



# SAHARA MUTUAL FUND COMMON APPLICATION FORM

Serial No: **CAF**

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY	
Name & Broker Code/ARN	Sub-Agent/Broker Code	Investor Service Center	Date, Time and Number as per Time Stamping Machine
ARN-9992			

Upfront commission, if any will be paid by me/us to the AMFI registered and empanelled (with Sahara Mutual Fund) ARN Holder, directly.

**1. EXISTING UNIT HOLDER'S INFORMATION** Folio No. \_\_\_\_\_ (Please proceed to section 3 & 5)

**2. APPLICANT INFORMATION** (To be filled in BLOCK letters. Use one box for one alphabet, leaving one box blank between name and surname)

Full Name of Sole / First Investor / Minor / Karta of HUF / Non Individual / (Mr. / Ms. / M/s.) \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Document for proof of Date of Birth (DOB) and Relationship with Minor :  Birth certificate  School Leaving Certificate  Passport  Others (Please state) \_\_\_\_\_

Relationship with Minor [Pl. ✓]  Mother  Father  Legal Guardian

Full Name of Guardian (in case of Minor) / Contact Person (In case of non-individual investors) / PoA Holder's name (Mr./Ms.) \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Second Applicant's Name (Mr./Ms.) \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Third Applicant's Name (Mr./Ms.) \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Address in full (DO NOT REPEAT NAME) of Applicant/Parent OR Guardian of Minor/Indian address in case 1st Applicant is NRI/FII (Post Box No. alone is not sufficient)

Dist. \_\_\_\_\_ City \_\_\_\_\_ Pin \_\_\_\_\_ State: \_\_\_\_\_

STD Code \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Mobile (10 Digit) \_\_\_\_\_

Email-ID \_\_\_\_\_ Preferable mode of communication E-mail  Yes  No (Refer instruction no. 24)

**Mode of Holding [Pl. ✓]** 1.  Single 2.  Joint\* 3.  Either or Survivor/s (\*Default in case not indicated when applicants are more than one)

**MANDATORY FOR INVESTMENT BY NRI(s)/FII(s)** (Please provide full address, Post Box No. alone is not sufficient)

Overseas Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Pin/ZIP \_\_\_\_\_

Applicable to NRIs only : I / We confirm that I am / we are Non-Resident of Indian Nationality / Origin and I / we hereby confirm that the funds or subscription have been remitted from abroad through approved banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account. Please (✓)  Repatriation basis  Non-Repatriation basis

**3. MANDATORY DETAILS** (Please Quote PAN for all applicants / KYC Ack.) (Refer Form instruction no. 6 & 7)

Applicant	Permanent Account Number (PAN)	KYC acknowledgement [Pl. ✓]
Sole / First Applicant / Guardian / PoA	_____	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>
Second Applicant	_____	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>
Third Applicant	_____	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>

**Occupation of the 1st Applicant [Pl. ✓]**

- 1.  Business
- 2.  Professional
- 3.  Agriculturist
- 4.  Private sector service
- 5.  Retired
- 6.  Student
- 7.  Housewife
- 8.  Public / Govt. service
- 9.  Forex Dealer
- 10.  Others (pl.specify) \_\_\_\_\_

**Status/Category of the 1st Applicant [Pl. ✓]** 1.  Resident Individual 2.  On behalf of minor 3.  HUF 4.  Body Corporate 5.  AOP/BOI 6.  Partnership Firm 7.  Proprietorship Firm 8.  Company  Listed  Unlisted 9.  Trust 10.  Society 11.  NRI 12. FII 13.  Government Body 14.  Financial Institution 15.  Banks 16.  Others (pl.specify) \_\_\_\_\_

**4. Bank Particulars** (It is mandatory to furnish bank particulars failing which application shall be rejected) (Refer Form instruction no. 5)

Bank Account No. \_\_\_\_\_ Account Type :  Savings  Current  NRE  NRO  FCNR

MICR Code (9 digit) \_\_\_\_\_ IFSC Code ( 11 digit for RTGS & NEFT) \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_ City \_\_\_\_\_ Pin \_\_\_\_\_

**5. INVESTMENT AND PAYMENT DETAILS** Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME")

Scheme Name	Plan / Option	Sub Option

Cheque / DD No.	Net Amount (Rs.)	Bank & Branch Name & City	Mode of Payment	Account Type @
			Cheque / DD <input type="checkbox"/> / RTGS <input type="checkbox"/> / NEFT <input type="checkbox"/> ECS <input type="checkbox"/> / Fund Transfer <input type="checkbox"/>	(SB/ CA/ NRE/ NRO/ FCNR)

Banker's Certificate is mandatory for applications in case of Demand Drafts. (Ref. instr. no.5) @ For NRI(s) Source of Fund:  NRE  NRO  FCNR

**ACKNOWLEDGEMENT**  
(To be filled by investor)

as Normal Investment  / or through SIP  / or through STP  / or through Switches

Received from Mr. / Ms. / M/s \_\_\_\_\_ an application for purchase of units of \_\_\_\_\_

\_\_\_\_\_, (scheme) subject to realisation of cheque(s)/demand draft(s).

Rs. (in Figures) \_\_\_\_\_ Cheque/ DD No. \_\_\_\_\_ Dated \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Branch \_\_\_\_\_

In case of Sahara Tax Gain Fund based on the production of this acknowledgement, the investor may claim tax exemption under Sec.80C of the IT Act till the statement of account is issued provided the payment instrument is encashed and the application and other documents are found to be in order.

Sr. No: **CAF**

Collection Centre's Receipt Date and Time
Cheque/DD is subject to realisation

**6. SIP ENROLMENT DETAILS - Selected SIP Date** (please (✓) only one)  5th /  15th /  25th No. of SIP Installments

SIP Amount (in Rs.) .....	Enrolment Period	Start Month (mm/yyyy) <input type="text"/>	End Month (mm/yyyy) <input type="text"/>	Frequency (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Payment Mechanism (✓) <input type="checkbox"/> Option 1: Debit through ECS / Direct Debit facility (Tick this box and fill up SIP ECS / Direct Debit facility form) (Refer SIP instruction no. 19)				
<input type="checkbox"/> Option 2: Through Post Dated Cheques - Total Cheques _____ Cheque Nos. from <input type="text"/> To <input type="text"/>				
Drawn On Bank _____ Branch Name _____ City _____				

**7. NOMINATION DETAILS (MANDATORY FOR SINGLE HOLDING)** (Refer instruction no. 12 of KIM) MANDATORY for Joint holders

I/We \_\_\_\_\_ hereby nominate the under mentioned person to receive the amount to my/our credit in the event of my/our death indicated against the Name of the Nominee. I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

We DO NOT WISH to nominate. (Applicable for Joint Holders who do not wish to nominate)

Name & Address of the Nominee	Guardian Name & Address (in case nominee is a minor)	Date of Birth (if minor)	Relationship with the nominee	Signature of Nominee / Guardian [Optional]

**8. SWITCHES (Please mention target folio No. if it is not the one mentioned overleaf)** FOLIO NO.

\_\_\_\_\_ or \_\_\_\_\_ or [Pl. ✓]  (Please note that switch can be done either in units or in amount only and not both.)

Amount Rs. \_\_\_\_\_ No. of units \_\_\_\_\_ Entire Balance \_\_\_\_\_

From Scheme Name \_\_\_\_\_ Option \_\_\_\_\_

To Scheme Name \_\_\_\_\_ Option \_\_\_\_\_

**9. SYSTEMATIC TRANSFER PLAN (STP)** (Refer instruction no. 19 of KIM) STP Date (Monthly/Quarterly option) (✓) only one  1st  5th  25th

Fixed Amount (in Rs.)	Enrolment Period	Start Month (mm/yyyy) <input type="text"/>	End Month (mm/yyyy) <input type="text"/>	Frequency (✓) <input type="checkbox"/> Daily / <input type="checkbox"/> Weekly / <input type="checkbox"/> Monthly / <input type="checkbox"/> Quarterly
From Scheme Name _____ Option _____ To Scheme Name _____ Option _____				

**10. DEPOSITORY ACCOUNT DETAILS ( Refer Instruction No. 13a)**

Please provide details only if Units are intended to be held in demat form. Refer KIM instructions for details and risk factors associated with listing of units in the SID. Please ensure that the sequence of names as mentioned in this Application Form matches with that of the account held with the Depository Participant.

Depository Name Please tick (✓)	<input type="checkbox"/> National Securities Depository Limited (NSDL)	<input type="checkbox"/> Central Depository Services (India) Limited (CDSL)
Depository Participant Name (DP)		
DP ID	I N	<input type="text"/>
Beneficiary Account Number	(16 digit beneficiary A/c No. to be mentioned above)	

**11. DECLARATION (Please ✓ whichever is applicable.)**

- I/We have read and understood the contents of the Scheme Information Document (SID)/ Statement of Additional Information (SAI) / Key Information Document (KIM) and Addendum(s) thereto of the respective scheme(s) and agree to abide by the terms, conditions, rules and regulations of the scheme(s) as applicable from time to time. I/We hereby declare that I /We are making this investment of the scheme for investment from our own funds on my/our personal behalf and are not beneficiaries of any fund obtained in contravention of Prevention of Money Laundering Act or any guidelines issued from time to time and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/We hereby apply to the Trustee of Sahara Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.
- (Applicable for SIP Investors only). I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS /Direct Debit Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/We would not hold the Asset Management Company responsible in any manner. I/We hereby authorize Sahara Mutual Fund and their authorised service providers, to get my/our above bank account debited by ECS / Direct Debit towards the collection of monthly payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/We will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/We have read and agreed to the terms and conditions mentioned in KIM / SID / SAI.
- The details of the bank account provided above pertain to my / our bank account in my / our name.
- The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date / / 2011.

Sole / First Unitholder Guardian / POA (Signature)	Second Unitholder (Signature)	Third Unitholder / (Signature)



**SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form for ECS / Direct Debit Facility**



DISTRIBUTOR INFORMATION	
Name & Broker Code/ARN	Sub-Agent/Broker Code
ARN-9992	

Serial No: **SIP**

**INVESTOR AND SIP DETAILS**

Application No.

(Existing Investors Folio No)   
Date of Birth (dd/mm/yyyy)

Sole / First Investor / Minor Name (Mr./Ms.)

Full Name of Guardian (in case of Minor) / PoA Holder's name (Mr./Ms.)

Relationship with Minor [Pl. ✓]

Mother  Father  Legal Guardian

Second Applicant's Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

Third Applicant's Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

I/We hereby give my/our consent to receive all communication such as Account Statement, Transaction update, Half yearly portfolio, Annual Report and any other related data/information by Email.

PI (✓)  Email-ID

**DETAILS OF PHOTO IDENTIFICATION DOCUMENT** (Please refer to instruction no. 20 & 21 of Terms & Conditions)

Applicant	Type / Nature of Photo ID	Issuing Authority	ID No.	Type / Nature of self attested Proof of address and attestation by ARN holder
Sole / 1st Applicant				
Second Applicant				
Third Applicant				

**INVESTMENT AND PAYMENT DETAILS** (Refer to KIM for instruction) (REFER TABLE "SCHEME NAME")

SIP Date (✓)  5th /  15th /  25th

Scheme Name	Plan / Option	Sub Option

SIP Amount (in Rs.)  Enrolment Period  Start Month (mm/yyyy)  End Month (mm/yyyy)  Frequency Please (✓)  Monthly  Quarterly

First SIP transaction via Cheque No.  Cheque Dated  Amount (in Rs.)

I/ We hereby authorise Sahara Mutual Fund/ Sahara Asset Management Company Private Limited and their authorised service provider to debit my/ our following bank account by ECS ( Debit Clearing )/ Direct Debit for collection of SIP payment.

**PARTICULARS OF BANK ACCOUNT**

Bank Account No.  Account Type :  Savings  Current  NRE  NRO  FCNR

Account Holders Name as in Bank account

MICR Code (9 digit)  (Please enclose copy of cancelled cheque) [Mandatory] IFSC Code ( 11 digit for RTGS & NEFT)

Bank Name

Bank City

I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS/Direct debit. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part, I/we would not hold the user institution responsible. I/We also inform Sahara Mutual Fund / Sahara Asset Management Company Private Limited about any changes in the bank account. I/We have read and understood conditions mentioned overleaf, and agree to the Terms and Conditions mentioned in the Scheme Information Document (s).

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date / /

1st applicant/ Guardian Signature (As in Bank Records)	<input type="text"/>
2nd applicant / Signature (As in Bank Records)	<input type="text"/>
3rd applicant / Signature (As in Bank Records)	<input type="text"/>

**BANKERS ATTESTATION**

Certified that the Signature of Account Holder and details of the bank account are correct as per details. We accept the Mandate.

Verification request to be retained by the customer bank

Signature of authorised official of bank (Bank's stamp and date)

The Branch Manager,

Bank

Branch

Sub: Mandate Verification for account no.

This is to inform you that I/We have registered with Sahara Mutual Fund through their authorised Service provider for the RBI's Electronic Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Sahara Mutual Fund shall be made from my / our above mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Please debit my/our account for verification charges, if any. Thanking you,

1st applicant/ Guardian (Signature)	<input type="text"/>	2nd applicant (Signature)	<input type="text"/>	3rd applicant (Signature)	<input type="text"/>
---	----------------------	------------------------------	----------------------	------------------------------	----------------------

Received from Mr./Ms./M/s.....  
Address.....  
SIP / Auto Debit Application under (Scheme) .....  
along with first SIP cheque no. .... dated..... drawn on (Bank / Branch)  
..... for Rs. ....

Serial No: **SIP**

Seal, Signature & Date

PLEASE TURNOVER

Acknowledgement Slip

## Terms and Conditions

A. SIP payment through Electronic Service (Debit Clearing) of the Reserve Bank of India (RBI). List of cities for SIP Auto Debit facility - through ECS (Debit clearing)

Agra, Ahmedabad, Allahabad, Amritsar, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda (Vadodara), Belgaum, Bhilwara, Bhopal, Bhubaneswar, Bijapur, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Goa, Gorakhpur, Guwahati, Gwalior, Haldia, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raipur, Rajkot, Ranchi, Salem, Shimla, Shimoga, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag.

B. SIP payment through Direct Debit facility is available with: (As per arrangement made by the AMC from time to time)

- i) HDFC Bank Ltd / AXIS Bank Ltd / IDBI Bank Ltd / IndusInd Bank Ltd / Kotak Mahindra Bank - All Branches.
- ii) Bank of India and Punjab National Bank - Select Branches (\*)

\* for list of branches, check website [www.saharamutual.com](http://www.saharamutual.com) or contact our Investor Service Centres (ISCs).

1. This facility is offered only to the investors having bank accounts in selected cities/Selected banks/Branches mentioned above.
2. Please submit the following documents at least 30 working days before the 1st SIP date for ECS (Debit Clearing)

New Investors	Existing Investors
<ul style="list-style-type: none"> <li>• Application form for the respective scheme(s)</li> <li>• 1st SIP Cheque *</li> <li>• SIP ECS/Auto Debit Facility Form</li> </ul>	<ul style="list-style-type: none"> <li>• 1st SIP Cheque *</li> <li>• SIP ECS/Auto Debit Facility Form</li> </ul>

\* The 1st SIP Cheque should be issued from the same bank account which is to be debited under ECS for subsequent installments. i.e. the 1st cheque should be drawn on the same bank account which is to be registered for ECS (Debit)

In case the 1st cheque is issued from an account which is different from ECS debit account, then a specimen cancelled cheque from ECS Debit account (as mentioned in the application form) should be submitted along with other requirements. [Other Terms and Conditions or as stated in the SIP registration cum mandate form.]

3. The cheques should be drawn in favor of the scheme/plan chosen e.g. "Sahara Growth Fund" and crossed "account payee only" and payable locally and drawn on any bank, which is situated at and is a member of bankers clearing house located at the place where the SIP application is submitted. Outstation cheque will not be accepted.
4. Please write the SIP Form Number/the first applicant's name on the reverse of the cheque accompanied by the SIP form
5. Return/ dishonored cheque will not be presented again for collection
6. The bank account provided for ECS (Debit) should participate in local MICR Clearing.
7. The names of cities in the list may be modified/ updated/ changed/removed at any time in future entirely at the discretion of Sahara Mutual Fund/Sahara Asset Management Private Limited without assessing any reasons or prior notice. If any name of city is removed, SIP instructions for investors in such cities via ECS (Debit) route will be discontinued without prior notice. In such a case, the AMC at its sole discretion may accept post dated cheque (PDC's) from the investors for the balance period.
8. MICR code starting and /or ending with 000 are not valid for ECS.
9. SIP Auto Debit facility is available only on specific dates of the month 5th, 15th or 25th.
10. The investor agrees to abide by the terms and conditions of ECS facilities of Reserve Bank of India (RBI).
11. Investor will not hold Sahara Mutual Fund/Sahara Asset Management Private Limited, its Registrars 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 ECS/local holidays
12. Sahara Mutual Fund / Sahara Asset Management Private Limited, its Registrars and other service providers shall not be responsible nor liable for any damages/ compensation for any loss, damages etc. incurred by the investor. The investor assumes the entire risk of using these facilities and takes full responsibility.
13. Sahara Mutual Fund/Sahara Asset Management Private Limited reserves the right to reject any application without assigning any reason thereof.
14. Please read the Key Information Memorandum and Scheme Information Document (SID) of respective scheme(s) for applicable NAV, risk factors, load, minimum SIP amount and other information.
15. Investor can choose to change his/her/their bank account or discontinue this facility by giving 30 days written notice to any of our Investor Service Centers.
16. Allotment of units would be subject to realization of credit.
17. An investor can opt for monthly or quarterly frequency.
18. Only one SIP per month or per quarter is permitted per folio/ account.
19. The applicable NAV for the 1st installment (in respect of the 1st cheque) will be as per the date and time at which the same has been received at ISC. If the date of the subsequent SIP cheque/ installment is a non transaction day for the scheme, then the units shall be allotted on the next / following transaction day.
20. **The Systematic Investment Plans (SIPs) by an Investor where the aggregate of installment values does not exceed Rs.50,000/- per year (in a rolling year) shall be exempted from PAN requirement. However in lieu of PAN, Investor has to submit any one photo identification document along with the application as follows:**
  - (a) Voter Identity Card, (b) Driving License, (c) Government / Defense identification card, (d) Passport, (e) Photo Ration Card, (f) Photo Debit Card (Credit card not included because it may not be backed up by a bank account), (g) Employee ID cards issued by companies registered with Registrar of Companies (database available in the website of Ministry of Company affairs (<http://www.mca.gov.in>)), (h) Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, (i) ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks, (j) Senior Citizen / Freedom Fighter ID card issued by Government, (k) Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI, (l) Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL), (m) Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO.
21. The copy of proof of address which is self attested & attested by the ARN holder is required to be submitted by the investor at the time of investment.

### Registrar & Transfer Agent:

**KARVY Computershare Private Limited** (Unit: Sahara Mutual Fund)  
 21, Avenue 4, Street No.1, Banjara Hills, Hyderabad-500 034.  
 Ph : 040 - 44677112 / 040 - 44677122, Email : [service\\_smf@karvy.com](mailto:service_smf@karvy.com)



### Sahara Mutual Fund

97-98, 9th Floor, Atlanta, Nariman Point, Mumbai - 400 021.  
 Ph : 022 - 67520121-27. E-mail: [saharamutual@saharamutual.com](mailto:saharamutual@saharamutual.com)  
 Website: [www.saharamutual.com](http://www.saharamutual.com)

**Note:** All future communication in connection with the application should be addressed to the Registrar at the address given in this form, quoting full name of sole/first applicant, the application serial number, the name of the scheme/option, amount invested, date and the place of the AMC/ Collection Centre where the application was lodged/submitted.

# MULTIPLE BANK ACCOUNTS REGISTRATION FORM

Folio No. \_\_\_\_\_ OR Application No \_\_\_\_\_  
 (For Existing Unit Holders) (for New Unit Holders)

**Name of Sole / First Unit Holder** \_\_\_\_\_

Permanent Account Number (PAN)

--	--	--	--	--	--	--	--	--	--

Please strike unused sections to avoid unauthorised use.

## A - ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

- For each bank account, Investors should produce original for verification or submit originals of the documents mentioned below.
- For additional bank account please use extra copies of this form.

Account No.		Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> ___
Bank Name		Branch	
City		PIN code	
MICR Code^		IFSC Code^^	

Document attached (Any one)  Cancelled Cheque with name pre-printed  Bank statement  Pass book  Bank Certificate

^ 9 digit code on your cheque next to the cheque number.

^^ 11 digit code printed on your cheque.

Account No.		Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> ___
Bank Name		Branch	
City		PIN code	
MICR Code^		IFSC Code^^	

Document attached (Any one)  Cancelled Cheque with name pre-printed  Bank statement  Pass book  Bank Certificate

^ 9 digit code on your cheque next to the cheque number.

^^ 11 digit code printed on your cheque.

Account No.		Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> ___
Bank Name		Branch	
City		PIN code	
MICR Code^		IFSC Code^^	

Document attached (Any one)  Cancelled Cheque with name pre-printed  Bank statement  Pass book  Bank Certificate

^ 9 digit code on your cheque next to the cheque number.

^^ 11 digit code printed on your cheque.

## B - DEFAULT BANK ACCOUNT

From among the bank accounts registered with you or mentioned above, please register the following bank account as a Default Bank Account into which future redemption and or dividend proceeds, if any of the above mentioned folio will be paid:

Bank Name	Bank Account No.
-----------	------------------

SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES) Sole / First Applicant / Unit holder Second Applicant / Unit holder Third Applicant / Unit holder

1st applicant/ Guardian (Signature)	2nd applicant (Signature)	3rd applicant (Signature)
---	------------------------------	------------------------------

## C - BANK ACCOUNT DELETION FORM

Folio No. _____	Permanent Account Number (PAN)										
<b>Name of Sole / First Unit Holder</b> _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>										

Please delete the following Bank accounts as registered accounts for my/our folio :

Bank Account No.	Bank Name
Bank Account No.	Bank Name
Bank Account No.	Bank Name
Bank Account No.	Bank Name

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.

SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES) Sole / First Applicant / Unit holder Second Applicant / Unit holder Third Applicant / Unit holder

1st applicant/ Guardian (Signature)	2nd applicant (Signature)	3rd applicant (Signature)
---	------------------------------	------------------------------

## INSTRUCTIONS

1. This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/HUF can register upto 5 different bank accounts for a folio. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 4 accounts, please use extra copies of this form.
2. Please enclose a cancelled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
3. If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
4. Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
5. The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
6. The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
7. A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request.
8. If any of the registered bank accounts are closed / altered, please intimate the AMC in writing of such change with an instruction to delete/alter it from our records.
9. The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts/ Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
10. If request for redemption is received along with a change of Bank account, the redemption request would be processed with the new bank account, subject to proper documentation.
11. If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/ NRO/ NRE.
12. The registered bank accounts will also be used to identify the pay in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.