

(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.)

For Office use only

<b>Broker Code/ ARN</b> ARN-106392 BLUECHIP STOCKS	<b>Sub-Broker Code/ ARN/ Branch Code</b>	<b>LG/ MO/ CRE Code</b>	<b>EUIN* (Refer Section 'L' of Instructions)</b> E-107715	<b>RIA Code / PMRN**</b>	Ref. No.
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\*I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

\*\*By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.

Signature <small>Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory</small>	Signature <small>Second Applicant/ POA/ Authorised Signatory</small>	Signature <small>Third Applicant/ POA/ Authorised Signatory</small>
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Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor. **TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)**

I confirm that I am a First time investor across Mutual Funds  I confirm that I am an Existing investor in Mutual Funds  
**In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.**

**1. EXISTING UNIT HOLDER INFORMATION** (Please complete Section 1, 8 & 11 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) **\*Mandatory**

<b>Unitholder's Name</b> _____	<b>Folio No.</b> _____
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**2. MODE OF HOLDING**  Single  Joint (Default option)  Anyone or Survivors

**3. FIRST APPLICANT'S INFORMATION\*** [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)

Mr.  Ms.  M/s. N A M E

**PAN** \_\_\_\_\_  KYC **CKYC No. (KIN) ^** \_\_\_\_\_

**3a. Contact Details\*** (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

**Mobile No.** \_\_\_\_\_ **E-mail<sup>f</sup>** \_\_\_\_\_

<b>Tel. (Off.)</b> _____	<small>Country/ Area code</small>	<b>Tel. (Res.)</b> _____	<small>Country/ Area code</small>	<b>Fax</b> _____	<small>Country/ Area code</small>
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<sup>g</sup> Mobile number specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings	<sup>h</sup> Email address specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings
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On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in

**Mailing address\*** (P. O. Box address is not sufficient.)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Pin Code** \_\_\_\_\_

**Overseas address** (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)

**City** \_\_\_\_\_ **Country** \_\_\_\_\_ **Area Code** \_\_\_\_\_

**3b. Date of Birth** (Mandatory for investment received through minors) \_\_\_\_\_ D D M M Y Y Y Y

**Minor's Relationship with Guardian** (referred in point no. 4)  Father  Mother  Legal Guardian

**3c. Proof for Date of Birth and relationship with Guardian**  Birth Certificate  School Leaving Certificate  Marksheets issued by HSC/ State Board  Passport  Others (Please Specify)

**3d. Status\***  Resident Individual  Minor  NRI (Repatriable)  NRI (Non-Repatriable)  Sole Proprietorship  HUF  
 Partnership Firm  Limited Partnership (LLP)  Listed Company  Unlisted Company  Body Corporate  Bank/FI  Insurance Company  
 Government Body  AOP/BOI  Trust  Society  Provident Fund  Superannuation/Pension Fund  Gratuity Fund  FII  Others (Please Specify)

**3e. Occupation\***  Pvt. Sector  Public Sector  Govt. Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Others (Please Specify)

**3f. Gross Annual Income\***  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore

**Net-worth in ₹** \_\_\_\_\_ as on \_\_\_\_\_ (Not older than 1 year)

<b>Please tick (✓)*</b> <input type="radio"/> Politically Exposed Person <input type="radio"/> Related to Politically Exposed Person <input type="radio"/> Not Applicable	<b>For Non - Individual Investors*</b> (Is the entity involved in / providing any of the following services) Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Money Lending / Pawning Any other information [Please specify]: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
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**4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS\*** [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)

Mr.  Ms. \_\_\_\_\_ **N A M E O F S E C O N D A P P L I C A N T** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ D D M M Y Y Y Y

**PAN** \_\_\_\_\_  KYC **CKYC No. (KIN) ^** \_\_\_\_\_

**4a. Status\***  Resident Individual  Minor  NRI (Repatriable)  NRI (Non-Repatriable)  Others (Please Specify)

**4b. Occupation\***  Pvt. Sector  Public Sector  Govt. Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Others (Please Specify)

**4c. Gross Annual Income\***  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore **Net-worth in ₹** \_\_\_\_\_

**4d. Other Details\***  I am Politically Exposed Person  I am Related to Politically Exposed Person  Not Applicable

**4e. Contact Details\*** **Mobile No.** \_\_\_\_\_ **E-mail** \_\_\_\_\_

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor)  Lumpsum  SIP  STP  SWP **Application No.** \_\_\_\_\_

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

an application for units of \_\_\_\_\_ (Scheme/Plan/Option) Amount \_\_\_\_\_

Enclosure \_\_\_\_\_



Collection centre's stamp with date and time of receipt



**9. PAYOUT BANK ACCOUNT DETAILS** \* [Please tick (✓)] (Refer Section 'D' and 'E' of instructions) (Will be updated only if the proof of bank account is available)

Please update my/our pay-in-bank account mentioned under point no. '8' as default payout bank account  Yes  No  
 (If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.)

Bank Name													
Bank A/C No												Bank Branch	
A/C Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others (Please Specify)												
Bank City							State				PIN		
IFSC CODE							MICR CODE						
Document Attached	<input type="radio"/> Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed <input type="radio"/> Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months (IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)												

**For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.**

**10. SYSTEMATIC TRANSFER PLAN ("STP") DETAILS** (Refer Section 'P' of instructions) [Please Tick (✓)]

	From Scheme				To Scheme												
Name of the Scheme																	
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan				<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan												
Option	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW				<input type="radio"/> Growth <input type="radio"/> Payout of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW												
	Transfer of IDCW to				U	N	I	O	N								
	Plan/ Option																
Sub Option/ Frequency																	
Default Plan/ Option/ Sub Option/ Frequency will be applied in case of no information, ambiguity or discrepancy.																	
Enrolment Period	From	D	D	M	M	Y	Y	To	D	D	M	M	Y	Y	OR	<input type="radio"/> Till Further Instruction* (Default)	
Transfer Amount in (₹ Figures)	Transfer Amount in (₹ words)																
Frequency	<input type="radio"/> Daily STP		<input type="radio"/> Weekly STP (Monday to Friday)		<input type="radio"/> Fortnightly STP		<input type="radio"/> Monthly STP (Default)		<input type="radio"/> Quarterly STP		<input type="radio"/> Half Yearly STP						
	Daily (Only Business Day)		Day of Transfer		Every Alternate Wednesday		STP Date*		D	D							

\* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. \* If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.  
 Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

**11. SIP DETAILS** [Please tick (✓)] (Refer Section 'F' of instructions)  Registration via New OTM  Registration via Existing OTM

Scheme/ Plan/ Option	SIP Amount	Frequency*	SIP Date#	SIP Day#	Enrolment Period\$ (MM/YY)	Top-Up Facility	
						Frequency	Amount
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly	D D		From: M M Y Y To: M M Y Y	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly	D D		From: M M Y Y To: M M Y Y	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly	D D		From: M M Y Y To: M M Y Y	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	

#Note: In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day. Daily Frequency is available only for Union Flexi Cap Fund. Weekly Frequency is available under all existing schemes except Union Liquid Fund and Union Overnight Fund. Any day between Monday to Friday to be specified for Daily/Weekly frequency. In case of any discrepancy "Wednesday" shall be considered as default day for Weekly SIP. Monthly/ Quarterly Frequency: SIP Date to be specified for monthly/quarterly frequency. In case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency, provided the requirement relating to minimum instalment size for monthly frequency is fulfilled. Further, in case of any discrepancy default SIP date considered shall be 8th of the specified month/ quarter. \$ If Default Enrolment End Period is not mentioned it will be September 2053.

**Union Mutual Fund**

**MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT**

UMRN: [ F o r O f f i c e u s e ] Date: [ D D ] [ M M ] [ Y Y ] [ Y Y ]

[tick (✓)] Sponsor Bank Code: [ ] Utility Code: [ ]

CREATE  I/We, hereby authorize **Union Mutual Fund** To debit [tick (✓)]  SB/CA/CC  SB-NRE/SB-NRO/Other

MODIFY  Bank a/c number: [ ]

CANCEL  with Bank: [ ] Name of Customer's Bank: [ ] IFSC: [ ] or MICR: [ ]

an amount of Rupees [ ] in words ₹ [ ] in figures

FREQUENCY:  Daily  Weekly  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE:  Fixed Amount  Maximum Amount

Reference 1: [ ] Folio No. [ ] Phone No. [ ]

Reference 2: [ ] Application No. [ ] Email ID [ ]

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank.

PERIOD: From [ D D ] [ M M ] [ Y Y ] [ Y Y ] To [ 3 0 ] [ 0 9 ] [ 2 0 ] [ 5 3 ] Or  Until cancelled

Signature Primary Account Holder: [ ] Signature of Account Holder: [ ] Signature of Account Holder: [ ]

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

**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.

