

COMMON APPLICATION FORM

Application No. _____

Ref. 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.)

Broker Code/ ARN	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIIN* (Refer Section 'L' of instructions)	Time Stamping
					<input type="radio"/> Zero Balance <input type="radio"/> Invest Now

*I/We hereby confirm that the EUIIN 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.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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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.

For Office use only

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 12 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) ***Mandatory**

Unitholder's Name	Folio No.
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2. FIRST APPLICANT'S INFORMATION* [Please shade (●)] (Refer Section 'B', 'C' and 'G' of instructions) (Please ensure that the details mentioned matches with the KYC details)

Mr. Ms. M/s. NAME _____ PAN _____ KYC

Date of Birth (Mandatory in case of minor) D D M M Y Y Y Y Minor's Relationship with Guardian (referred in point no. 5) Father Mother Legal Guardian

Proof for Date of Birth and relationship with Guardian Birth Certificate School Leaving Certificate Marksheet issued by HSC/ State Board Passport Others (Please Specify) _____

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) _____

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

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 D D M M Y Y Y Y (Not older than 1 year)

Please shade (●)*

<input type="radio"/> Politically Exposed Person	For Non - Individual Investors* (Is the entity involved in / providing any of the following services)	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Related to Politically Exposed Person	Foreign Exchange / Money Changer Services	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Not Applicable	Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates]	<input type="radio"/> Yes <input type="radio"/> No
	Money Lending / Pawning	<input type="radio"/> Yes <input type="radio"/> No
	Any other information [Please specify]: _____	

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

City	State	Pin Code
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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
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Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code	<p style="font-size: 8px;">If e-mail address is provided all future communication including Account Statement, Annual Report etc. shall be in electronic mode except if physical mode preference has been specifically indicated/ opted. "Save Paper & the Planet"</p>
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code	
E-mail				

I/ we wish to receive the Account Statement, Annual Report or Abridged Report, Consolidated Account Statement and other statutory documents in Physical E-mail

3. PIN Facility for online transactions: I/We wish to avail the PIN Facility. I/We have read and understood the Terms & Conditions for PIN Facility mentioned in the instructions of the form and accept & agree to be bound by the said terms & conditions.

4. MODE OF HOLDING Single Joint (Default option) Anyone or Survivors

5. Guardian if minor / Contact Person for non-individuals / PoA holder Details PAN (Guardian/ PoA) KYC

Mr. Ms. M/s. NAME _____

Status Resident Individual NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify) _____

Occupation Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Others (Please Specify) _____

Gross Annual Income Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore Net-worth in ₹ _____

Other Details I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

6. OTHER APPLICANT'S INFORMATION* [Please shade (●)] (Refer Section 'B', 'C' and 'G' of instructions)

Mr. Ms. NAME OF SECOND APPLICANT _____ PAN _____ KYC

Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify) _____

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

Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore Net-worth in ₹ _____

Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

Mr. Ms. NAME OF THIRD APPLICANT _____ PAN _____ KYC

Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify) _____

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

Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore Net-worth in ₹ _____

Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

11. NOMINATION DETAILS* [Please shade (●)] (Refer Section 'H' of instructions)

Please register nomination as requested below I/ We do not wish to nominate[®] ([®]Please strike out the form below)

I/We hereby nominate the under mentioned Nominee(s) to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee.

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

12. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

1. Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union KBC Mutual Fund and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions before investing. I/ We, hereby apply to the Trustee of Union KBC Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee(s) acknowledging receipts of my/our credit will constitute full discharge of liabilities of Union KBC Mutual Fund/ AMC/ Trustee/ Sponsor. I/ We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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 agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union KBC Mutual Fund (the Fund)/ Union KBC Asset Management Company Private Limited (the AMC) and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

2. I/ We acknowledge and confirm that the information provided above is true and correct to the best of my/ our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we am/ are aware that I/ we may liable for it. I/ We hereby authorize the Fund/ the AMC/ the Registrar and Transfer Agent (the RTA) to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, the AMC, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/ revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ we authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ updation & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information as may be required at your/ Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/ we authorize the Fund/ the AMC/ the RTA to withhold and pay out any sums from my/ our account(s) or close or suspend my/ our account(s) without any obligation of advising me/ us of the same.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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13. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only) **Application No.**

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India Date ___/___/___

I / We _____

authorise you to debit my / our Account No. Type of Account _____

₹ (in figures) ₹ (in words) _____ to

pay for the purchase of units of Union KBC _____ (Scheme Name).

Signature of Account Holder(s) / Authorised Signatory(ies)
(As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

an application for units of _____ (Scheme/Plan/Option)

Amount _____ Instrument No _____

Dated ___/___/___ Drawn on Bank & Branch _____

Unitholding Option Physical Mode Demat Mode

Encl: Third Party Declarations Bank Accounts Registration Form SIP Form FATCA & UBO Form

Please note: All purchases are subject to realisation of cheques/ Debit Mandate

Application No.



Collection centre's stamp with date and time of receipt

