Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

COMMON APPLICATION FORM For all schemes of Bajaj Finserv Mutual Fund



Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

1. DISTRIBUTOR INFORMATION*					(Please Refer instruction no. 1)
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN - 1678				E 087722	
☐ **By mentioning RIA/PMRN code, I/We auth the scheme (s) of Bajaj Finserv Mutual Fund. (F the Declaration & Signatures section overleaf. based on the investor's assessment of various	Please ✓ if applicable) *In case the E Commission "if any applicable" sha	UIN box has been left blar Il be paid directly by the i	nk, please refer the point relate	ed to EUIN in I distributor, PHYSICAL I	NG OPTION MODE (Default) DEMAT MODE* please fill section 10)
2. TRANSACTION CHARGES FOR A	PPLICATIONS THROUGH D	STRIBUTORS ONLY	'* (Please ✓ any one of t	he below)	(Please refer instruction no. 2)
☐ I confirm that I am a First time inv	estor in Mutual Funds. OR 🗌	I confirm that I am	an existing investor in M	utual Funds.	
3. MODE OF HOLDING					(Please refer instruction no. 6)
(In case of Demat Purchase, Mode of					ne or Survivor
4. APPLICANT'S NAME AND INFOR	(MATION (Mandatory) to be t	illed in block letters. (Name and DOB shall be as		(Please refer instruction no. 4)
Folio No.	/ Ma / M/a	sting unit holders)	Gender 🔝 1	Male Female Oth	ı
(Name as per PAN)	First		Middle		Last
PAN/PEKRN (Mandatory)	CKYC No.			Date of Birtl (Mandatory)	1 D D M M Y Y Y Y
Mobile No.		Email ID			
The Email ID belongs to (Mandatory Please ✓					
The Mobile No. belongs to (Mandatory Please The default Communication mode is E-mail only					
(We would recommend you to choose an or				t.)	Entity Identifier Number is Mandatory for
LEI Code			Valid upto DDDM		ction value of INR 50 crore and above for dividual investors. Refer instruction no. 4a)
Tax Status	vidual NRI-Repatriation	n 🗌 NRI-Non Repa	triation 🗌 Partnership [Trust HUF	□ AOP
(Mandatory, Please√) ☐ Minor through	n guardian Company	Fils			iety/Club Sole Proprietorship
☐ Non Profit Org	ganisation	tion NBFC	∐ Bank	Others	(Please Specify)
Non Profit Organization [NPO] \(\subseteq \) We are falling under "Non-Profit Organization registered as a trust or a society under the So	" [NPO] which has been constitute				
If yes, please quote the Registration No. pro	•	· 1 · ·	e registation of a company reg	istered drider the section of or	110 0011panies A01, 2010 (10 01 2010).
If not, please register immediately and conf RTA to register your entity name in the above					
under the respective statutory requirement	, , , , , , , , , , , , , , , , , , ,			,	9
GUARDIAN DETAILS (In case First / Sole Mr. / Ms.	Applicant is minor) / CUNTACT I	PERSON- DESIGNATIO	UN / PUA HULDER (IN case	of Non- Individual Investors)	[Name and DUB shall be as per PAN Card]
(Name as per PAN)				1 1 1	
PAN (Mandatory)	CKYC No.			Gender	Male Female Others
Mobile No.	Email ID				
Designation/Relationship with Min	or		Date of Bi (Mandatory)	rth/Date of Incorporation	1 D D M M Y Y Y Y
Date of Birth Proof for minors (Ar	ny One)		(Haridacory)		
☐ Birth Certificate ☐ Marks Sh	ieet (HSC/ICSE/CBSE) 🗌 S	chool Leaving Certi	ificate 🗌 Passport 📗	Others	
5a. MAILING ADDRESS					
Local Address of 1st Applicant					
	City			State	
Pin Code	Tel. Resi.			Tel. Off.	
5b. OVERSEAS CORRESPONDENCE		/ FII Applicant)			
[Please provide Full Address. P. O. B					
[Tease provide Full Address. 1. O. D	ox address is not sunicient]_			7	lip Code:
Tel. Resi.	Tel. Off			_ Mobile No	
					>-
Acknowledgement Slip (To be filled		Califaina D. States B.	ule (farma aule) Maria (153 - 22	/inner Names D. v. 444044	
BAJAJ FINSERV ASSET MANAGEM			, ,	· ·	Collection Centre / Bajaj AMC Stamp & Signature
Received from Mr. / Ms			Date:	//	, , ,
Application No.					

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

Version 1.3: 28-03-24

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	WEBSITE: https://www.bajajamc.com
	service@bajajamc.com
-	EMAIL:
	1800 309 3900
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6a.	SECOND APPLICA	ANT'S DETAILS* (In case of	Minor, there shall be no joint l	nolders) [Name and DOB shal	l be as per PAN Card]	
	e Mr. / Ms. as per PAN)	First		Middle		Last
PAN (Mand			CKYC No.		Gender	Male Female Others
Mob	ile No.		Email ID		Date of Birt (Mandatory)	h D D M M Y Y Y Y
	Email ID belongs to (M Mobile No. belongs to	andutory ricuse + j — —		_ ,	□ Dependent Parents □ Guardi □ Dependent Parents □ Guardi	
	Status datory, Please √)	Resident Individual	NRI-Repatriation NRI-	-Non Repatriation		
6b.	THIRD APPLICAN	IT'S DETAILS* (In case of M	linor, there shall be no joint h	olders) [Name and DOB shall	be as per PAN Card]	
	e Mr. / Ms. as per PAN)	First		Middle		Last
PAN (Mand			CKYC No.		Gender	Male Female Others
Mob	ile No.		Email ID		Date of Birt (Mandatory)	h D D M M Y Y Y Y
	Email ID belongs to (M Mobile No. belongs to	undutory ricuse + j — —			□ Dependent Parents □ Guardi □ Dependent Parents □ Guardi	
	Status datory, Please ✓)	Resident Individual	NRI-Repatriation NRI-	-Non Repatriation		
7. K	YC Details (Mand	atory)			(Please refer instruction no. 4e)
Firs	st Applicant:	☐ Private Sector Service☐ Housewife	☐ Public Sector Service ☐ Student ☐		Business Professional Dthers (please specify)	Agriculturist Retired
Sec	ond Applicant:	☐ Private Sector Service ☐ Housewife	☐ Public Sector Service ☐ Student ☐	_	Business Professional Dthers (please specify)	Agriculturist Retired
Thi	rd Applicant:	☐ Private Sector Service ☐ Housewife	☐ Public Sector Service ☐ Student ☐	_	Business Professional Dthers (please specify)	Agriculturist
Gro	ss Annual Incom	e				
Fire	et Applicant:		1-5 Lacs ☐ 5-10 La Individuals) ₹ (please specify)		>25 Lacs-1 crore	>1 crore Y Y (Not older than 1 year)
Sec	ond Applicant:		1-5 Lacs		>25 Lacs-1 crore	>1 crore Y Y (Not older than 1 year)
Thi	rd Applicant:		1-5 Lacs		>25 Lacs-1 crore	>1 crore Y Y (Not older than 1 year)
For	Individuals				(Please refer instruction no. 4d)
Firs	t Applicant:	☐ I am Politically Exposed P	erson (PEP) 🔲 I am Relat	ed to Politically Exposed Per	son (RPEP)	
Sec	ond Applicant:	☐ I am Politically Exposed P	erson (PEP) 🔲 I am Relat	ed to Politically Exposed Per	son (RPEP) Not applicable	
Thi	rd Applicant:	☐ I am Politically Exposed P	erson (PEP) 🔲 I am Relat	ed to Politically Exposed Per	son (RPEP)	
For	Non Individuals,	if involved in any of the bel	ow mentioned services, ple	ase \checkmark the appropriate option	on:	
(i)	Foreign Exchange	/ Money Changer Services 🗌	Yes No (ii) Gaming / G	ambling / Lottery / Casino Se	rvices 🗌 Yes 🗌 No (iii) Money	Lending / Pawning Yes No
8. E	ANK ACCOUNT DE	ETAILS FOR PAYOUT (Please	attach copy of cancelled che	eque)		(Please refer instruction no. 5)
Nan	ne of the Bank					
Acc	ount No.			Account Type	□SB □CA □SB-NRE □S	B-NRO Others
Ban	k Branch		Ac	ldress		
		Bank Ci	tySta	nte	Pin	code
МІС	R Code (9 digits)		§IFSC Code for	NEFT / RTGS		s is an 11 Digit Number, kindly obtain om your cheque copy or Bank Branch.
	-><					
Sr. No.	Scheme N	ame /Plan	Option	Net Amount Paid (`)	Payment Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Details Bank and Branch
1	Bajaj Finserv	Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment			
			□ IDOM Kellivestment			

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9. INVESTMENT & PAYME	NT DETAILS* Th		<u> </u>	t must be pre-printed			(Please refe	111361406				
Scheme Name		Pla	ın	Growth (Defaul	·	tion						
Bajaj Finserv		Regular Plan	☐ Direct Plar	□ IDCW Payout □ IDCW Reinvesti	ment (Default fo	· IDCM)						
			IDCW Frequency -				(Please refer to SID for the IDCW Frequency & Option					
Payment Type (Please	√)		☐ Non-Third Party			☐ Third Party Payment (PIs fill third party declaration form						
Mode of Payment			Lur	npsum			☐ SIP*					
Amount (INR)												
Mode of Payment (Please ✓ Cheque / DD NEFT / OTM (One Time Mandate) Existing Investors who have an existing OT	RTGS (This facility is only applicable	for	Cheque / [DD No. / UTR No.		Che	que / DD No. / UTR No	١.				
Drawn on Bank												
A/c Number												
Date												
Cheque/DD should be drawler of the control of the c	, kindly fill the rele	evant SIP Registra	ation & OTM Deb	it Mandate Form. 1arriage Car _ R	_	ers (please speci	fy)					
10. UNIT HOLDING OPTIO *Demat Account details applicants matches as p	are mandatory if		shes to hold the					in the or	der of the			
	National Securities	Depository Limit	ed		Centra	l Depository Servi	ces (India) Limited					
D N				DP Name								
JP Name				Di Hamo								
DP ID I N nclosures - Please (✓)	Client Masters I			Beneficiar Holding Statement	y A/c No. Delivery Instru	ction Slip (DIS)						
DP ID I N Inclosures - Please ()</th <th>Client Masters</th> <th>List (CML) 1</th> <th>ling Sole Propri</th> <th>Beneficiar Holding Statement</th> <th>Delivery Instru</th> <th></th> <th>(Please refe</th> <th></th> <th></th>	Client Masters	List (CML) 1	ling Sole Propri	Beneficiar Holding Statement	Delivery Instru		(Please refe					
DP ID I N Inclosures - Please ()</td <td>Client Masters I</td> <td>List (CML) 1</td> <td>ling Sole Propri</td> <td>Beneficiar Holding Statement</td> <td>Delivery Instru</td> <td>below information</td> <td></td> <td>pplicants/</td> <td></td>	Client Masters I	List (CML) 1	ling Sole Propri	Beneficiar Holding Statement	Delivery Instru	below information		pplicants/				
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nclosures - Please (<') 11. FATCA AND CRS DETA Non-Individual investors s Particulars First Applicant / Guardian Second Applicant Third Applicant Are you a tax resident (i.e., f 'YES' please fill for ALL co	Client Masters I AILS FOR INDIVID hould mandatorily Place/Cit are you assessed buntries (other that	List (CML) 1 UALS (Includ fill separate FATC ty of Birth for Tax) in any otl	Coun Country outs you are a Reside	Beneficiar Holding Statement etor) Beneficial Ownership (atry of Birth	Delivery Instru UBO) Form. The Indian Indian Indian One Please tick (where you are a C	below information Country of Cit U.S. Others U.S. Others U.S. Others tizen/Resident/Gr	n is required for all a izenship / Nationa (Please specify) (Please specify) (Please specify)	pplicants/ lity x Residen	guardian			
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12 NOMINATION DETAIL S* (To be filled	in hy individuals s	singly or jointly. M	andatory only	for Investors	who ont i	o bold un	its in Non	- Demat) (Pleas	e refer in	struction	no 10)	
☐ I/We do hereby nominate the person(s) the Units held in my/our Folio in the eve (Please fill the nominee details in the tat	to receive	ve I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.							fund Ived in mise/ the be ts in			
If you do not wish to nominate (Opt 0	ut of Nomination),	it is mandatory to	sign as per th	e mode of hol	ding in siç	gnature s _l	oace prov	ided below i.e. in	Nominati	on Details	section	
Name and PAN of Nominee(s)	Relationship with Applicant	Date of Birth		dian Name Guardia relation with non		ionship nominee	Guardi	re of Nominee/ an of Nominee Optional)	Proportion (%) the units will by by each Nomine aggregate to		be shared nee (should	
	Арричани	(to be furn	ished in case	the Nominee	is a min	or)			aggre	00%)		
Nominee 1		DD/MM/YYYY										
Nominee 2		DD/MM/YYYY										
Nominee 3		DD/MM/YYYY										
Signature(s) All Unit holders to mand	datorily sign irresp	pective of the mod	de of holding.									
Sign of 1st Applicant / Guardian			Sign of 2nd	Applicant				Sign of 3rd	d Applicar	nt		
13. CONFIRMATION CLAUSE I/We hereby confirm to have read, understood and agr	ree to the privacy policy											
	e it to the third party or a											
my/our personal data and hereby authorise to discloss 14. DECLARATION AND SIGNATURE	e it to the third party or a	another body corporate	or any person acting	g under a contract	with the AM	IC or the Fun	d.	(Plea:	se refer ir	nstruction	n no. 11)	
	e it to the third party or a read and understood the d from time to time and to es and regulations of the nt invested in the Schen dia or any Statutory Aut the the Scheme(s) is/are ic/Bajaj Finser Mutual F Fund can debit from my : I/We hereby agree that dicro investments which hereby confirm that the hereby acknowledge an essenting, I/We shall be li at your end. I/We hereb I Fund, its Sponsor, Asse Juit-India (FIU-IND), the preby confirm that the E	e contents of the State, the Instructions. I/We, he relevant Scheme(s), I/We ne is through legitimate hority. The ARN holder the being recommended to fund, I/We hereby author Folio Transaction Charg the AMC has not recon	ment of Additional II ereby apply to the Ti fe have neither receis sas disclosed to me/ me/us. I/We declar rise the AMC/Bajaj i ges as applicable. I/V mended or advised rent application will have been remitted nation provided in the lertake to keep you i lose, share, remit ir ny, trustees, their en and other investig cionally left blank by	g under a contract Information of Bajaj Finitived nor been indu not designed for for us all the commiss that the informatiner with a gree to notify to a gree to notify in me/us regarding result in aggrega from abroad throrous its form is true and informed in writing, any form, mode on ployees ('the Aut' attion agencies with me/us as this is an informed with site of the substance of the substan	j Finserv Mu serv Mutual I ceed by any re, the purpose sitions (in the tions (in the tions (in the suitabilit te investme gip normal I of gorrect to t a source to t norised Part hout any ob nor "execution"	tual Fund an Fund for allot behave or give form of trail of this applicat the units ag Asset Manag ty or appropr manking chan he best of m ohanges/moo all/any of the les') or any in ligation of ad only" transe	d the Schemment of units, directly or in tion or evasite commission of ion form is calinst the fun greent Limit iateness of tig \$ 50,000 in nels or from expended in the function of the information dian or foreignissing mey calins of the information dianounced in the information d	(Pleate Information Documents of the Scheme(s) of idirectly in making this no farry Act. Regulatifur any other mode), payorrect, complete and to sinvested by me/us di immediately in the ep product/scheme/pn a year. Applicable to funds in my/our Non-dge and belief. In case he above information provided by me/us, ign governmental or stroof the same.	se refer in t(s)/key Inf Jajaj Finserv investment. on, Rule, Not able to him fr ruly stated. I at the applic vent the info an. Applicable vent the info an. Applicable vent the info an in future and neture and in future and in future and in future and in the service of the vent of the service of the service of the service of the vent of the service of the service of the service of the vent of the service of the service of the service of the vent of the service of the service of the service of the service of the vent of the service of the service of the service of the service of the vent of the service of the vent of the service o	nstruction mem Mutual Fund Mutual Fund Mutual Fund Mutual Fund Findation, Dire or the differen in the event cable NAV as commation in the let o Micro In confirm that ernal / Ordinabove specified also underta changes, upo	morandum or, as indicated that I am/we with that I am/we we to those or any not competing of my/our nor on the date or e self-certifivesstors: I/we I am/we are any Account, di Information & the to provide lates to such ties/agencies attionship	
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Points to remember												
Please ensure that:	Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust			Sole Proprietor	Minor	HUF
1. Your Application Form is complete in all respects & signed by all applicants.					1 111115	unoughton				Портосог		
2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number	Resolution / Authorisation to invest		✓	✓	✓		✓		✓			
should be provided along with the declaration whether it belongs to Self or a Family member.	HUF / Trust Deed						√	П				1
	Bye - Laws			✓				П				
Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR Code of your Bank is mentioned in the Application Form.	Partnership Deed				✓							
Permanent Account Number (PAN) Mandatory for all Investors (including guardians, joint holders, NRIs and POA holders) irrespective of the investment amount.	SEBI Registration / Designated Depository Participant Registration Certificate 2								✓			
	Proof of Date of birth										√	
5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)	Notarised Power of Attorney					√		П				\Box
6. Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. For e.g "Bajaj Finserv Liquid Fund"	Foreign Inward Remittance Certificate, in case payment is made by DD from NRE /							/				
7. Application Number is mentioned on the reverse of the cheque.	FCNR a/c, where applicable				,		-	\vdash	-		\vdash	\vdash
8. A cancelled cheque leaf of your Bank is enclosed in case your investment cheque is	KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	√
not from the bank account that you have furnished in the Application Form.	Demat Account Details (Client Master List Copy)3	✓	✓	✓	✓	✓	V	√	√	/	V	V
9. Documents as listed are submitted along with the Application form (as applicable to	FATCA CRS/UBO Declaration		✓	√	✓	✓	✓	V	$\overline{}$	✓	√	✓
your specific case).	DAN	./	./	./	./	./			1	1	./	./

^{1.} Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com