Common Application Form for Multiple Schemes- Lumpsum/ SIP

Application No.



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First Applicant / Guardian	OR Net worth (Manda	tory for Non-Individuals)	₹			as on D	D M	MY	Y	Y	as on (N	Not older tha	an 1 year)	
Second Applicant	Below 1 Lac	1-5 Lacs 5-10 l	Lacs 10-25 Lac	s >25	5 Lacs-1 crore	>1 crore	e OR Net v	vorth ₹						
Third Applicant	Below 1 Lac	1-5 Lacs 5-10 l	Lacs 10-25 Lac	s >25	5 Lacs-1 crore	>1 crore	e OR Net v	vorth ₹						
OTHERS [Please tick (✓)]														
	For Individuals Please	tick (🗸) 📗 I am Politi	ically Exposed Person	(PEP)^	I am Relate	ed to Politica	ılly Expose	d Person (R	PEP)		Not applic	cable		
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Third Applicant	Politically Expose	ed Person (PEP)"	Related to Politically B	Exposed Pe	erson (RPEP)	Not app	licable							
Regulations or (ii) residents naintained in accordance wit pplication and providing the ommunication via mail, telec	th applicable RBI guideling services to which I/we	nes. I/We hereby provide	e my/our consent to Ba	andhan AM0	C Limited for (i) c	collecting, sto	oring and u	sage of pers	onal info	rmation	n for the p	ourposes of	processir	
sign Here →	First / Sole Applicant	. / Guardian		Sec	ond Applicant	, , , , , , , , , , , , , , , , , , , ,			ates on		ird Appli		transactio	
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• I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

SIP & SIP-TOP UP REGISTRATION / RENEWAL



	ARN- Sub-				E	E	-27	189	4				de for			
#By mentioning RIA/ PMRN code, I/we authorize you to share with Declaration for "execution-only" transaction (only where EUIN intentionally left blank by me/ us as this is an "execution-only" tra above distributor or notwithstanding the advice of in-appropriate	I box is left blank) (Refer ansaction without any inte eness, if any, provided by	r Instruction No. XIII) eraction or advice by t). – I/We h he employe	ereby contection	firm that the	EUIN box er/sales pe	has bee	е				First / S Authoris				
distributor has not charged any advisory fees on this transaction. Please Tick (✓) SIP Registration SI	IP Renewal	SIP with Top-	up Regis	stration		SIP - CI	nange i	n Bank I	Details							ow and als dhan OTM
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ecommended to me/us. For NRIs / PIOs / FPIs only: I / egulations or (ii) residents of Canada, and I / we hav laintained in accordance with applicable RBI guideline pplication and providing the services to which I/we I ommunication via mail, telecall, SMS, etc.	ve remitted funds from es. I/We hereby provid	m abroad through le my/our consent	approved to Bandh	d banking an AMC l	channels	or from f	unds in	my / oui	r Non-Re usage of	esident E	xternal /	Non-Res			/ FCN	
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- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
 I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ammendent request to the user entity/corporate or the bank where I have authorised the debit.

SIP & SIP-TOP UP REGISTRATION / RENEWAL



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 I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ammendent request to the user entity/corporate or the bank where I have authorised the debit.

Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A. Fields marked with '*' are mandatory fields.
- B. Tick "wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- section number and strike off the sections not
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- E. For particular section update, please tick () in the box J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

required to be appaaled.																														
For office use only					on Typ	e*			Nev	N		U	pdate	е					_											
(To be filled by financial institut	ion)				nber					\perp										(Man	dator	y fo	r K\	/C u	pda	te re	que	st)	
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Certified copy of OVD or equival	lent e-	docun	nent	of C	OVD o	r OV						•	г		_			o be s			d (an	yone	e of	the	follo	win	g O∖	/Ds)		
A-Passport Number								Pass	port	Exp	oiry	Dat	ie [D	D -	M	M	- L	Y \	/ Y	Y							F	РΗО	TO*
B-Voter ID Card																														
C-Driving Licence											Dri	iving	Lice	ence	Exp	oiry	Date	D	D	- [M	-	Υ	Υ	Υ	Υ				
D-NREGA Job Card																														
E-National Population Re	egister	Lette	r 🗌																											
F-Proof of Possession of	f Aadh	aar		No	need to	attach.	. Aadh	aar ca	rd. If s	submit	ted, A	Aadhaa	ar Num	ber to	be ma	sked	by the	custom	ner											
II E-KYC Authentication				No	need to	attach.	. Aadh	aar ca	rd. If s	submiti	ted, A	Aadhaa	ar Num	nber to	be ma	sked	by the	custom	ner											
III Offline verification of Aad	dhaar			No	need to a	attach.	. Aadh	aar cai	rd. If s	submitt	ed, A	ladhaa	r Num	ber to	be ma	sked i	by the (custom	er											nb Impression
Address [For other than resider	nt Indiv	∕idual,	plea	se	mentic	on O	vers	eas A	Addı	ress]																	ac	ross p	the f	thout covering ace
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District*						Pin	n/Pos	st Co	de*				Ш				State	/U.T	Coc	le*					SO	316	6 Co	untr	у Со	de*
3. CURRENT ADD	RES:	S DE	ТА	ILS	S (Ple	ease	e re	fer i	nst	ruct	tior	n B a	at th	ne (end)	ı														
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Deemed Proof of Address Address Line 1*		ocume	ent Ty	уре	code																				—					
IV Deemed Proof of Address Address		ocume	ent Ty	уре	code													1		City	/Tow	n/\/ii	nnel	*						

☐ 4. Contact	Details (All communica	tions will be sent to Mobile number	/Email-ID provided including for validation purpose) (Please refer instruction C at the end)
Tel. (Off)	-	Tel. (Res)	Mobile -
Email ID			
*mandatory and subject	to validation, hence provide th	e valid information in legible manner	
5. Remarks	s (If any)		
6. Applicant De	eclaration		
inform you of any of or misrepresenting I hereby declare the of legislation or any I hereby consent to address I hereby consent to address. I also prodownload the info Act/Rules/SEBI gui Date:	changes therein, immediately I am aware that I may be heat I am not making this apply or notifications/directions issue to receiving information from the preceiving information from the prec	y. In case any of the above informatio eld liable for it. ication for the purpose contravention eld by any governmental or statutory Central KYC Registry through SMS/ICENTRAL KYC Registry through SMS/IC/KRA to share this KYC data / ay share the data to other participat	Email on the above registered number/email Email on the above registered number/email oplicable Aadhaar XML data with CKYCR, ing intermediaries as mandated by PMLA Signature/Thumb Impression of Applicant
	Equivalent e-c		
KY	C documents verificat	ion carried out by	Institution details
Date:	D D - M M - Y	YYY	Name
Emp. Name			Code
Emp. Code			
Emp. Designation			
Emp. Branch			
	[Employee Signa	ture]	[Institution Stamp]
In-	Person Verification (IP	V) carried out by	Institution details
Date:	D D - M M - Y	YYY	
Emp. Name			
Emp. Code			
Emp. Designation			
Emp. Branch			Floority tion Channel
	[Employee Signate	ture]	[Institution Stamp]

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PAN / PEKRN*									
Name		·							
Address Type [for KYC address]	Resider Registe Busines	red Office	Nation	ality	□ Indian	US	Others _	(please s	pecify)
Place of Birth				Coun	try of Birth				
Gross Annual Income Details in INR Net Worth in INR. In Lacs & Date [Optional]	☐ Below 1 ☐ 5-10 Lac ☐ 25 Lacs	s 🗍 10	5 Lacs -25 Lacs I Crore	Detai	pation ls [Please ny one (√)]	Gove Agric Stude	c Sector rnment Se ulturist	ervice Hous	ate Sector sewife red
Politically Exposed Person [PEP]	☐ Yes ☐ Not Appli	☐ Related to icable	PEP	Any inforr	other nation [if cable]		[Plea	se specif	y]
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1		Functional Ed	quivalent	plea	se specify]	N Dag	[as defi son A □	ned belov	w] c□
2 ➤ Reason A → The	TIN required [Seed]	elect this reason or	nly if the autho	orities of	the respective	Reason Re	son A 🗆	в□	с□
Declaration: I acknowledge and compained the above specified in authorize you [CAMS including all changes Management Compained in authorities / a lindia or outside India Further, I authorize to SEBI / RBI / IRDA / Fwriting about any chadditional information Fund/AMC/RTA to pror close or suspend in FATCA & CRS Terms	nformation is fount/Fund/AMC] to come, updates to sum, trustees, their agencies including wherever it is less share the given PFRDA to facilitation anges / modification as may be requivide relevant in my account(s) with	nd to be false or un lisclose, share, rely uch information as ir employees / RTA ig but not limited to egally required and information to othe es single submission ation to the above juired at your / Fu formation to upstre thout any obligatio	true or mislea /, remit in any and when pas ('the Autho the Financial tother investia er SEBI Regis n / update & finformation in nd's end or bam payors to n of advising	ding or form, morovided or ized Pal Intelligingation a stered In future or other in future or dome enable one of the of the other of the or other enable or other or other or other enable or other or ot	misrepresenting de or manne by me to / arties') or any gence Unit-Inc gencies withoutermediaries/crelevant purpor within 30 da stic or overse withholding to e same. I also	ng, I/ am awer, all / any of the Indian or fo dia (FIU-INE ut any oblig or any regulabses. I also as regulato occur and p	are that I m of the inform Mutual Fur reign gover o), the tax / ation of adv atted interme undertake to undertake rs/ tax auth aay out any	ay liable for nation pro- nd, its Spr nmental of revenue a vising me ediaries re- to keep you to provide norities. I/V sums from	or it. I hereby vided by me, onsor, Asset r statutory or authorities in of the same. gistered with u informed in de any other We authorize my account
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We [CAMS, on beland signed from M			ds] acknowl	edge th	e receipt of				n duly filled
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