

(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 ARN/ Branch Code	Internal Sub-Broker Code	EJIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Date & Time Stamp
ARN-1678			E 087722		

*I/We hereby confirm that the EJIN 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.

**By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.

Signature <small>Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory</small>	Signature <small>Second Applicant/ POA/ Authorised Signatory</small>	Signature <small>Third Applicant/ POA/ Authorised Signatory</small>
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1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 14 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) ***Mandatory**

Unit holder'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' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)

Mr. Ms. M/s. N A M E

PAN (Copy of PAN Advisable) KYC **CKYC No. (KIN) ^**

LEI Code ^ ^ **Valid up to** D D M M Y Y Y Y

3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No⁵. **E-mail⁶**

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

⁵Mobile number specified above belongs to [Please (✓)] ⁶Email address specified above belongs to [Please (✓)]

Self Spouse Guardian (for Minor investment) Self Spouse Guardian (for Minor investment)

Dependent Children Dependent Parents Dependent Siblings Dependent Children Dependent Parents Dependent Siblings

On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in

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* 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 (Mandatory for investment through Minors)

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

Politically Exposed Person Foreign Exchange / Money Changer Services Yes No

Related to Politically Exposed Person Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Yes No

Not Applicable Money Lending / Pawning Yes No

Any other information [Please specify]: _____

Non-Profit Organization [NPO] Please tick (✓)* Yes No If yes, please quote the NPO Registration Number provided by DARPAN portal: _____

(Refer Section 'M' of instructions)

4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)]

(Refer Section 'B' and 'C' of instructions)

Mr. Ms. N A M E **O F** **S E C O N D** **A P P L I C A N T** **Date of Birth*** D D M M Y Y Y Y

PAN (Copy of PAN Advisable) 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 No⁵.** **E-mail⁶**

⁵Mobile number specified above belongs to [Please (✓)] ⁶Email address specified above belongs to [Please (✓)]

Self Spouse Guardian (for Minor investment) Self Spouse Guardian (for Minor investment)

Dependent Children Dependent Parents Dependent Siblings Dependent Children Dependent Parents Dependent Siblings

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Lumpsum SIP STP SWP **Application No.** _____

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

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

Enclosure _____



Collection centre's stamp with date and time of receipt

9. PAYOUT BANK ACCOUNT DETAILS * [Please tick (✓)] (Refer Section 'D' and 'E' 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. '8' above as default payout bank account Yes No
 (If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.)
Core Banking Solutions (CBS) accounts is mandatory. Please note that transactions received with non-CBS bank account details are liable to be rejected.

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"/> Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed <input type="radio"/> Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months																				
(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.																					

10. SYSTEMATIC TRANSFER PLAN ("STP") DETAILS (Refer Section 'P' of instructions) [Please Tick (✓)]

	From Scheme										To Scheme									
Name of the Scheme																				
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan										<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan									
Option	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW										<input type="radio"/> Growth <input type="radio"/> Payout of IDCW									
	<input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW										<input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW									
	Transfer of IDCW to										U N I O N									
	Plan/ Option																			
Sub Option/ Frequency																				
Default Plan/ Option/ Sub Option/ Frequency will be applied in case of no information, ambiguity or discrepancy.																				
Enrolment Period	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y	OR	<input type="radio"/> Till Further Instruction* (Default)
Transfer Amount in (₹ Figures)	Transfer Amount in (₹ words)																			
Frequency	<input type="radio"/> Daily STP					<input type="radio"/> Weekly STP (Monday to Friday)					<input type="radio"/> Fortnightly STP					<input type="radio"/> Monthly STP (Default) <input type="radio"/> Quarterly STP <input type="radio"/> Half Yearly STP				
	Daily (Only Business Day)					Day of Transfer					Every Alternate Wednesday					STP Date* D D				

* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.
 Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

11. SIP DETAILS [Please tick (✓)] (Refer Section 'F' of instructions) Registration via New OTM Registration via Existing OTM

Scheme/ Plan/ Option	SIP Amount (In figures)	Frequency*	SIP Date* (For Monthly Frequency)	SIP Date* (For Fortnightly Frequency)	SIP Day* (For Weekly Frequency)	Enrolment Period (MM/YY)	Top-up Facility	
							Frequency#	Amount
Union		<input type="radio"/> Daily ^ <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	D D	1 st and 15 th of the month		From M M Y Y To M M Y Y	<input type="radio"/> Half Yearly <input type="radio"/> Yearly	SIP Top-Up Cap Amount
Union		<input type="radio"/> Daily ^ <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	D D	1 st and 15 th of the month		From M M Y Y To M M Y Y	<input type="radio"/> Half Yearly <input type="radio"/> Yearly	SIP Top-Up Cap Amount
Union		<input type="radio"/> Daily ^ <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	D D	1 st and 15 th of the month		From M M Y Y To M M Y Y	<input type="radio"/> Half Yearly <input type="radio"/> Yearly	SIP Top-Up Cap Amount

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
 #Refer overleaf for more instructions.



MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)

UMRN For Office Use Only Date

(tick (✓)) Sponsor Bank Code For Office Use Only Utility Code For Office Use Only

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 ~~X~~ Daily ~~X~~ Weekly ~~X~~ Monthly ~~X~~ Quarterly ~~X~~ Half Yearly ~~X~~ Yearly As & when presented DEBIT TYPE ~~X~~ 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. 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.

PERIOD From To

Maximum period of validity of this mandate is 40 years only.

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

