

COMMON APPLICATION FORM

Serial No: ED

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY	
Name & Broker Code/ARN	Sub-Agent/Broker Code	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine

INVESTMENT DETAILS (Refer instruction No. 5)*

Scheme Name	Plan	Option	Sub-Option
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Bonus (✓ only if applicable) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's offer document

1. EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)

Folio No. Have you completed the KYC Process. Yes No (please attach KYC acknowledgement issued by CVL[^])

2. APPLICANT INFORMATION (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (Refer instruction no.8)

(To be filled in block letters. Use one box for one alphabet, leaving one box blank between name and surname)

Full Name of Sole/1st Applicant/Minor/Karta of HUF/Non-individual/Partner in case of Partnership Firm /Proprietor in case of Proprietorship Firm:

Date of Birth PAN (Mandatory) Enclosed: Verified PAN Card copy

Have you completed the KYC Process. Yes No (please attach KYC acknowledgement issued by CVL[^])

Full Name of Guardian (in case of Minor)

Relationship with Minor [Pl. ✓] Mother Father Legal Guardian

Address (DO NOT REPEAT NAME) in full of Applicant/Parent OR Guardian of Minor/Indian address in case 1st Applicant is NRI/FII (Post Box No. alone is not sufficient)

Location / City Dist. Pin code State

STD Code Telephone Fax Mobile No.

E-mail Id:

I/We wish to receive account related information & other communications via e-mail Yes No (Refer instruction no. 17)

I/We wish to receive SMS alerts Yes No
(Refer Inst no. 17)

Full Name of Second Applicant

Date of Birth PAN (Mandatory) Enclosed: Verified PAN Card copy

Have you completed the KYC Process. Yes No (please attach KYC acknowledgement issued by CVL[^])

Full Name of Second Applicant

Date of Birth PAN (Mandatory) Enclosed: Verified PAN Card copy

Have you completed the KYC Process. Yes No (please attach KYC acknowledgement issued by CVL[^])

Mode of Holding [Pl. ✓]	Occupation of the 1st Applicant [Pl. ✓]	Status/Category of the 1st Applicant [Pl. ✓]
1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Joint* 3. <input type="checkbox"/> Either or Survivor/s <small>(* Default, in case of ambiguity when applicants are more than one)</small>	1. <input type="checkbox"/> Business 2. <input type="checkbox"/> Professional 3. <input type="checkbox"/> Agriculturist 4. <input type="checkbox"/> Private sector service 5. <input type="checkbox"/> Retired 6. <input type="checkbox"/> Student 7. <input type="checkbox"/> Housewife 8. <input type="checkbox"/> Public Sector / Govt. service 9. <input type="checkbox"/> Forex Dealer 10. <input type="checkbox"/> Others (pl. specify)	1. <input type="checkbox"/> Resident Individual 2. <input type="checkbox"/> On behalf of minor 3. <input type="checkbox"/> HUF 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> AOP/BOI 6. <input type="checkbox"/> Partnership Firm 7. <input type="checkbox"/> Proprietorship Firm 8. <input type="checkbox"/> Body Corporate 9. <input type="checkbox"/> Trust 10. <input type="checkbox"/> Society 11. <input type="checkbox"/> NRI 12. <input type="checkbox"/> FII/s 13. <input type="checkbox"/> Government Body 14. <input type="checkbox"/> Financial Institution 15. <input type="checkbox"/> Banks 16. <input type="checkbox"/> Others (pl. specify)

3. BANK PARTICULARS (It is mandatory to furnish bank particulars failing which application shall be rejected)

Bank Account No. **Account Type :** Savings Current NRE NRO FCNR

MICR Code : IFSC Code **Direct Credit Facility:** Please refer instruction no. 18

Bank Name

Branch Address

City Pin code

4. FOR INVESTMENT BY NRI(s)/FII(s)

Overseas Address

City Country PIN /ZIP

(*KYC is mandatory) (Refer to page No. 15/ Prevention of Money Laundering)

ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

Received an application from Mr./Ms./M/s.

as normal Investment or through SIP or for SWP or through STP as per details below

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Scheme Name	Plan	Option	Sub-option	Payment Details (1st Cheque /DD in case of SIP)	Collection Centre's Stamp & Receipt Date and Time
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Bonus (✓ only if applicable) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____	Cheque/DD is subject to realisation

