# **COMMON APPLICATION FORM**

Application No.
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(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

	,	•	legibly	in black / d	ark coloured ink and	in BLOCK LETTER	Ś.)	
	Broker Code/ ARN	Sub-Broker Cod ARN/ Branch Co		Branch nager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Ref. No.
t	nager/sales person of the above ributor has not charged any advis nentioning the RIA Code/ PMRN on Mutual Fund with the SEBI Reg Signature ple/ First Applicant/ Guardian/ PO/	e distributor or notwiths sory fees on this transar , I/we hereby give my/c gistered Investment Ad	tanding the ction. our consenviser/ SEB	ne advice of in nt to share/pro I registered Po Second	-appropriateness, if any vide the transactions dat ortfolio Managers.  Signature  Applicant/ POA/ Authoris	provided by the empl a feed / unit holdings in ed Signatory	oyee/relationship mana n respect of my/our inve	on or advice by the employee/relations ager/sales person of the distributor and stments under Direct Plan in the Schem Signature icant/ POA/ Authorised Signatory
				-			of various factors includ	ling the service rendered by the distribute
00	SACTION CHARGES FOR APP onfirm that I am a First time inve- use the subscription amount is or than first time mutual fund inv	stor across Mutual Fu ₹ 10,000/- or more an	nds d your Dis	stributor has	○ I conf opted-in to receive Trai	irm that I am an Existir nsaction Charges, ₹ 1		ual fund investor) or ₹ 100/- (for inves
					· · · · · · · · · · · · · · · · · · ·			e considered for this application) *Mandato
	Unitholder's Name						Fo	olio No.
	MODE OF HOLDING	○ Single ○ J	oint (Defa	ault option)	O Anyone or Sur	vivors		
	FIRST APPLICANT'S INFO	ORMATION* [Please	e tick ( <b>√</b> )]	(Refer Sect	tion 'B', 'C' and 'G' of ir	structions) (Please	ensure that the details	mentioned matches with the KYC deta
	○ Mr. ○ Ms. ○ M/s.					NAME		
	PAN		\ /=	OKYC		CKYC No. (K	IN) ^	
	3a. Contact Details* (Refe	r Section 1 of Instru	ctions) (P		to mention Country and	Area Code)		
	Mobile No.			E-mail <sup>s</sup>	ountry/ Aron ondo		Fax Country	/ Area code
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	Mailing address* (P. O. Box	address is not suffici	ent.)					
	City				State			Pin Code
	Overseas address (Mandat	tory for NRI/FII. P. O. B	ox addres	s is not suffici	ient. Investors residing o	overseas and with P. O	. Box address please p	provide your Indian address)
	011							
	City Mandatan	in according to	D 14 14	V V V	Country Minoria Polational	ain with Guardian (ra	eferred in point no. 4)	Area Code
	3b. Date of Birth (Mandatory  3c. Proof for Date of Birth	and					• •	☐ ○ Father ○ Mother ○ Legal Guard  assport ○ Others(Please Specify
	O Partnership Firm O L O Government Body O A	- ,	O Socie	C Listed Corety C Prov	mpany Ounlisted ident Fund Osupe	rannuation/Pension	ody Corporate  Fund Gratuity Fu	poprietorship
	3f. Gross Annual Income*	○ Below	Lac	○ 1-5 l	_acs			25 Lacs - 1 Crore O > 1 Cro
	Net-worth in ₹		F NI		-11			Y (Not older than 1 year)
	Please tick (✓)*  ○ Politically Exposed Perso	nn			al Investors* (Is the and Money Changer Ser	, , , , , , , , , , , , , , , , , , , ,	oviding any of the fol	○ Yes ○ No
	Related to Politically Experience				g / Lottery Services [e		yndicates]	○ Yes ○ No
	O Not Applicable			Lending / P	•			○ Yes ○ No
			-		on [Please specify]: _			
	^ Investors who have comp requested to quote the 14 digi	oleted the Central Kit KIN.	YC with t		YC Records Registry		e a KYC Identificatio	on Number (KIN) from the CKYCF
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1	figures)			₹ (in words)				
	or the purchase of units of L	Jnion	(S	cheme Name	e)			
						Signature o	f Account Holder(s) / A ( As per Bank re	Authorised Signatory(ies) ecords)
)	WLEDGEMENT SLIP (To be	filled in by the inves	tor)			Application No.		@Unio
	•	-	-					1/0\

\_\_/\_\_\_/ Drawn on Bank & Branch\_

(Scheme/Plan/Option)

Instrument No

Received from: Mr./ Ms. /M/s

an application for units of

Amount

Dated



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Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	✓	✓	1	1	✓	1	1		1	✓	1
KYC Acknowledgement	1	✓	1	1	1	/	1	✓	1	1	<b>√</b> *
Resolution/ Authorisation to invest		/	1	/		/		/		/	
List of authorised signatories with specimen signatures		✓	1	/	/	/		/		/	
Memorandum & Articles of Association		✓									
Certificate of Incorporation		✓	1	✓		/					
Trust Deed			1			/					
Bye-laws											
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	/	/	/	/	✓	1	1		/	✓	
Demat Statement (Latest available)											/
Client Master Statement (Latest available)											/
HUF Deed									/		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
FATCA Form & UBO Declarations	1	/	/	1	/	/	/	/	/	<b>✓</b>	✓

\*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme: Computer Age Management Services Ltd.,

Unit: Union Mutual Fund

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq\_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059

Toll Free: 1800 200 2268/1800 572 2268 | Tel No.: 022 67483333

Website: www.unionmf.com | Email: investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



Please update mylous pays-in-bank account methode duride point in 0.9 feelow as default payword bank account CVes C No (if ou phases Armiticise or york of pays unit m SSC code is encoded)  Blank ACD No			K ACCOUNT		account m						oiuuic		u u		0.00	0110	, (,, ,	no prou	se furnis	h the	aotane
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	O Please register nomination	on as requested below	I/ We do not wish t	to nominate®	)	( <sup>®</sup> Plea	ase strike out the form below)
	I/We hereby nominate the un settlements made to such No					at of my / our death. I/We also understa	and that all payments and
	Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee
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### DECLARATION & SIGNATURES\* (Refer Section 'K' of instructions)

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

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

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments

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

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





# **Strategic Investment Planning**

Welcome to Strategic Investment Planning - A goal based planning with which you can not only plan for your multiple goals but also aim to achieve it.

To know more about Strategic Investment Planning



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

## Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice
- The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its Registrar(s) and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit / ECS.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- 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.
- Investors can choose any preferred date of the month as SIP debit date. In case the chosen SIP date falls on a non - business date or a date which is not available in a particular month. The SIP will be processed on the immediate next business day.
- Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.

- viii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable
- Following fields need to be filled mandatorily:-
  - Date in format DD/MM/YYYY
  - Bank A/c Type: Tick the relevant box
  - Bank Account Number (Investor's bank account number)
  - Name of Destination Bank (Investor's bank) d.
  - IFSC/MICR code
  - Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
  - Reference 1: Mention Folio Number
  - Reference 2: Mention Application No.
  - Phone No. (Optional)
  - Email ID (Optional)
  - Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
  - Signature as per bank account records
  - Name: Mention Bank Account Holder Name as per bank records

Your Bridge to Responsible Investing UMRN	I F o r	O f f i	c e u s e						Date	D	MN	YY
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	(Please complete	the relevant sect	ion legibly in black / da	ark coloured	d ink and ir	BLOCK	LETTER	S.)				
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ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No. SIP through Auto Debit Form - Folio No. \_\_\_\_\_ Received from: Mr./ Ms. /M/s \_\_\_\_\_\_ Dated\_\_\_/\_\_/\_\_\_Scheme 1 \_ \_ Amount (₹) \_\_