MUTUAL FUND

COMMON APPLICATION FORM

Investors must read the Key Information Memorandum and the General Instructions before completing this Form.

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
73503 NEST-EGG SERVICES PVT LTD		E098791			

Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only):

☐ I/We hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of All Mutual Fund AMC's, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).

EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1)

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Third Applicant

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2)

(Please (✓) any one) ☐ I am a first time investor in Mutual Funds ☒ I am an existing investor in Mutual Funds (Default)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP/Micro SIP are deductible only if the total commitmentof investment (i.e. amount per SIP/Micro SIP installment x No. of installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

1.EXISTING UNIT HOLDER INFORMATION

(If you have existing Folio, please fill in folio no. in this section and proceed to sections 8 and 11.) (Refer General Instruction 3)

FOLIO NO.: | | | | | | | | | | |

The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓) ☐ Single ☐ Joint ☐ Anyone or Survivor

In the event, the investors fail to specify the mode of holding, then by default, the mode of holding will be treated as 'joint' for all future purposes by the AMC in respect of the folio.

3. UNIT HOLDER INFORMATION (Refer General Instruction 4)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no jointholders)

Mr. | Ms. | M/s.

PAN#/ PEKRN# | | | | | | | | | | |

KYC Identification No. (KIN): | | | | | | | | | | | | | | |

GSTIN** | | | | | | | | | | | | | | | |

NAME and DOB/Date of incorporation for all the Applicant(s) has to be exactly as per PAN

[Please (✓) DT #KYC Proof Attached(Mandatory)

GENDER ☐ Male ☐ Female ☐ Other **DATE OF BIRTH† / INCORPORATION** D D M M Y Y Y Y **Proof of date of birth (in case of minor)† (✓)** ☐ Attached

†Date of birth and Proof of Date of birth is mandatory in case of investments made on behalf of minor. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth. ** Refer General Instruction 4F.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

CITY | STATE | PIN CODE | | | | | | |

CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code | | | | STD Code | | | | | Telephone : Off. | | | | | | | | | | |

Mobile No. | | | | | | | | | | | Res. | | | | | | | | | | Fax | | | | | | | | |

#Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

^^Email Id | | ☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

#Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

Overseas Address (Mandatory for NRI/PIO/FPI Applications)

^^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email &‡for description of Mobile & Email validation codes Refer General Instruction 9.

#Please attach Proof. Refer General instruction No 15 for PAN/PEKRN and No 17 for KYC.

✂ **TEAR HERE**

Acknowledgement Slip (To be filled by the applicant)

Date : D D M M Y Y Y Y

ISC Stamp & Signature

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

an application for allotment of Units of the Plan / Option (as mentioned overleaf) along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.

Please Note : All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.

... continued overlea

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / PoA HOLDER

Mr.	Ms.	M/s.		Mobile No.	

PAN#/ PEKRN# | KYC Identification No. (KIN): | [Please (√)] ☐ #KYC Proof Attached(Mandatory)

Relationship with Minor@ **Please (√)** ☐ Father ☐ Mother ☐ Court appointed Legal Guardian | Proof of relationship with minor@ **Please (√)** ☐ Attached @ Mandatory

ADDITIONAL DETAILS REQUIRED (in case of non-individual Investors)

Contact Person Name	
Designation	
Mobile No.	Email

4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 4) (in Case of Minor, there shall be no joint holders)

I. NAME OF SECOND APPLICANT Mr. | Ms. | M/s.

KYC Identification No. (KIN): | PAN#/ PEKRN# | GENDER ☐ Male ☐ Female ☐ Other [Please (√)] ☐ #KYC Proof Attached(Mandatory)

Mobile No. | ^^Email Id | DATE OF BIRTH D D M M Y Y Y Y

☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

II. NAME OF THIRD APPLICANT Mr. | Ms. | M/s.

KYC Identification No. (KIN): | PAN#/ PEKRN# | GENDER ☐ Male ☐ Female ☐ Other [Please (√)] ☐ #KYC Proof Attached(Mandatory)

Mobile No. | ^^Email Id | DATE OF BIRTH D D M M Y Y Y Y

☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

 # Please attach Proof. Refer General Instruction No 15 for PAN/PEKRN and No 17 for KYC.

^^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer General Instruction 9)

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 4)

5a. Status of Applicants (Refer General Instruction4D) (Please tick one)

Sole/First Applicant ☐ Individual ☐ Non Individual	☐ Resident Individual	☐ NRI-Repatriation	☐ QFI	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Private Ltd.	
	☐ Body Corporate	☐ NRI-Non Repatriation	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club	☐ Public Ltd.	
	☐ Foreign National Resident in India	☐ On Behalf of Minor	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation	☐ Others _____ (Please specify)				
Second Applicant ☐ Individual ☐ Non Individual	☐ Resident Individual	☐ NRI-Repatriation	☐ QFI	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Private Ltd.	
	☐ Body Corporate	☐ NRI-Non Repatriation	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club	☐ Public Ltd.	
	☐ Foreign National Resident in India	☐ On Behalf of Minor	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation	☐ Others _____ (Please specify)				
Third Applicant ☐ Individual ☐ Non Individual	☐ Resident Individual	☐ NRI-Repatriation	☐ QFI	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Private Ltd.	
	☐ Body Corporate	☐ NRI-Non Repatriation	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club	☐ Public Ltd.	
	☐ Foreign National Resident in India	☐ On Behalf of Minor	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation	☐ Others _____ (Please specify)				

5b. Occupation Details [Please tick (√)]

Sole/First Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional	☐ Housewife	☐ Business
	☐ Retired	☐ Agriculturist	☐ Proprietorship	☐ Others _____ (Please specify)			
Second Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional	☐ Housewife	☐ Business
	☐ Retired	☐ Agriculturist	☐ Proprietorship	☐ Others _____ (Please specify)			
Third Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional	☐ Housewife	☐ Business
	☐ Retired	☐ Agriculturist	☐ Proprietorship	☐ Others _____ (Please specify)			

5c. Gross Annual Income / Net-worth (Rs.)

Sole/First Applicant (Please select any one)	**Gross Annual Income**	☐ Below 1 Lakh	☐ 1 - 5 Lakhs	☐ 5 - 10 Lakhs	☐ 10 - 25 Lakhs	☐ 25 Lakhs - 1 Crore	☐ >1 Crore
	or Net-worth	(Mandatory for Non-Individuals) Rs._____ as on D D M M Y Y Y Y (Not older than 1 year)					
Second Applicant (Please select any one)	**Gross Annual Income**	☐ Below 1 Lakh	☐ 1 - 5 Lakhs	☐ 5 - 10 Lakhs	☐ 10 - 25 Lakhs	☐ 25 Lakhs - 1 Crore	☐ >1 Crore
	or Net-worth	(Mandatory for Non-Individuals) Rs._____ as on D D M M Y Y Y Y (Not older than 1 year)					
Third Applicant (Please select any one)	**Gross Annual Income**	☐ Below 1 Lakh	☐ 1 - 5 Lakhs	☐ 5 - 10 Lakhs	☐ 10 - 25 Lakhs	☐ 25 Lakhs - 1 Crore	☐ >1 Crore
	or Net-worth	(Mandatory for Non-Individuals) Rs._____ as on D D M M Y Y Y Y (Not older than 1 year)					

✂ **TEAR HERE**

Scheme(s)/Plan(s)/Option(s)/ Sub-option(s)					
Cheque / DD / Payment Instrument No. & Date		Drawn on (Bank and Branch)		Amount in Figures (Rs.)	

SIP/ Micro SIP Date (s)_____ **Top Up SIP Amount / Percentage** _____ **Frequency** _____

5d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

Sole/First Applicant (Please select any one)	☐ I am a PEP	☐ I am Related to a PEP	☐ Not Applicable
Second Applicant (Please select any one)	☐ I am a PEP	☐ I am Related to a PEP	☐ Not Applicable
Third Applicant (Please select any one)	☐ I am a PEP	☐ I am Related to a PEP	☐ Not Applicable

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS form

	Sole/First Applicant/Guardian	**Second Applicant**	**Third Applicant**
Place of Birth			
Country of Birth			
Nationality	☐ Indian ☐ U.S. ☐ Others, please specify _____	☐ Indian ☐ U.S. ☐ Others, please specify _____	☐ Indian ☐ U.S. ☐ Others, please specify_____
Tax Residence Address Type (as per KYC records)	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ No
	If 'YES', please fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the Respective countries.		
Country of Tax Residency	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identiification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
If TIN is not available, please tick the reason A,B, or C (as defined below)	1 ☐ A ☐ B ☐ C 2 ☐ A ☐ B ☐ C 3 ☐ A ☐ B ☐ C	1 ☐ A ☐ B ☐ C 2 ☐ A ☐ B ☐ C 3 ☐ A ☐ B ☐ C	1 ☐ A ☐ B ☐ C 2 ☐ A ☐ B ☐ C 3 ☐ A ☐ B ☐ C

Reason A ➔ *The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.*

Reason B ➔ *No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).*

Reason C ➔ *Others; please state the reason thereof* sadsdsad

Refer General Instructions 4C and 19

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer General Instruction 6 & 10)
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name **sadsdsad**

Branch Address | Branch City

Account No. | MICR Code (The 9 digit code appears on your cheque next to the cheque number)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) _____

IFSC Code*** *** Refer General Instruction 6C (Mandatory for Credit via RTGS / NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

Unitholders will receive redemption/ dividend (IDCW) proceeds directly into their bank account(as furnished in Section 8) via Direct credit / RTGS / NEFT facility unless specified otherwise in writing.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 7 for Scheme details and Instruction 5 & 8 for Payment and Third Party Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque for lumpsum Investment/ SIP Registration. FOR DEFAULT OPTIONS, PLEASE REFER KIM.

Payment Type : ☐ **Non-Third Party Payment** ☐ **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

Payment Through : ☐ Single Cheque ☐ Multiple Cheques (Refer instruction 5.D)

mon SIP/ TOP-UP SIP re form)

* The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties for all payment transactions of value ` 50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LEI, the Fund will not be able to make payments (Redemption/Dividend) of value ` 50 crore and above, and shall not be held responsible for any non-receipt/ receipt of funds with a delay.

LEI No. **Valid upto:**

Scheme/Plan/Option/ Sub-option	**Investment Amount**	**DD Charges, if any**	**Net DD / Cheque Amount**	**Cheque/ DD/Fund Transfer Payment Instrument/ RTGS / NEFT Refer No./OTBM Facility^**	**Drawn on Bank / Branch**	**Bank Account Number**
	TOTAL					

^One Time Bank Mandate

9. UNIT HOLDING OPTION ☐ DEMAT MODE* ☐ PHYSICAL MODE (Default) (Refer Instruction 12)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the names as mentioned in the application form matches with that of the demat account. Investor opting to hold units in demat form, may provide a copy of the DP statement to enable us to match the demat details as stated in the application form.

NSDL	**DP NAME** _____ **DP ID** I N	**Beneficiary Account No.**
CDSL	**DP NAME** _____	**Beneficiary Account No.**

10. NOMINATION (Refer Instruction 14)

Name and Address of Nominee(s) (Mandatory)	Relationship with Applicant (Mandatory)	Date of Birth (Mandatory in case the Nominee is a minor)	Name and Address of Guardian (Mandatory in case the Nominee is a minor)	PAN of Nominee/ Guardian (Optional)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)	Signature of Nominee / Guardian of Nominee
Nominee 1						
Nominee 2						
Nominee 3						

OR

[Please (√)] ☐ **I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.**

11. DECLARATION & SIGNATURE/S (Refer Instruction 13)

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 hereby confirm and declare as follows:- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Schemes of All Mutual Funds (AMC's)('the Fund') indicated above. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme is derived through legitimate sources only 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, Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the ALL Mutual Fund(AMC's) / the Fund and undertake to inform the AMC / the Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby authorize and provide my/our consent to the AMC, its Registrar & Transfer Agent and their authorized representatives to contact me/us through various communication modes (including phone / email / SMS) to address my/our investment related queries and/or receive communications pertaining to my/our financial transactions/ non-financial transactions/ promotional/ potential investments and other communications/ materials about the mutual fund products and services offered by the Fund, irrespective of my/our blocking preferences with the Customer Preference Registration Facility. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). I / We confirm that I / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada. I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. **FATCA Declaration:** I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities. **Applicable to NRIs only :** I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct.

SIGNATURE(S)

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

Sign Here	Sign Here	Sign Here
First / Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Third Applicant