



ARN-52719

KYC acknowledgement is mandatory for all investors w.e.f. 01/01/2011. However in the case of Micro SIP/Purchase of an individual investor (if the total amount of investment including SIP is less than Rs 50,000 per investor in any rolling 12-month period or in a financial year) instead of PAN proof other approved document can be accepted.

Folio No	Broker Code	Sub-Broker Code
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Transaction charges: For Rs. 10,000 and above:  
 Existing Investor- Rs.100  New Investor-Rs.150

**Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor.**

Name of First/Sole Applicant (capital Letters)

Name of Guardian in case First / Sole Applicant is a Minor (capital Letters)

E-Mail	Mobile No
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Scheme Name	<input type="checkbox"/> Fixed Amount Rs. _____ OR <input type="checkbox"/> Capital Appreciation
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Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Others:.....	Option: <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment <input type="checkbox"/> Dividend Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Bonus
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SWP Amount	SWP Period <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Till further notice*
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SWP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Minimum amount Rs 1,000 Minimum No of installments 6)	SWP will be processed on 1st working day of the month/quarter
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SWP Period	SWP Starting	SWP Ending	OR	<input type="checkbox"/> Till further notice*	Request Date
	0 1 M M Y Y	0 1 M M Y Y		<input type="checkbox"/>	DD MM YYYY

(\*The date may be taken as 01/12/2031 in case of a requirement of an input for a specific date in the system)

**Declaration:** I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document • agree to transfer units as provided in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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.

Signature	First Applicant	Second applicant	Third Applicant

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

<b>Acknowledgement</b>	Request Date: DD MM YYYY	<b>Time Stamp/Seal</b>
Folio No	<input type="checkbox"/> Fixed Amount Rs. _____ OR <input type="checkbox"/> Capital Appreciation	
Scheme Name:	SWP Frequency	
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Others .....	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Minimum amount Rs 1,000 Minimum No of installments 6)	
Options: <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Bonus	SWP will be processed on 1st working day of the month/quarter	