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COMMON APPLICATION FORM Application No.

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

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4b. Occupation* ○ Pvt. Sector	4b. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please												
4c. Gross Annual Income*	Below 1 Lac	○ 1-5 Li	acs O 5-	10 Lacs	⊃ 10-25 Lac	s	s - 1 Crore	O >1 C	rore Ne	t-worth in	₹		
4d. Other Details* O I am Po	olitically Expo	sed Perso	n (⊃I am Re	elated to Po	itically Expos	ed Person	0	Not Appli	cable			
4e. Contact Details* Mobile N	lo.			E	E-mail								
THIRD APPLICANT'S INFOR	MATION* [Ple	ease tick (√)] (Refe	er Section	'B', 'C' and	'G' of instruct	ons)						
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5b. Occupation* O Pvt. Sector	r O Public Se	ector O G	ovt. Servi	ce O Bus	siness O Pro	ofessional O	Agriculturist	○ Retir	ed \bigcirc Hou	sewife 0	Student O	Others	(Pleas
5c. Gross Annual Income*													
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5e. Contact Details* Mobile N	lo.			E	E-mail								
^ Investors who have complete requested to quote the 14 digit KI		al KYC wi	th the Ce	ntral KYC	Records F	Registry (CKY	CR), and h	ave a k	YC Identi	fication No	umber (KII	N) from	n the C
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Declaration Form available a												ii ate i i	AI OA C
The below information is requi	red for all app	olicant(s)/	guardian										
Category	1	First Appl	icant (ind	luding M	linor)	Second	Applicant	Guard	ian		Third	Applic	ant
Is the Country of Birth / Citizen Nationality / Tax Residency of than India?*		○ Y	es	O No		0 1	'es	O No			○ Yes		O No
* If Yes, ple	ase indicate	all countri	es in whic	ch you are	e resident fo	r tax purpose	s and the a	sociate	d Tax Ref	erence Nu	mbers belo	ow	
Place/ City of Birth													
Place/ City of Birth Country of Birth													
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Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	1	1	1	1	1	1	1		1	1	1
KYC Acknowledgement	1	/	/	/	/	/	1	/	/	/	√ *
Resolution/ Authorisation to invest		/	1	/		1		1		/	
List of authorised signatories with specimen signatures		/	/	/	/	/		/		/	
Memorandum & Articles of Association		/									
Certificate of Incorporation		/	/	1		1					
Trust Deed			/			/					
Bye-laws											
Partnership Deed				1							
Notorised POA (signed by investor and POA Holder)					/						
Bank Account Proof (Latest available)	1	/	/	1	✓	/	/		/	1	
Demat Statement (Latest available)											1
Client Master Statement (Latest available)											1
HUF Deed									1		
Overseas Auditor's Certificate & SEBI Regn. Certificate								/			
FATCA Form & UBO Declarations	1	/	/	1	√	/	/	/	/	1	1

*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.

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 Email: enq_uk@camsonline.com | Website: www.camsonline.com $\textbf{Website:} \ www.unionmf.com \ | \ \textbf{Email:} investorcare@unionmf.com$

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					, , ,	-	e proof of bank accour						
				r point no. '9' below as defau te or proof of pay-in with IFSC			es O No (If no please	turnish the details below					
	Bank Name			to or proor or pay in marin oo		-/							
	Bank A/C No			Bank Branch									
	A/C Type Savings Current NRE NRO FCNR Others (Please Specify)												
	Bank City	Odvingo Odi	Tent O NILL	State	Outlets		PIN						
	IFSC CODE		MIC	R CODE									
	Document Attached	Rank Stateme		eque with name pre-printed			bank account detail is different t necessary documents as pro						
				tory for credit via NEFT/ RTGS) (N		0 digit codo no	ext to the chaque no)						
-	·			ure that the bank account lin									
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8.	UNITHOLDING OPT	「ION [Please tick (✔)	/ Physical Mod	e O Demat Mode (If demat acc	count details are pr	ovided below, u	nits will be allotted by defa	ult in electronic mode only					
	DEMAT ACCOUNT I	DETAILS (Refer Section	on 'G' of instructions)										
	NSDL: Depository Pa	articipant (DP) Name		DP ID No: I N		Beneficiary	Account Number						
	CDSL: Depository Pa	articipant (DP) Name		Beneficiary Accor	unt Number								
-	It may be noted that the	ne combination/ seque	ence of names and mod	de of holding in the application	form must match	exactly with t	he account held with th	e Depository participar					
				e DP statement to enable us to									
9.	INVESTMENT AND	PAYMENT DETAILS	* [Please tick (✔)] (Re	efer Section 'E' , 'F' and 'G' of in	structions) [Thir	d Party payme	ent(s) will not be accep	ted]					
		OUnion Equity F	und	○ Union Liquid Fund~		O Union Ass	et Allocation Fund - Mod	erate Plan					
	Name of the Scheme	e Ounion Tax Sav	er Scheme	O Union Ultra Short Term De	ebt Fund~								
		O Union Small a	nd Midcap Fund	O Union Dynamic Bond Fun	d	O Union							
	Pla	n	Option	Sub Optio	on		Dividend Freq	uency~					
	O Regular/ Other than	Direct Plan O Direct	Growth Dividend	Dividend Payout Reinv	estment O Swe	ep Daily	○ Weekly ○ Fo	tnightly					
	Dividend Sweep to												
	Plan/ Option				Facility								
	·	Facility will be applie	d in case of no inform	ation, ambiguity or discrepand	-								
	·				•								
	Payment Mode:		RTGS O NEFT	Fund Transfer			ia A/C Holders only)						
	Cheque / RTGS			A	Cne	que / RTGS /	NEFT Date						
	Amount in ₹ (Fig			Amount in ₹ (words)									
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	Source Bank IFS			Cheque Issuer Name		cneque is iss	sued by a person other	tnan the investor					
	Document attac	hed in the case of thi	rd party payments (Ma	andatory) O Third Party De	clarations								
	Name		10 521	ILLED ONLY IN CASE OF	OII AI I LIO	-141	PAN						
		Scheme/ Plan/ O	ption	SIP Installment Amount	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)					
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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.