

OTHER FACILITIES FORM

Name & Broker Code / ARN	Sub Broker / Sub Agent / ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Folio No.: _____ Name of 1st Unit Holder: _____

2. MOBILE AND EMAIL UPDATION (IN CAPITAL LETTERS)

Mobile: _____ E-Mail: _____

I / We wish to receive Account Statements / Annual Reports / Qtly. Statements / Newsletter / Updates or any other Statutory Information via E-mail in lieu of Physical Documents. I / we wish to receive SMS alerts for our Investments.

3. CHANGE OF BANK MANDATE (Please provide old and new bank supporting documents)

Name of the Bank: _____
 Core Banking A/c No.: _____ A/c Type: Please NRE Current Savings NRO
 Branch Name: _____ Address: _____
 Bank Branch City: _____ State: _____ Pin: _____
 MICR Code: _____ Please attach a cancelled cheque OR a clear photo copy of a cheque IFSC Code (Mandatory for Credit via NEFT/RTGS) _____

4. NOMINATION DETAILS (Minor / HUF / POA Holder / Non Individuals cannot nominate) - [Refer Instructions 9 of KIM]

I / We, the Applicant(s) do hereby nominate the undermentioned Nominee(s) to receive the allotted units to me / us in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh/Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s).

Please : Fresh Nomination OR Change in Nominee(s)

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	@% of Share	Signature of Nominee / Guardian
1		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

@If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

5. CONSOLIDATION OF FOLIOS (All joint holders should sign, even in case of "ANY ONE OR SURVIVOR")

Folios to be consolidated (Mention all source folios i.e. the folios to be consolidated, here)
 1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Target Folio No. for consolidation (Mention the target folio here, wherein all folios needs to be consolidated) _____

6. CANCELLATION OF SIP (Systematic Investment Plan)

Scheme _____
 Regular Plan Direct Plan Growth (Default) Payout Dividend Reinvestment
 Frequency: Please Monthly (Default) - Min (₹) 1000 Quarterly - Min (₹) 1500
 Installment / Transaction Dates: (Please) 1st 10th 15th 21st 28th
 Amount ₹ (Installment / Transaction Amount): _____ Discontinuation of standing / debit instructions of transaction may take upto one month.
 SIP Auto Debit Bank Name: _____ Bank A/c No.: _____

7. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(e) of KIM]

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

Signature of 1st Applicant / Guardian / Authorised Signatory /PoA/Karta _____
 Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA _____
 Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA _____

Received Application from _____ Folio No.: _____ as per details below:

ACKNOWLEDGEMENT SLIP

Please <input checked="" type="checkbox"/> <input type="checkbox"/> Mobile and email updation <input type="checkbox"/> Change of bank mandate <input type="checkbox"/> Nomination details <input type="checkbox"/> Consolidation of folios <input type="checkbox"/> Cancellation of SIP	Date & Stamp of Collection Centre / ISC
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