

ARN- Dis# ARN-1A / 1678 de#	ARN- Sub-Distributor Code	E E 087722	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - 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 of First / Sole Applicant / Guardian / Authorised Signatory

TRANSACTION CHARGES
 (Please ✓ any one of the below) (Refer Instruction No. S) I am a first time investor in mutual funds (₹ 150 will be deducted) OR I am an existing investor in mutual funds (₹ 100 will be deducted)
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1 EXISTING FOLIO NO. **2 MODE OF HOLDING / OPERATION** Single Anyone or Survivor Joint (Default option is anyone or survivor)

3 APPLICANT'S DETAILS All fields are mandatory. (Name and Date of Birth as per PAN) Gender Male Female

1st APPLICANT Mr Ms M/s Date of Birth**
 PAN/PEKRN* KIN* Proof Attached

GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUALS)/POA HOLDER Mr Ms Date of Birth
 PAN/PEKRN* KIN* Proof Attached
 Relationship with Minor applicant Natural guardian Court appointed guardian

2nd APPLICANT Mr Ms Date of Birth**
 PAN/PEKRN* KIN* Proof Attached

3rd APPLICANT Mr Ms Date of Birth**
 PAN/PEKRN* KIN* Proof Attached

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/First applicant is minor. #Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address		Overseas Address (Mandatory for NRI / FII Applicants)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No. <input type="text"/>	Office <input type="text"/>	Residence <input type="text"/>	Mobile No. <input type="text"/>

Mobile No belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email ID

Email id belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Second Holder Contact details Mobile No. Email ID

Third Holder Contact details Mobile No. Email ID

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)
 If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here)

5 TAX STATUS (Please ✓)

Resident Individual Foreign National Public Limited Company Government Body AOP/BOI Defence Establishment
 On behalf of Minor Sole Proprietorship Private Limited Company Financial Institution Trust / Society / NGO Other Specify
 HUF Partnership Firm Body Corporate FII Non Profit Organization/Charities
 NRI LLP Bank Foreign Portfolio Investor QFI

6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 BANK DETAILS (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Bandhan MF has DC facility (Please refer to the Instruction No. 1)

Name of the Bank

Branch Account Number

City Account Type Current Savings NRO NRE FCNR Others (please specify)

MICR Code RTGS/NEFT Code (IFSC Code)

Note: In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.
 I/We understand that the instructions to the bank for Direct Credit / NEFT / CAMS OTM will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I/We would not hold Bandhan Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft/ payable at par cheque in case it is not possible to make payment by DC/NEFT/CAMS OTM.

If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) please the box alongside

8 INVESTMENT & PAYMENT DETAILS

INVESTMENT DETAILS Type of Investment (✓ anyone) Lumpsum SIP SIP with TOP-UP Micro SIP Photo ID No. (for Micro SIP)

Nature of investment (✓ anyone) Single scheme Multiple schemes* (*Please draw the cheque in favour of Bandhan Mutual Fund)

Scheme	Name	Plan	Option	Dividend Frequency	Dividend Sweep (fill relevant form)	Amount
I					<input type="checkbox"/>	
II					<input type="checkbox"/>	
III					<input type="checkbox"/>	
IV					<input type="checkbox"/>	
V					<input type="checkbox"/>	
					Total	

PAYMENT DETAILS

Payment mode	Instrument/ CAMS OTM no.	Amount (₹)	Account No.	Account type
<input type="checkbox"/> Cheque/ DD				<input type="checkbox"/> Savings
<input type="checkbox"/> RTGS/ NEFT				<input type="checkbox"/> Current
<input type="checkbox"/> Funds Transfer				<input type="checkbox"/> NRO
<input type="checkbox"/> CAMS OTM				<input type="checkbox"/> NRE
		DD Charges (if any)	Bank & Branch	

SIP DETAILS

Scheme	SIP date* (any date except 29,30,31)		Installment Amount (₹)	From Date (DD/MM/YY)	To Date (DD/MM/YY) (Default 40 years)	Frequency (Weekly/ Monthly (Default)/ Quarterly)	SIP Top-up*	
	Top-up Amount (₹)	Frequency ^A						
I	D	D					<input type="checkbox"/>	<input type="checkbox"/>
II	D	D					<input type="checkbox"/>	<input type="checkbox"/>
III	D	D					<input type="checkbox"/>	<input type="checkbox"/>
IV	D	D					<input type="checkbox"/>	<input type="checkbox"/>
V	D	D					<input type="checkbox"/>	<input type="checkbox"/>

*In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month. ^BThe Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter. ^Adefault frequency is yearly.

9 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality		
First Applicant / Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please specify)
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please specify)
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please specify)

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? YES NO (please tick ✓)

If 'YES' please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries).

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)		
First Applicant / Guardian				Reasons <input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder			Address Type of 2nd Holder			Address Type of 3rd Holder		
<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

10 NOMINATION DETAILS Mandatory section for Individuals (Single or Joint) I/We wish to nominate I/We do not wish to nominate^{ss}

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 1				
Nominee 2				
Nominee 3				

^{ss}OPT-OUT: 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 and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (₹)	Scheme
	D D M M Y Y		

11 KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM YYYY as on (Not older than 1 year)										
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____										
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____										

OTHERS [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP) ^A <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)); (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N										
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^A <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable										
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^A <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable										

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Bandhan One Time Mandate (OTM)

UMRN FOR OFFICE USE ONLY Date DD MM YYYY

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓)
 CREATE MODIFY CANCEL
 I/We hereby authorize Bandhan Mutual Fund to debit tick (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c. number _____

with Bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN / Application No. _____ Mobile No. +91 _____

Reference _____ Email ID _____

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

From	DD	MM	YY	YY	YY	YY
To	DD	MM	YY	YY	YY	YY
Or <input checked="" type="checkbox"/>	Until Cancelled					

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

