

# COMMON APPLICATION FORM

Application 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.)

<b>Broker Code/ ARN</b> <b>132061</b>	<b>Sub-Broker Code/ ARN/ Branch Code</b>	<b>Branch Manager Code</b>	<b>LG/ MO/ CRE Code</b>	<b>EUIN* (Refer Section 'L' of instructions)</b> <b>E352389</b>	<b>Ref. No.</b>
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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.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Third Applicant/ POA/ Authorised Signatory

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, 7, 9 & 11 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.** \_\_\_\_\_

**2. MODE OF HOLDING** ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors

**3. FIRST APPLICANT'S INFORMATION\*** [Please tick (✓)] (Refer Section 'B', 'C' and 'G' 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** \_\_\_\_\_

**Tel. (Off.)** \_\_\_\_\_ **Country/ Area code** \_\_\_\_\_ **Tel. (Res.)** \_\_\_\_\_ **Country/ Area code** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Country/ Area code** \_\_\_\_\_

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

**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 in case of minor) 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 ☐ Marksheet 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 D D M M Y Y Y Y (Not older than 1 year)

Please tick (✓)\* ☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Not Applicable

**For Non - Individual Investors\*** (Is the entity involved in / providing any of the following services)

Foreign Exchange / Money Changer Services ☐ Yes ☐ No

Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] ☐ Yes ☐ No

Money Lending / Pawning ☐ Yes ☐ No

Any other information [Please specify]: \_\_\_\_\_

^ 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.

**12. 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 \_\_\_\_\_ (Scheme Name)

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

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor)

Application No. \_\_\_\_\_

Received from: Mr./ Ms. /M/s \_\_\_\_\_  
an application for units of \_\_\_\_\_ (Scheme/Plan/Option)  
Amount \_\_\_\_\_ Instrument No \_\_\_\_\_  
Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Drawn on Bank & Branch \_\_\_\_\_



Collection centre's stamp with  
date and time of receipt

4. **SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS\*** [Please tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions)

Mr. Ms. NAME OF SECOND APPLICANT 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

5. **THIRD APPLICANT'S INFORMATION\*** [Please tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions)

Mr. Ms. NAME OF THIRD APPLICANT Date of Birth D D M M Y Y Y Y

PAN KYC CKYC No. (KIN) ^

5a. Status\* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify)

5b. Occupation\* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

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

5d. Other Details\* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

5e. 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.

6. **FATCA INFORMATION/ FOREIGN TAX LAWS\*** - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA and UBO Declaration Form available at [www.unionmf.com](http://www.unionmf.com) or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)

The below information is required for all applicant(s)/ guardian

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	Yes No	Yes No	Yes No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	Residential / Business Residential	Residential / Business Residential	Residential / Business Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason A B C	Reason A B C	Reason A B C
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason A B C	Reason A B C	Reason A B C

- Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C - others; please state the reason thereof.

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	Fil's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓*
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓		✓	
Memorandum & Articles of Association		✓									
Certificate of Incorporation		✓	✓	✓		✓					
Trust Deed			✓			✓					
Bye-laws											
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
FATCA Form & UBO Declarations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

\*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:  
**Computer Age Management Services Pvt. Ltd.,**  
Unit: Union Mutual Fund (formerly Union KBC Mutual Fund)  
Ground Floor No.178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai, Tamil Nadu - 600 034.  
Email: [enq\\_uk@camsonline.com](mailto:enq_uk@camsonline.com) | Website: [www.camsonline.com](http://www.camsonline.com)

**Union**  
**MUTUAL FUND**  
Your Bridge to Responsible Investing

**Union Asset Management Company Pvt. Ltd.**  
(formerly Union KBC Asset Management Company Private Limited)  
Unit 802, 8th Floor, Tower 'A', Peninsula Business Park,  
Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400 013.  
Toll Free : 1800 200 2268 | Tel No. : 022 24833333  
Website: [www.unionmf.com](http://www.unionmf.com) | Email : [investorcare@unionmf.com](mailto:investorcare@unionmf.com)

**7. PAYOUT BANK ACCOUNT DETAILS \*** [Please tick (✓)] (Refer Section 'D' and 'G' 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. '9' below as default payout bank account ☐ Yes ☐ No (If no please furnish the details below) (Will be updated only if payment is through cheque/debit mandate or proof of pay-in with IFSC code is enclosed)

Bank Name																		
Bank A/C No																		
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				In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.			
Document Attached	<input type="radio"/> Bank Statement <input type="radio"/> Cancelled cheque with name pre-printed <input type="radio"/> Pass Book																	
(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.																		

**8. UNITHOLDING OPTION** [Please tick (✓)] ☐ Physical Mode ☐ Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

**DEMAT ACCOUNT DETAILS** (Refer Section 'G' of instructions)

NSDL: Depository Participant (DP) Name \_\_\_\_\_ DP ID No: **I N** \_\_\_\_\_ Beneficiary Account Number \_\_\_\_\_

CDSL: Depository Participant (DP) Name \_\_\_\_\_ Beneficiary Account Number \_\_\_\_\_

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

**9. INVESTMENT AND PAYMENT DETAILS\*** [Please tick (✓)] (Refer Section 'E', 'F' and 'G' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme	<input type="radio"/> Union Equity Fund			<input type="radio"/> Union Liquid Fund~			<input type="radio"/> Union Asset Allocation Fund - Moderate Plan		
	<input type="radio"/> Union Tax Saver Scheme			<input type="radio"/> Union Ultra Short Term Debt Fund~			<input type="radio"/> Union _____		
	<input type="radio"/> Union Small and Midcap Fund			<input type="radio"/> Union Dynamic Bond Fund					
Plan	Option			Sub Option			Dividend Frequency~		
<input type="radio"/> Regular/ Other than Direct Plan <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Reinvestment <input type="radio"/> Sweep <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly									
Dividend Sweep to	U N I O N								
Plan/ Option				Facility					
Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.									

**LUMP SUM**

Payment Mode:	<input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> Debit Mandate (Union Bank of India A/C Holders only)															
Cheque / RTGS / NEFT No.											Cheque / RTGS / NEFT Date	D D M M Y Y Y Y				
Amount in ₹ (Figures)											Amount in ₹ (words)					
Source Bank Name											Source Branch					
Source Bank A/C No.											Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR				
Source Bank IFSC Code											Cheque Issuer Name	In case the cheque is issued by a person other than the investor				
Document attached in the case of third party payments (Mandatory)										<input type="radio"/> Third Party Declarations						

**TO BE FILLED ONLY IN CASE OF SIP APPLICANT**

SIP	Name											PAN		
	Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)*								
			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y								
			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y								
			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y	M M Y Y Y Y								

\*Default

## SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

**MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT** (Refer overleaf for instructions)

**UMRN** **F o r O f f i c e u s e** \_\_\_\_\_ Date **D D M M Y Y Y Y**

(Tick ✓) ☐ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code \_\_\_\_\_ For Office use \_\_\_\_\_ Utility Code \_\_\_\_\_ For Office use \_\_\_\_\_

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

Bank a/c number \_\_\_\_\_

with Bank \_\_\_\_\_ Name of Customer's Bank \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ in words \_\_\_\_\_ ₹ \_\_\_\_\_ in figures \_\_\_\_\_

FREQUENCY ☒ 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 **D D M M Y Y Y Y**

Or ☐ Until cancelled

1. \_\_\_\_\_ Signature Primary Account Holder  
Name as in bank records

2. \_\_\_\_\_ Signature of Account Holder  
Name as in bank records

3. \_\_\_\_\_ Signature of Account Holder  
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.