

Enclosure_

COMMON APPLICATION FORM

Application No.	Application No.	ication No.	
Application No.	Application No.	ication No.	
		ication No.	

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

N-106392	Sub-Broke ARN/ Bran		LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Re ⁴	f. No.
ECHIP STOCKS				E-107715			
e hereby confirm that the EUIN ager/sales person of the above of ibutor has not charged any advisorentioning the RIA Code/ PMRN, n Mutual Fund with the SEBI Region Signature	distributor or notwith ory fees on this trans I/we hereby give my	hstanding the a saction. //our consent to	advice of in-appropriateness, on share/provide the transaction	if any, provided by the empl	oyee/relationship man	nager/sales person of	the distributor a
le/ First Applicant/ Guardian/ POA		rv	Second Applicant/ POA/ Aut		Third Ann	Signature blicant/ POA/ Authorised	
upfront commission shall be paid of SACTION CHARGES FOR APPL infirm that I am a First time invesse the subscription amount is ₹ r than first time mutual fund inve	ICATIONS THROU tor across Mutual F 10,000/- or more a estor) will be deduc	JGH DISTRIBU Funds and your Distri cted from the su	TORS ONLY. (Refer Section ' I butor has opted-in to receive ubscription amount and paid	J' of instructions) confirm that I am an Existir e Transaction Charges, ₹ 1! I to the distributor. Units wil	g investor in Mutual I 50/- (for first time mu l be issued against th	Funds itual fund investor) or ne balance amount inv	r₹100/- (for inve vested.
EXISTING UNIT HOLDER I	NFORMATION (P	rease complete se	ction 1, 6 & 11 only) (The details in C	our records under the Folio No. me			tion) *Manda
Unitholder's Name					F	olio No.	
		Joint (Default					
FIRST APPLICANT'S INFO	RMATION* [Pleas	se tick (✔)] (F	Refer Section 'B' and 'C' of	instructions) (Please ens	ure that the details me	entioned matches with	h the KYC detail
○ Mr. ○ Ms. ○ M/s.				N A M E			
PAN			○ КҮС	CKYC No. (K	IN) ^		
3a. Contact Details* (Refer	Section 'I' of Instr	uctions) (Plea	se ensure to mention Countr	y and Area Code)			
Mobile No ^{\$} .		Е	-mail ^s				
Tel. (Off.) Country/ Area code		Tel	. (Res.) Country/ Area code		Fax Country	y/ Area code	
*Mobile number specified at	ove belongs to [F			*Email address specified			
Self Spouse	Guardian (for		ment)	Self Spouse	0 1	for Minor investment	t)
Opendent Children	Opendent P		Opendent Siblings	Opendent Children	O Dependent		.) Dependent Sibli
On providing email-id, investor	s shall receive the	scheme wise a			· ·		•
However, if the investors wish	o receive the scher	me wise annua	Il report or an abridged sumr	mary thereof in physical form	n [Please (✔)] Opt-in	0	
Mailing address* (P. O. Box	address is not suffic	cient.)					
City			State			Pin Code	
Overseas address (Mandato	on for NPI/EII P.O.	Pov address is		ding overseas and with P.O.	Pov addross plasso		ddross)
Overseus address (iviaridate	19 101 1411/1 11. 1. 0.	DOX address is	Thot sumblent. Investors resid	Jing Overseas and with r. o.	Dox address piease	provide your malarrae	1
City			Country			Area Code	
3b. Date of Birth (Mandai	tory for investment	t received thro	ough minors)			D D N	M M Y Y
Minor's Relationship with Gu	ardian (referred in	point no. 4)	○ Father	○ Mother	○ Legal Gu	ardian	
3c. Proof for Date of Birth a relationship with Guardian		ficate Sch	ool Leaving Certificate	Marksheet issued by HS0	C/ State Board OF	Passport Others	(Please Spec
			○ NDI (Depetrichie)	○ NDI /Non Donatria	bla) Cala Dr	reprietorabia	
O TR	esident Individual mited Partnership	O Minor		○ NRI (Non-Repatria Ilisted Company ○ Bo	, -) HUF surance Compa
○ Government Body ○ A							
3e. Occupation* O Pvt. Sec	tor O Public Sect	tor O Govt. S	ervice () Business () Profe	essional () Agriculturist ()	Retired O Housewit	re O Student O Othe	ers (Please Spe
	○ Belov	v 1 Lac	○ 1-5 Lacs ○ 5	5-10 Lacs 0 10-25	Lacs O >	25 Lacs - 1 Crore	○ >1 C
3f. Gross Annual Income*				as on D	D M M Y Y Y	(Not older that	an 1 year)
Net-worth in ₹			- Individual Investors* (Is		oviding any of the fo	,	
Net-worth in ₹ Please tick (✓)*		_	Exchange / Money Change Gambling / Lottery Service		ndicates]		○ Yes ○ No ○ Yes ○ No
Net-worth in ₹ Please tick (✓)* ○ Politically Exposed Persor				es leg. casinos, betting sy	Tidicatesj		O Yes O No
Net-worth in ₹ Please tick (✓)* ○ Politically Exposed Persor ○ Related to Politically Expo			Hullig / Fawriing				
Net-worth in ₹ Please tick (✓)* ○ Politically Exposed Persor		Money Le	r information [Please speci	fy]:			
Net-worth in ₹ Please tick (✓)* ○ Politically Exposed Persor ○ Related to Politically Expo	sed Person	Money Le	r information [Please speci-		DETAILS* [Please tick	(V)] (Refer Section 'B'	and 'C' of instruct
Net-worth in ₹ Please tick (✓)* Politically Exposed Persor Related to Politically Expo Not Applicable SECOND APPLICANT/ GUA	sed Person	Money Le Any other	r information [Please speci-	IDUALS/ POA HOLDER D		te of Birth D D M	
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Collection centre's stamp with date and time of receipt

DAN		D A P F	L I C A N	Т	Date of Birth D D N	1 M Y Y
PAN	ОКУС		CKYC No. (KIN)	^		
5a. Status* ○ Resident Individua	al O Minor O NR	(Repatriable)	○ NRI (Non-	Repatriable)	Others (Plea	ase Specify)
5b. Occupation* O Pvt. Sector (○ Public Sector ○ Govt. Service ○	Business O Prof	essional O Agricultu	rist O Retired O Hou	sewife O Student O Oth	ers (Please St
5c. Gross Annual Income* O E	Below 1 Lac ○ 1-5 Lacs ○ 5-10 La	cs	○ >25 Lacs - 1 Cro	ore O >1 Crore Net	t-worth in ₹	
5d. Other Details* O I am Polit	ically Exposed Person O I ar	m Related to Polit	ically Exposed Perso	on O Not Appli	cable	
5e. Contact Details* Mobile No.		E-mail				
Investors who have completed	the Central KYC with the Central	KYC Records Re	egistry (CKYCR), an	d have a KYC Identi	ification Number (KIN) fr	om the CKY
equested to quote the 14 digit KIN.						
	GN TAX LAWS* - for Individuals in					FATCA, UB
	e at www.unionmf.com or at our	Customer Servic	ce Centres) [Please	tick (✓)] (Refer Secti	ion 'M' of instructions)	
The below information is required		B#:>	0		Third Acc	li a a a d
Category	First Applicant (includi	ng Minor)	Second Applic	ant/ Guardian	Third App	licant
Is the Country of Birth / Citizensh Nationality / Tax Residency other than India?*		No	○ Yes	○ No	○ Yes	○ No
* If Yes, pleas	se indicate all countries in which yo	u are resident for	tax purposes and th	e associated Tax Ref	erence Numbers below.	
Place/ City of Birth						
Country of Birth						
Address Type						
(of address in KYC records)	Residential / Business	Residential C	Residential / Busin	ess C Residential	Residential / Busines	s C Resid
Country of Tax Residency 1						
Tax Payer Ref. ID No. 1						
Documentation Type 1						
TIN or Other Please specify)						
f TIN is not applicable, [Please ick (🗸)] the reason A, B or C as defined below]	Reason O A O B	O C	Reason O A	○ B ○ C	Reason O A	○ B ○
Country of Tax Residency 2						
Tax Payer Ref. ID No. 2						
Documentation Type 2						
(TIN or Other Please specify)						
(TIN or Other Please specify) If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason O A O B	- C	Reason O A	○ B ○ C	Reason O A	○ B ○
If TIN is not applicable, [Please tick (🗸)] the reason A, B or C [as defined below]						ОВ О
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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

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Rayala Tower 2, 5th Floor, # 158 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.



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Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.

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b. Bank A/c Type: Tick the relevant box

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* Available only under Union Flexi Cap Fund

*Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is

₹ 2000 and in multiples of ₹ 1 thereafter. $\begin{tabular}{l} \begin{tabular}{l} \'a \end{tabular} Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund. \\ \end{tabular}$