEI Code			Valid upto DDDM		dividual investors. Refer instruction no. 4a
(Manuatory, Fleasev) — 0 0	ual NRI-Repatriation uardian Company isation Financial Instituti	□ NRI-Non Repat □ FIIs	PIO	Trust HUI  Body Corporate Soc  Others	F AOP siety/Club Sole Proprietorship (Please Specify)
		OIIINDI O	Bank		(Fiedde openny)
Non Profit Orgnization [NPO] Yes We are falling under "Non-Profit Organization" registered as a trust or a society under the Society	[NPO] which has been constituted ieties Registration Act, 1860 (21 of	1860) or any similar Stat			
If yes, please quote the Registration No. prov If not, please register immediately and confin	·		rmation or ragistration with	the partal as mandated, who	rover applicable will force ME / AMC/
RTA to register your entity name in the above under the respective statutory requirements	portal and may report to the rele	evant authorities as app	licable. We am/are aware tha	t we may be liable for it for ar	ny fines or consequences as required
GUARDIAN DETAILS (In case First / Sole A	pplicant is minor) /CONTACT F	PERSON- DESIGNATION	ON / POA HOLDER (In case	of Non- Individual Investors) [	Name and DOB shall be as per IT Records]
Mr. / Ms. (Name as per IT Records)			Middle		Last
PAN (Mandatory)	CKYC No.			Gender [	Male Female Others
Mobile No.	Email ID				
Designation/Relationship with Mind	or		Date of B (Mandatory)	irth/Date of Incorporatio	n D D M M Y Y Y Y
Date of Birth Proof for minors (Any	One)				
☐ Birth Certificate ☐ Marks Sheet	t (HSC/ICSE/CBSE) 🗌 So	chool Leaving Certi	ficate Passport	Others	
·					· <del>&gt;</del>
ACKNOWLEDGEMENT SLIP (To be filled in					Collection Centre /
BAJAJ FINSERV ASSET MANAGEMENT LIN	4ITED. 8th floor, E-Core, Solita	aire Business Park (for	merly Marvel Edge), Viman	Nagar, Pune 411014	Bajaj AMC Stamp & Signature
Received from Mr. / Ms			Date:/	'	
Application No.					

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

SITE: https://www.bajajamc.com
jajamc.com   WEBS
EMAIL: service@baja
: 1800 309 3900
TOLL FREE NUMBER

Ja.	MAILING ADDR	(ESS (Address as per KYC)				
_ocal	Address of 1st	Applicant				
					City	
State	·	Pin Co	ode	Tel. Resi.	Tel. Off	
5b.	OVERSEAS COR	RRESPONDENCE ADDRESS (Manda	atory for NRI / FII Applicant	t)		
Plea	se provide Full	Address. P. O. Box address is not s	sufficientl			
•						
7: O		Tel Desi	T-1 6	\#	Adolesto Alo	
	SECOND APPLI	Tel. Resi CANT'S DETAILS* (In case of Mino	Tel. 0		Mobile No	
Nam	e Mr. / Ms.	First	n, mere enam se ne jemene	Middle		Last
Name PAN	as per IT Records) [	1 1 1 1 1 1 1				
Manda			CKYC No.		Gender	Male Female Others
Mob	ile No.		Email ID		Date of Birt (Mandatory)	D         D         M         M         Y         Y         Y         Y
The E	mail ID belongs to (	Mandatory Please ✓) ☐ Self ☐ Spor	use 🗌 Dependent Childrer	Dependent Siblings	Dependent Parents Guard	ian 🗌 PMS 🗌 Custodian 🗌 POA
The M	lobile No. belongs to	o (Mandatory Please ✓ ) ☐ Self ☐ Spo	use 🗌 Dependent Childrer	Dependent Siblings	Dependent Parents Guard	ian 🗌 PMS 🗌 Custodian 🗌 POA
	Status datory, Please √)	Resident Individual NR	I-Repatriation NRI-No	on Repatriation		
		ANT'S DETAILS* (In case of Mino		<u>'</u>	Il be as per Income Tax Records	
Nam	e Mr. / Ms.	First	,	Middle		Last
	as per IT Records)	1 1 1 1 1 1 1	1 1 1 1	I I I I I		Last
PAN Manda			CKYC No.		Gender	Male Female Others
Mob	ile No.		Email ID		Date of Birt (Mandatory)	t <b>h</b>   D   D   M   M   Y   Y   Y   Y
The E	mail ID belongs to (	Mandatory Please ✓) ☐ Self ☐ Spor	use 🗌 Dependent Children	n ☐ Dependent Siblings	Dependent Parents Guard	ian 🗌 PMS 🗌 Custodian 🗌 POA
The M	lobile No. belongs to	o (Mandatory Please ✓) ☐ Self ☐ Spor	use 🗌 Dependent Childrer	n 🗌 Dependent Siblings	Dependent Parents Guard	ian 🗌 PMS 🗌 Custodian 🗌 POA
	Status		l Demotriation NDI NI	Develoieties		
			I-Repatriation   NRI-No	on Repatriation		
	YC Details (Man		Outilia Cantan Camina	2		Please refer instruction no. 3e)
Firs	t Applicant:			_	Business Professional Cothers (please specify)	Agriculturist L Retired
Sec	ond Applicant:	☐ Private Sector Service ☐ I	Public Sector Service 🔲 (	Government Service	Business Professional	Agriculturist  Retired
		☐ Housewife ☐ 5	Student   F	Forex Dealer	Others (please specify)	
Thi	rd Applicant:				Business Professional  Others (please specify)	Agriculturist L Retired
Gro	ss Annual Incor		Student	orex begies	Others (please specify)	
	t Applicant:	☐ Below 1 Lac ☐ 1-5 L	acs	□ 10-25 Lacs	>25 Lacs-1 crore	>1 crore
		OR Net worth* (for Non-Indiv			as on D D M M Y	(Not older than 1 year)
Sec	ond Applicant:	☐ Below 1 Lac ☐ 1-5 L	acs 5-10 Lacs	10-25 Lacs	>25 Lacs-1 crore	☐ >1 crore
		OR Net worth* (for Non-Indiv	riduals) ₹ (please specify) _		as on DDMMY	(Not older than 1 year)
Thi	rd Applicant:	☐ Below 1 Lac ☐ 1-5 L	acs 5-10 Lacs	□ 10-25 Lacs	>25 Lacs-1 crore	☐ >1 crore
		OR Net worth* (for Non-Indiv	riduals) ₹ (please specify) _		as on DDMMY	(Not older than 1 year)
For	Individuals					Please refer instruction no. 3d)
Firs	t Applicant:	☐ I am Politically Exposed Perso	on (PEP)	I am Related to Politica	Illy Exposed Person (RPEP)	☐ Not applicable
Sec	ond Applicant:	☐ I am Politically Exposed Perso	on (PEP)	] I am Related to Politica	Illy Exposed Person (RPEP)	☐ Not applicable
Thi	rd Applicant:	☐ I am Politically Exposed Perso	on (PEP)	] I am Related to Politica	Illy Exposed Person (RPEP)	☐ Not applicable
For	Non Individuals	s, if involved in any of the below r	nentioned services, pleas	e √ the appropriate opti	ion:	
(i) F	oreign Exchange	e / Money Changer Services 🗌 Yes	☐ No (ii) Gaming / Gan	nbling / Lottery / Casino S	ervices Yes No (iii) Money	Lending / Pawning 🗌 Yes 🗌 No
	-><					<del>&gt;</del>
						IT DETAIL O
SR. NO.	SCI	HEME NAME /PLAN	OPTION	NET AMOUNT PAID (₹)		IT DETAILS
MU.					(in case of NEFT/RTGS)	Bank and Branch
1.	Bajaj Finserv		Growth			
		1	☐ IDCW Payout			
	Regular	Direct	☐ IDCW Reinvestment			

8. BANK ACCOUNT DETAILS FOR	R PAYOUT (Pleas	ise attach cop	by of cancelled ch	eque)			(Please refer	instruction	no. 4)
Name of the Bank									
Account No.				Account	t Type	SB CA SB-NR	E SB-NRO (	Others	
Bank Branch			Address						
	Bank	k City		State	e		Pincode		
MICR Code (9 digits)			<sup>\$</sup> IFSC Code fo	NEFT / RTGS			\$This is an 11 Digit from your cheque		
9. INVESTMENT & PAYMENT DE	ETAILS* The nar	me of the first	t/ sole applicant r	<u> </u>	on the chec	·	(Please refer		
Scheme Name				Plan	Gr	Option owth (Default)	(Please refer to SID for the	IDCW Frequency	& Option)
Bajaj Finserv				☐ Regular Plan☐ Direct Plan		CW Payout CW Reinvestment (De Frequency -	fault for IDCW)	_	
Payment Type ( Please ✓ )			☐ Non-Th	nird Party		☐ Third Party Pay	ment (Pls fill third par	ty declaration	n form)
Transaction Type			Lump	sum			☐ SIP*		
Amount (INR)									
Mode of Payment ( Please ✓ )  Cheque / DD ☐ NEFT / RTGS  OTM (One Time Mandate) (This facility Existing Investors who have an existing OTM registered			Cheque / DD	No. / UTR No.		Che	eque / DD No. / UTR No	-	
Date									
Drawn on Bank									
A/c Number									
Cheque/DD should be drawn in *If you wish to register SIP, kindly  Reason for investment Hou	fill the relevant	SIP Registrat	tion & OTM Debit N	landate Form.	] Retiremen	ut Others (please s	specify)		
		/oarc 10 1	V	- 00 V	7.05.14				
Investment horizon Please (✓)	anyone 5 Y	rears 🔲 10	years 15 year	s 20 Years	25 Years				
10. FATCA AND CRS DETAILS FO					25 Years		(Please refer	· instruction	no. 8)
	OR INDIVIDUAL	.S (Includir	ng Sole Proprieto	or)		The below information			
10. FATCA AND CRS DETAILS FO	OR INDIVIDUAL	.S (Includir	ng Sole Proprieto	or)				pplicants/gu	
10. FATCA AND CRS DETAILS FO	OR INDIVIDUAL	.S (Includir	ng Sole Proprieto	o <b>r)</b> neficial Ownership (U	JBO) Form.		n is required for all a	pplicants/gu	
10. FATCA AND CRS DETAILS FO  Non-Individual investors should m  Particulars	OR INDIVIDUAL	.S (Includir	ng Sole Proprieto	o <b>r)</b> neficial Ownership (U	JBO) Form.	Country of Cit	n is required for all al	pplicants/gu	
10. FATCA AND CRS DETAILS FO  Non-Individual investors should m  Particulars  First Applicant / Guardian	OR INDIVIDUAL	.S (Includir	ng Sole Proprieto	o <b>r)</b> neficial Ownership (U	JBO) Form.	Country of Cit	n is required for all al	pplicants/gu	
10. FATCA AND CRS DETAILS FO Non-Individual investors should m  Particulars  First Applicant / Guardian  Second Applicant	OR INDIVIDUAL mandatorily fill se	S (Includir eparate FATCA Birth	ng Sole Proprieto A and Ultimate Bei Country	neficial Ownership (U	JBO) Form.	Country of Cit an U.S. Others U.S. Others U.S. Others U.S. Others	n is required for all al	pplicants/gu	
10. FATCA AND CRS DETAILS FO Non-Individual investors should m  Particulars  First Applicant / Guardian  Second Applicant  Third Applicant	OR INDIVIDUAL nandatorily fill se Place/City of	eparate FATC/ Birth  ax) in any other	ng Sole Proprieto A and Ultimate Bei Country er country outside	neficial Ownership (U	IBO) Form.	Country of Cit an U.S. Others an U.S. Others an U.S. Others tick (/)]	n is required for all all dizenship / Nationa (Please specify) (Please specify) (Please specify)	pplicants/gu lity	uardian
10. FATCA AND CRS DETAILS FOR Non-Individual investors should me Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., are your of 'YES' please fill for ALL countries respective countries.	OR INDIVIDUAL nandatorily fill se Place/City of	S (Includir eparate FATC/ Birth  ax) in any other lia) in which ye	ng Sole Proprieto A and Ultimate Bei Country er country outside ou are a Resident Tax Identifica	neficial Ownership (U	JBO) Form.  India India India India India India India India	Country of Cit an U.S. Others an U.S. Others an U.S. Others tick (/)]	n is required for all all dizenship / Nationa (Please specify) (Please specify) (Please specify)	pplicants/gu lity x Resident in ble please ti	n the
10. FATCA AND CRS DETAILS FOR Non-Individual investors should me Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., are your of 'YES' please fill for ALL countries respective countries.	OR INDIVIDUAL nandatorily fill se Place/City of  u assessed for Ta s (other than Ind	S (Includir eparate FATC/ Birth  ax) in any other lia) in which ye	ng Sole Proprieto A and Ultimate Bei Country er country outside ou are a Resident Tax Identifica	neficial Ownership (U	JBO) Form.  India India India India India India India India	Country of Cit an U.S. Others an U.S. Others an U.S. Others tick (/)] re a Citizen/Resident/Gi	n is required for all all dizenship / National (Please specify)  (Please specify)  (Please specify)  reen Card Holder/Ta:	pplicants/gu lity x Resident in ble please ti	n the
10. FATCA AND CRS DETAILS FOR Non-Individual investors should make a particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., are your of 'YES' please fill for ALL countries respective countries.  Particulars  Countries	OR INDIVIDUAL nandatorily fill se Place/City of  u assessed for Ta s (other than Ind	S (Includir eparate FATC/ Birth  ax) in any other lia) in which ye	ng Sole Proprieto A and Ultimate Bei Country er country outside ou are a Resident Tax Identifica	neficial Ownership (U	JBO) Form.  India India India India India India India India	Country of Cit an U.S. Others an U.S. Others an U.S. Others tick (/)] re a Citizen/Resident/Gi	reen Card Holder/Ta:  If TIN is not availa the reason A, B or C	x Resident in ble please tic (as defined	n the ick (✓) below)
10. FATCA AND CRS DETAILS FOR Non-Individual investors should make a particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., are your of 'YES' please fill for ALL countries respective countries.  Particulars  Countries  First Applicant / Guardian	OR INDIVIDUAL nandatorily fill se Place/City of  u assessed for Ta s (other than Ind	S (Includir eparate FATC/ Birth  ax) in any other lia) in which ye	ng Sole Proprieto A and Ultimate Bei Country er country outside ou are a Resident Tax Identifica	neficial Ownership (U	JBO) Form.  India India India India India India India India	Country of Cit an U.S. Others an U.S. Others an U.S. Others tick (/)] re a Citizen/Resident/Gi	reen Card Holder/Ta:  If TIN is not availa the reason A, B or C	x Resident in ble please ti	n the lick (✓) below)
10. FATCA AND CRS DETAILS FOR Non-Individual investors should make the particulars  First Applicant / Guardian  Second Applicant  Are you a tax resident (i.e., are your of 'YES' please fill for ALL countries respective countries.  Particulars  Countries  First Applicant / Guardian  Second Applicant  Third Applicant  Third Applicant  Reason A ⇒ The country when Reason B ⇒ No TIN required	OR INDIVIDUAL nandatorily fill se  Place/City of  U assessed for Ta s (other than Ind  untry of Tax Re	S (Includir eparate FATCA  Birth  ax) in any othe lia) in which you esidency	er country outside ou are a Resident  Tax Identifica Functional	neficial Ownership (U	IBO) Form.  India India India India India India India India	Country of Cit  an U.S. Others  an U.S. Others  tick (/)]  re a Citizen/Resident/Gi  atification Type ther please specify)  bers to its residents.  nce do not require the T	n is required for all altizenship / National (Please specify)  (Please specify)  (Please specify)  reen Card Holder/Ta:  If TIN is not availathe reason A, B or C  Reason: A   Reason: A   Reason: A   Reason: A	x Resident in ble please ti	n the
10. FATCA AND CRS DETAILS FOR Non-Individual investors should make the particulars  First Applicant / Guardian  Second Applicant  Are you a tax resident (i.e., are your of 'YES' please fill for ALL countries respective countries.  Particulars  Countries  First Applicant / Guardian  Second Applicant  Third Applicant  Third Applicant  Reason A ⇒ The country when Reason B ⇒ No TIN required	OR INDIVIDUAL nandatorily fill se  Place/City of  u assessed for Ta s (other than Ind  untry of Tax Re	S (Includir eparate FATCA  Birth  ax) in any othe lia) in which you esidency	er country outside ou are a Resident  Tax Identifica Functional	neficial Ownership (U	India	Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick (/)]  re a Citizen/Resident/Gi  ntification Type ther please specify)  bers to its residents.  nce do not require the T	n is required for all altizenship / National (Please specify)  (Please specify)  (Please specify)  reen Card Holder/Ta:  If TIN is not availathe reason A, B or C  Reason: A   Reason: A   Reason: A   Reason: A	pplicants/gu lity  x Resident in ble please ti c (as defined  B   B   B   B   B   B   B   B   B   B	n the

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<sup>\*</sup>If the address type is not ticked the default will be considered as residential.

I/We do hereby nominate the person(s) more the Units held in my/our Folio in the event of (Please fill the nominee details in the table give	my/our death.	ribed here unde	OR —	held in my non-appoir death of al requisite d required by	our mutual tment of ar the unit ho ocuments is the Mutua	al fund ny nomir olders in ssued by I Fund/	folio. I/We lee(s) and the folio, the Cour AMC for se	to appoint and understand am/are furth my/our legal to or such other the understand the understand and the u	the internation the internatio	mplication are that in would rempetent claim/tra	ns/issues ir n case of m need to sub- authority, a insmission o	nvolved y demi mit all as may of units	I in se/ the be
If you do not wish to nominate (Opt Out of N	lomination), it is	mandatory to	sign as per the mo	de of hole	ling in sigr	nature s	pace pro	vided belov	v i.e. i	n Nomin	ation Deta	ils sed	ction
Name and PAN of Nominee(s)	with Applicant	ate of Birth	Guardian N	ame	Guard relatio with no	nship	Guard	ure of Nom ian of Nom Optional)		the u	ortion (%) nits will be ch Nomine regate to	e shar e (sho	ed
(h	(landatory	Mandatorily to	o be furnished in ca	se the No	ninee is a ı	minor)					(Mandato	ry)	
Nominee 1	D	D/MM/YYYY											
Nominee 2	D	D/MM/YYYY											
Nominee 3	D	D/MM/YYYY											
Signature(s) All Unit holders to mandator	ily sign irrospes	tive of the ma	ade of holding				1						
Sign of 1st Applicant / Guardian			Sign of 2nd Appl	licant				Sign	of 3r	d Applica	ant		ing.
the Scheme(s) of Bajaj Finserv Mutual Fund, as indice rebate or gifts, directly or indirectly in making this inv not designed for the purpose of contravention or evas holder has disclosed to me/us all the commissions (i Scheme(s) is/are being recommended to me/us. I/We satisfaction of the AMC/Bajaj Finserv Mutual Fund, I/Vedemption. I/We agree to notify Bajaj Finserv Asset N the AMC has not recommended or advised me/us reg Micro investments which together with the current a Nationality/Origin and I/We hereby confirm that the frCNR Account (s). FATCA and CRS Declaration: I/We above specified information is found to be false or un above information in future and also undertake to pro of the information provided by me/us, including all cha Authorised Parties') or any Indian or foreign governmenther investigation agencies without any obligation or	estment. I/We decision of any Act, Reg in the form of trail is declare that the in declare that the in declare that the in definition of the suitabilist application will resunds for subscription hereby acknowled, true or misleading wide any other addi anges, updates to sental or statutory o	are that I am/We ulation, Rule, Nc commission or a offormation giver the AMC/Bajaj dd immediately in ty or appropriat ult in aggregate on have been ren ge and confirm t or misrepresent tional information r judicial authori r judicial authori	are authorised to make vitification, Directions or any other mode), payaba in this application forr Finserv Mutual Fund to in the event the informa eness of the product/s investments exceedin nitted from abroad thro hat the information pro oring, I/We shall be liable on as may be required a as and when provided !	e this invest any other a le to him fo m is correct, redeem the tion in the s cheme/plan g `50,000 ii ugh normal ivided in this for it. I/We t your end. I by me/us to	ment and the pplicable law r the differer complete ar units agains elf-certificat. Applicable in a year. Applanking chain form is true along the properties of the properties of the properties of the properties of the pplicable in the properties of the properties of the pplicable in the pplic	e amount is enacte int compe int truly s it the fun ion chan to Micro olicable t innels or and corr ke to kee authorise I, its Spoi	invested in d by the Go eting Scher tated. In the ds invested ges. For investors: I to NRIs: I/W from funds ect to the I by you infor you to discussor, Asset	n the Scheme overnment of mes of various mes of various the event of myd by me/us at vestors invest (We hereby die e confirm that in my/our Not obest of my/our med in writing close, share, re Management	is through the application of th	ough legiting any State any State any State and Funds of the full filling plicable N. Direct Planthat I/We are N. dent Extelledge and the full full full full full full full ful	mate source utory Author from among g the KYC pr AV as on the n: I/We heret do not have lon-Resident rnal / Ordina belief. In ca- nges/modific mode or ma ees, their em	es only a rity. The st whice cocess t date of by agree any exit(s) of li ry Acco se any o cation t inner, al ployees	and is a ARN the to the south e that isting indian ount / of the to the II/any is ('the
Please ✓: if the EUIN space is left blank: I / We he employee/relationship manager/sales person of distributor and the distributor has not charged at	the above distribuny advisory fees on	itor or notwiths this transaction	tanding the advice of i	in-appropria	teness, if ar	ny, provid	led by the	employee/rel	ations	hip mana	ger/sales pe	rson of	the
Signature(s) should be as it appears in the Sign of 1st Applicant / Guardian / Authorised Signatory / POA	e Folio / on the A	<u>'</u>	orm and in the same Sign of 2nd Applic Authorised Signator	cant /	ease the m	ode of I	nolding is	<u> </u>	f 3rd /	Applicar	t /	o sign.	
			Points to reme	mber									
Please ensure that:		Docum	ents	Individuals	Companies S	ocieties		Investments	Trust			Minor	HUF
Your Application Form is complete in all respects & signe	ed by all applicants.	Resolution /	Authorisation to invest				Firms	through PoA		FPI	Proprietor		
Name, Address and Contact Details are mentioned in ful should be provided along with the declaration whether it		ımber			<b>✓</b>	<b>√</b>	<b>√</b>		<b>✓</b>	<b>√</b>			✓
member.  3. Bank Account Details are entered completely and correct	-	Bye - Laws						_	-	1			
	IV IESC Code o o dinit	MICD				✓							
Code of your Bank is mentioned in the Application Form.  4. Permanent Account Number (PAN) Mandatory for all Inve		MICR Partnership SEBI Registr	Deed ation / Designated Depository			<b>V</b>	✓			<b>/</b>			

		Points to reme	mber										
	Please ensure that:	Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust			Sole Proprietor	Minor	HUF
	<ol> <li>Your Application Form is complete in all respects &amp; signed by all applicants.</li> </ol>	Resolution / Authorisation to invest		-				- (					
	2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number	resolution, Additionadum to invest		<b>V</b>	<b>V</b>	· ·		<b>✓</b>		<b>~</b>			
	should be provided along with the declaration whether it belongs to Self or a Family	HUF / Trust Deed						✓					✓
	member.	Bye - Laws			✓								
	3. Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR	Partnership Deed				✓							
	Code of your Bank is mentioned in the Application Form.	SEBI Registration / Designated Depository								1			
	<ol> <li>Permanent Account Number (PAN) Mandatory for all Investors (including guardians, joint holders, NRIs and POA holders) irrespective of the investment amount.</li> </ol>	Participant Registration Certificate 2											
		Proof of Date of birth										<b>✓</b>	
	<ol><li>Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)</li></ol>	Notarised Power of Attorney					✓						
	6. Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and	Foreign Inward Remittance Certificate, in case payment is made by DD from NRE /							/				
	signed. For e.g "Bajaj Finserv Liquid Fund"	FCNR a/c, where applicable							•				
	<ol><li>Application Number is mentioned on the reverse of the cheque.</li></ol>	KYC Acknowledgement	<b>/</b>	<b>/</b>	<b>V</b>	<b>✓</b>	<b>√</b>	1	<b>√</b>	<b>/</b>	<b>√</b>	1	/
	8. A cancelled cheque leaf of your Bank is enclosed in case your investment cheque is	Demat Account Details	1	1	1	1	1	1	1	1	1	1	1
	not from the bank account that you have furnished in the Application Form.	(Client Master List Copy)3	,	,				_	,	•			
	9. Documents as listed are submitted along with the Application form (as applicable to	FATCA CRS/UBO Declaration		✓	✓	✓	✓	<b>√</b>	✓	<b>√</b>	<b>√</b>	✓	<b>V</b>
L	your specific case).	PAN	✓	✓	<b>✓</b>	✓	✓	<b>√</b>	✓	✓	✓	<b>✓</b>	<b>√</b>

<sup>1.</sup> Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.

# Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

# Version:21-01-2025

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

# **SIP REGISTRATION & OTM DEBIT MANDATE FORM**



Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-153155				E-271894	
** By mentioning RIA/PMRN code, I/We authorize you has been left blank, please refer the point related to EUIN! of various factors, including the service rendered by the Please Note: All field marked with asterisk (*) to be mand:	in the Declaration & Signatures section distributor.				
1. UNIT HOLDER INFORMATION					
Name of Sole / 1st Applicant Mr. / Ms. /	M/s. First	Existing UMR	Middle		Last
(Name as per IT Records)  2. SIP INVESTMENT & PAYMENT DE			1 114410		2000
Scheme - Bajaj Finserv		Grow	rth (Default)		
	Direct Plan		/ Payout / Reinvestment (Default equency	•	refer to SID for the IDCW Frequency & Option
SIP Frequency Daily	Weekly (Any day from Monda		Fortnightly (1st & 16th o		onthly Quarterly
SIP Date* D D SIP Start M M	Y Y Y Y SIP End	M M Y Y Y	(End date canno exceed 40 years	not appropriately selected,	om 1st to 28th of the month. In case SIP date is 10' would be the default SIP date for Monthly IP, Tuesday will be the default day.)
SIP Amount (₹ in figures)	(₹ in wo	ords)			
SIP Top Up Facility (Optional) ( to avail f	acility) Fixed# OR Va	ariable <sup>\$</sup> (Please fill the		SIP Top Up Frequency	Half Yearly OR Yearly*
#Fixed Top Up Amount: ₹	OF	₹ <sup>s</sup> Variable Top Up Pe		SIP, only Yearly frequency is 10% 15% 20%	available under SIP Top Up Facility.  Others (Multiple of 5% only)
* The Fixed TOP UP amount shall be for mini					choose only one option either CAP amount or
SIP Top Up Cap Amount*:₹	OF	R SIP Top Up Ca	ap Month MMY		ar, In case of multiple selection, Top Up Cap onsidered as a default selection)
First Installment Details	Ch	negue Dated DDD	M M Y Y Y Y	A	In Figures
First SIP Transaction via Cheque No				Amount (₹)	
Mandatory Enclosure (if 1st Installment is The name of the first/ sole applicant must 3. DECLARATION(S) & SIGNATURE(STATE IV) Information provided by me/us may be shared will declare that the particulars given above are corre	s not by cheque) Blan t be pre-printed on the cheque should be as it appears in the d and their authorised service prov th third parties for facilitating transct and complete and express my/	k cancelled cheque ue. Folio / on the Application vider to debit the above be saction processing throug our willingness to make pa	Copy of cheque  Form and in the same order. In ank account by NACH/ Auto Debit Clearing ayments referred above through	case the mode of holding is join ebit Clearing for collection of S r for compliance with any legal h participation in NACH/ Auto C	IP payments. I/We understand that the or regulatory requirements. I/We hereby lebit. If the transaction is delayed or not
Mandatory Enclosure (if 1st Installment is The name of the first/ sole applicant must 3. DECLARATION(S) & SIGNATURE(SIVM) hereby authorise Bajaj Finserv Mutual Fun information provided by me/us may be shared wideclare that the particulars given above are correffected at all for reasons of incomplete or incochanges in my bank account immediately. I/We umentioned overleaf. The ARN holder has disclose from amongst which the Scheme is being recom "I / We acknowledge that the RIA has entered in regulatory action, damage or liability that they m For Micro SIP only: I hereby declare that I do not investments exceeding ₹ 50,000 in a year.	s not by cheque) Blan t be pre-printed on the cheque S should be as it appears in the d and their authorised service pro tht third parties for facilitating tran ect and complete and express my/ rrect information, I/We will not ho undertake to keep sufficient funds i d to me/us all he commissions (in mended to me/us. o an agreement with the AMC / Mr auy suffer, incur or become subject have any existing Micro SIPs whice	k cancelled cheque ue.  Folio / on the Application vider to debit the above b. saction processing throug our willingness to make pa ldd Bajaj Finserv AMC/MF in the funding account on the form of trail commiss F for accepting transaction to the form of the the corne to the connection therewith the together with the curre	Copy of cheque  Form and in the same order. In ank account by NACH/ Auto E by NACH/ E by	case the mode of holding is join ebit Clearing for collection of S or for compliance with any legal in participation in NACH/ Auto E viders or representatives responsing instruction. I/We have read le to him for the different comp hereby indemnify, defend and rosing and transferring of the af the period or in financial year i.e.	IP payments. I/We understand that the pregulatory requirements. I/We hereby lebit. If the transaction is delayed or not misble. I/We will also inform, about any and agreed to the terms and conditions eting Schemes of various Mutual Funds and the misble of the misble o
I/We hereby authorise Bajaj Finserv Mutual Funcinformation provided by me/us may be shared wideclare that the particulars given above are correffected at all for reasons of incomplete or inco changes in my bank account immediately. I/We umentioned overleaf. The ARN holder has disclose from amongst which the Scheme is being recom "I / We acknowledge that the RIA has entered intregulatory action, damage or liability that they m For Micro SIP only: I hereby declare that I do not investments exceeding ₹ 50,000 in a year.	s not by cheque) Blan t be pre-printed on the cheque S should be as it appears in the d and their authorised service pro tht third parties for facilitating tran ect and complete and express my/ rrect information, I/We will not ho undertake to keep sufficient funds i d to me/us all he commissions (in mended to me/us. o an agreement with the AMC / Mr auy suffer, incur or become subject have any existing Micro SIPs whice	k cancelled cheque ue.  Folio / on the Application vider to debit the above be saction processing throug our willingness to make pe old Bajaj Finserv AMC/MF in the funding account on the form of trail commiss F for accepting transaction to in connection therewith the together with the curre	Copy of cheque  Form and in the same order. In ank account by NACH/ Auto E by NACH/	case the mode of holding is join ebit Clearing for collection of S or for compliance with any legal in participation in NACH/ Auto E viders or representatives responsing instruction. I/We have read le to him for the different comp hereby indemnify, defend and rosing and transferring of the af the period or in financial year i.e.	IP payments. I/We understand that the or regulatory requirements. I/We hereby lebit. If the transaction is delayed or not nisible. I/We will also inform, about any and agreed to the terms and conditions eting Schemes of various Mutual Funds hold harmless the AMC / MF against any oresaid information."  a. April to March will result in aggregate
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# Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

# Version:21-01-2025

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

# **SIP REGISTRATION & OTM DEBIT MANDATE FORM**



Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-153155				E-271894	
** By mentioning RIA/PMRN code, I/We authorize you has been left blank, please refer the point related to EUIN! of various factors, including the service rendered by the Please Note: All field marked with asterisk (*) to be mand:	in the Declaration & Signatures section distributor.				
1. UNIT HOLDER INFORMATION					
Name of Sole / 1st Applicant Mr. / Ms. /	M/s. First	Existing UMR	Middle		Last
(Name as per IT Records)  2. SIP INVESTMENT & PAYMENT DE			1 114410		2000
Scheme - Bajaj Finserv		Grow	rth (Default)		
	Direct Plan		/ Payout / Reinvestment (Default equency	•	refer to SID for the IDCW Frequency & Option
SIP Frequency Daily	Weekly (Any day from Monda		Fortnightly (1st & 16th o		onthly Quarterly
SIP Date* D D SIP Start M M	Y Y Y Y SIP End	M M Y Y Y	(End date canno exceed 40 years	not appropriately selected,	om 1st to 28th of the month. In case SIP date is 10' would be the default SIP date for Monthly IP, Tuesday will be the default day.)
SIP Amount (₹ in figures)	(₹ in wo	ords)			
SIP Top Up Facility (Optional) ( to avail f	acility) Fixed# OR Va	ariable <sup>\$</sup> (Please fill the		SIP Top Up Frequency	Half Yearly OR Yearly*
#Fixed Top Up Amount: ₹	OF	₹ <sup>s</sup> Variable Top Up Pe		SIP, only Yearly frequency is 10% 15% 20%	available under SIP Top Up Facility.  Others (Multiple of 5% only)
* The Fixed TOP UP amount shall be for mini					choose only one option either CAP amount or
SIP Top Up Cap Amount*:₹	OF	R SIP Top Up Ca	ap Month MMY		ar, In case of multiple selection, Top Up Cap onsidered as a default selection)
First Installment Details	Ch	negue Dated DDD	M M Y Y Y Y	A	In Figures
First SIP Transaction via Cheque No				Amount (₹)	
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District*					Zıp	/ Pos	r Cod	e.					]		sta	te /	UI	Code	= [		as	per	ındia	n Mo	or Ve	enicle	Act, 1	1988

Country\*

State/UT\*

Version 1.6 Page 1

Country Code

as per ISO 3166

4. Contact Details (All	commun	icatio	ns will	be se	ent or	prov	/ided	Mob	oile n	o. / E	mail	l-ID)	(Ple	ease	refe	er in	str	uct	ion <b>I</b>	F at	the	end	(k			
Email ID																T	T	Т				$\top$	$\top$	$\Box$		$\overline{\Box}$
Mobile				Tel. (C	off)			-				T		el. (R	les)		Ť	Ť	1— [	$\overline{\top}$	T	$\overline{\Box}$	一	$\overline{\Box}$	$\overline{}$	
5. FATCA/CRS Informa	<b>tion</b> Resi	dence	for Tax	Purpo	ses in	Juris	dictio	n(s)	Outsi	de Ind	dia (F	Pleas	– e ref	er in:	stru	ctio	n B a	at th	ne er	nd)						
Are you a tax resident of ar	ny countr	y other	than Ir	ndia? I	f No, p	lease	tick h	nere:	☐ If	Yes,	☐ pl	ease	e fill i	n the	belo	ow c	leta	ils:								
Country of Jurisdiction of	Residence	e* 🔲				$\top$			Cou	ntry (	Code	of Ju	urisd	ictio	n of	Res	ider	nce		Т	ası	oer IS	30 31	66		
Tax Identification Number	or equival	ent (If i	issued	by juri	sdiction	n)*		$\overline{\top}$			П	Т	П	Т	П						] ,					
Place / City of Birth*						Coun	try of	Birth	h*			Π	Τ	İΤ	Т			Cou	ntry	Cod	de [		a	s per	ISO 3	3166
Address																	_			_			_			
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State/UT*		$\overline{\Box}$		Zip / 1		Jue	Coun	trv*	$\overline{\top}$					7 U I				$\Gamma$	as p untr			П	_			3166
6. Details of Related Pe	reon (On	tional)	(nlease	rofor	inetri	ıction		-	nd) (i	0.036	e of a	addit	iona	l rola	tod	nors	one					OVUE			130	3100
Related Person	Dele						/C Nui									P G 1 S	.0115	, Pit	Juse		311116	, Aut	J 1	,		
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	Prefix			Firs	st Nam			_					Name								Last	Nam	ne			_
Name*																							Ш			
☐ Proof of Identity [Pol] of	(If KYC no									n 6 are	e optio	onal)														
(Certified copy of any one of th									enuj																	
☐ A- Passport Number				$\Box$							Pa	assp	ort E	xpiry	/ Dat	te			D D	]-	M	<u> </u>	Υ	YY	Υ	
☐ B- Voter ID Card																										
☐ C- PAN Card																										
☐ D- Driving Licence											D	rivin	g Lic	ence	Exp	iry I	Date	• [	D D	]-	M	<u> </u>	Υ	YY	Υ	
E- Aadhaar Card				$\sqcup$																						
☐ F- NREGA Job Card																										
$\square$ Z- Others (any documen	t notified	by the	central	gove	rnmer	t) [							Ident	tifica	tion	Nur	nbe	r [								
7. Remarks (If any)																										
			$\perp$	++		$\perp \perp$	$\perp$			+	$\perp$		_		_	-	Н	$\perp$			_	+	$\sqcup$	$\perp$		$\perp$
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8. Applicant Declaratio I hereby declare that the details any changes therein, immediate aware that I may be held liable for Regulations or any statute of leg I hereby consent to receiving info	furnished ab ly. In case ar or it. I hereby islation or ar	ny of the declare ny notific	above in that I am ations/di al KYC Re	formation not ma rections	on is fou king this issued	nd to b applic by any	e false ation fo governi	or un or the menta	true or purpos al or sta	mislea e of co tutory	iding o intrave autho	or misr ention rity fro	epres of any om tin	enting y Act, ne to t	, J, I am Rules ime.	n		Sign				numb l				t
9. Attestation / For Off	ice Hee	 Oply																J .								
Documents Received		-	ies																							
KYC Verificatio	n Carried	l Out b	<b>y</b> (Refe	r Instr	uctior	l)									Inst	itut	tion	Def	tails							
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Version 1.6 Page 2

## Supplementary KYC Information & **FATCA-CRS Declaration - Individuals**



(Please consult your professional tax	x advisor for further guidance on your tax	residency, FATCA/CRS G	uidance)	
PAN*	Folio No. *If PAN is n	not available		
Name				
Gender	☐ T-Transgender Type of addres	s given at KYC KRA	Residential    Reside	ntial or Business 🔲 Busines
Place of Birth	Country of Birth*		Nationality	
Gross Annual Income (₹) ☐ Belo	ow 1 Lac	5-10 Lacs 🗌 10 - 2	25 Lacs □ >25 Lac	cs - 1 Crore
Net - worth (for Individual)		as on DD/	M M / Y Y	(Not older than 1 year
Occupation Details	ness Professional	☐ Public Sector	☐ Housewife	☐ Retired
(Please ✓ as appropriate) ☐ Priva	ate Sector Government Servic	e 🗌 Agriculturist	☐ Student	☐ Forex Dealer
☐ Other	rs			
Politically Exposed Person (PEP)	☐ PEP ☐ Related to PEP	☐ Not Applicab	le	
Are you a tax resident (i.e., are you a	assessed for Tax) in any other country	outside India?	☐ No [Please tick (✓)]	
If 'YES' please fill for ALL countries (c Tax Resident in the respective count	ther than India) in which you are a Resi ries.	dent for tax purpose i.e.	where you are a Citizen/	Resident/Green Card Holder
	l			
*Country of Tax Residency	*Tax Identification Number or Functional Equivalent	Identification (TIN or other please		ot available please tick (√) n A, B or C (as defined below)
			Reason :	A
			Reason:	A
			Reason:	A
			Reason:	A B C
	ridual is a citizen / green card holder of			
_	not available, kindly provide its function	•	Saakian Nivoshanaka ika us	i da uda
•	the Account Holder is liable to pay tax d lect this reason only if the authorities o			
	e the reason thereof:			
CERTIFICATION AND SIGNATUR	F			
	ation requirements of this Form (read a	long with the EATCA		
& CRS Instructions) and hereby co is true, correct, and complete. I/	onfirm that the information provided by We also confirm that 1/We have read as below and hereby accept the same.	me/us on this Form		
Date: DD-MM-YY	Y Y Place:		Signature of Au	uthorised Person(s)
Note:				

Please submit the form duly filled, signed, for all the holders, separately, and submit at Bajaj Finserv branch or you can dispatch the hard copy to -

## BAJAJ FINSERV ASSET MANAGEMENT LIMITED.

8th floor, E-Core, Solitaire Business Park (formerly Marvel Edge), Viman Nagar, Pune 411014

[For any queries please contact our nearest Investor Service Centre or call us at our TOLL FREE NUMBER: 1800 309 3900

EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

Mutual fund investments are subject to market risks, read all scheme related documents carefully.