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Enclosure

COMMON APPLICATION FORM

Application No.	

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

Broker Code/ ARN	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Date & Time Stamp
ARN-1678			E 087722		
rson of the distributor and mentioning the RIA Code cheme(s) of Union Mutua	the distributor has not cha	irged any advisory tees on this	transaction. vide the transactions data fee Il registered Portfolio Manage		thout any interaction or advice be the employee/relationship manager of my/our investments under Direct F
	ature n/ POA/ Authorised Signatory	Second Applicar	Signature nt/ POA/ Authorised Signatory	Third App	Signature Dilicant/ POA/ Authorised Signatory
EXISTING UNIT HOL	DER INFORMATION (Ple	ase complete Section 1, 8 & 14 only) (7	The details in our records under the Fo	lio No. mentioned below will only be	considered for this application) *Manda
Unitholder's Name				F	Folio No.
MODE OF HOLDING			Anyone or Survivors		
FIRST APPLICANT'S	INFORMATION* [Please	e tick (🗸)] (Refer Section 'B' a	and 'C' of instructions) (Ple	ease ensure that the details m	entioned matches with the KYC detail
○ Mr. ○ Ms. ○ M/s.			N A M E		
PAN (Copy of PAN A	dvisable)		KYC CKYC	C No. (KIN) ^	
LEI Code ^ ^			Valid up t	0 D D M M Y Y	YY
3a. Contact Details*	(Refer Section 'I' of Instru	ctions) (Please ensure to ment	tion Country and Area Code)		
Mobile No ^s .		E-mail ^s			
Tel. (Off.) Country/ Area	code	Tel. (Res.) Country/ A	Area code	Fax Countr	y/ Area code
^s Mobile number spec	fied above belongs to [PI	ease (🗸)]	\$Email address	specified above belongs to	[Please (✓)]
Self Spous Dependent Children	- ,	Minor investment) rents Opependent S			for Minor investment) t Parents O Dependent Sib
On providing email-id, i However, if the investor	nvestors shall receive the so s wish to receive the schem	cheme wise annual report or ar le wise annual report or an abri	n abridged summary thereof/ dged summary thereof in phy	account statements/ statutory sical form [Please (✓)] Opt-in	and other documents by email.
Mailing address* (P.	O. Box address is not suffici	ient.)			
City			State		Pin Code
Overseas address (N	flandatory for NRI/FII. P. O. B	Box address is not sufficient. Inv	estors residing overseas and	with P.O. Box address please	provide your Indian address)
City		Co	ountry		Area Code
3b. Date of Birth*	D D M M Y Y Y	Minor's Relationship with	Guardian (referred in point	no. 4) Father	Mother Legal Guardia
3c. Proof for Date of	Birth and relationship w	vith Guardian (Mandatory fo	or investment through Min	ors)	
0.71.11.00.1171.1.00	0.1	· · · · · · · · · · · · · · · · · · ·	100/Otata Baranda O Barana	- 1 0 01 (0)	0
OBirth Certificate	School Leaving Certificat	e Marksheet issued by H	ISC/ State Board C Passp	Ort Others	ase Specify)
3d. Status*	O Resident Individual	○ Minor ○ NRI (Rep	oatriable) ONRI (Non-	Repatriable) Osole P	roprietorship OHUF
O Partnership Firm	O Limited Partnership (LLP) Clisted Company	 Unlisted Company 	 Body Corporate 	○ Bank/FI ○ Insurance Comp
○ Government Body	○ AOP/BOI ○ Trust	○ Society ○ Provident F	und O Superannuation/F	ension Fund O Gratuity F	Fund OFII OOthers (Please S
3e Occupation* ○ F	Not Sector O Public Sector	or O Govt Service O Busines	es O Professional O Agricu	Iturist Retired Housewi	ife O Student O Others (Please Sp
3f. Gross Annual Inc	ome* O Below	1 Lac 0 1-5 Lacs	○ 5-10 Lacs		•25 Lacs - 1 Crore
Net-worth in ₹			as or	n DDMMYYY	(Not older than 1 year)
Please tick (✓)*			,	d in / providing any of the f	ollowing services)
O Politically Exposed		Foreign Exchange / Mone	, ,		○ Yes ○ No
Related to Politically	y Exposed Person		ery Services [eg. casinos, b	etting syndicates]	○ Yes ○ No
O Not Applicable		Money Lending / Pawning			○ Yes ○ No
		Any other information [Ple			
	• • •	* O Yes O No If yes, plea	ase quote the NPO Registration	on Number provided by DARI	PAN portal:
(Refer Section 'M' of inst	·	/ CONTACT PERSON FOR	NON-INDIVIDITALS/ BOA	HOLDER DETAIL S* (Disco	e tick (J)]
(Refer Section 'B' and		, CONTACT PERSON FOR	TOTA-INDIVIDUALS/ FUA	JEDEN DETAILS [Fleas	.o aon (♥)]
	N A M E O F	SECOND	APPLICAI	N T Dat	te of Birth* D D M M Y Y
PAN (Copy of PAN A				C No. (KIN) ^	
4a. Status* O Reside				, ,	Others (Please Specify)
			, - ,	· · · · · ·	
					ife ○ Student ○ Others (Please Sp
		1-5 Lacs			
	O I am Politically Exposed		ed to Politically Exposed Pe	rson O Not Applicabl	е
4e. Contact Details*			mail ^s		
^s Mobile number speci	fied above belongs to [PI			specified above belongs to	
00.11		IVIIDOR IDVASTMANT)		Spouse Guardian (for Minor investment)
Self Spous					,
Self Spous Dependent Children					
O Dependent Children	n Opendent Pa	rents Dependent S	iblings Opendent Ch	nildren Dependent	
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Collection centre's stamp with date and time of receipt

PMR Copy of PMR Advisable	THIRD APPLICANT'S INFORMATIO	N* [Please tick (✓)] (Refer Section 'B' and 'C	c' of instructions)	
Sa Salauda C Recident Individual O Marco O RRI Reparticishe) O Inhers O Others O Others Others				Date of Birth* D D M M Y Y Y
Sea Sequence New Second New Second		KYC	CKYC No. (KIN) ^	
Second part Public Sector Public Sector Oydr. Service Dearbeacy Dearbe	· · · · /		, ,	Others (Please Specify)
Se. Gribbe Celasir 2 in an Political Proposed Person Care Not Repair (Proposed Person Care Not Applicable Care Not Applicable				
Secondard Challer Mobile Not.				
Secondar Detailes Mobile another population Desaure Desaure				
Mobile number specified above belongs to [Please (7)] Self Spooze Gaudini (for Minor investment) Self Spooze Space (for Minor investment) Spooze Space (for Minor investment) Self Spooze Space (for Minor investment) Spooze (for Minor investment)			Ontotally Expected Fortiers	Casio
Self Spouse Guardian for Minor Investment) Self Spouse Guardian for Minor Investment) Openandern Children Openandern Extents Openandern Children Openandern Extents Openandern Children Openandern Extents Openandern Stating Openandern Children Openandern Extents Openandern E			\$Email address specified above belongs	to [Ploace / /)]
FATCA INFORMATION: FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA, UBO in No Declaration form available at tww.unionins.com or a our Customer Service Centres) (Please Sci. (x)). (Refer Section 1/4 of Instructions) The below information is required for all applicant (sign guardian Caregory The Selection of the Service Service of the Service Servi	Self Spouse Guar Dependent Children Depe	rdian (for Minor investment) endent Parents — Dependent Siblings	Self Spouse Guardi Dependent Children Depen	an (for Minor investment) dent Parents
NPO Declaration Form available at www.unlonnf.com or at our Customer Service Centres) (Please bick //)/ (Rider Section M of Instructions) The blobs information is required for the applicant is played in the property of th		· · ·	•	
First Applicant (including Minor) Second Applicant/ Guardian Third Applicant International Plant Pass Pass No Yes No	NPO Declaration Form available at	www.unionmf.com or at our Customer Ser		
Is the Country of Birth / Citizonathi / Nationality / Tax Residency other than India?* * If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below. * Place Cay of Birth * Country of Tax Residency 1 * Tax Payer Red ID No. 1 * Decumentation Type 1 * Tax Payer Red ID No. 2 * Decumentation Type 1 * Time Payer Red ID No. 2 * Decumentation Type 1 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time Payer Red ID No. 2 * Decumentation Type 1 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time No. 2 * Time Payer Red ID No. 2 * Decumentation Type 2 * Time Other Please specify) * Time No. 3 * Reason A - The country where the Account Hidder is liable to pay tax does not issue Tax Identification Numbers to its residences. * Reason A - The Country Office Account Hidder is liable to pay tax does not issue Tax Identification Numbers to its residences. * Reason A - The DIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.) ** Passon A - The DIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.) ** Passon B - No DIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.) ** Passon B - No DIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.) ** Passon B - No DIN required. (Select this reason Only if the authorities of the	The below information is required for			
Nationality Tax Residency other Yes No Yes No No Y		First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth 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) Country of Tax Residency 2 Tax Payer Ref. ID No. 2 Documentation Type 1 (TIN or Other Please specify) If TIN is not applicable, [Please tick (/)] the reason A, B or C (as defined below) Pleason A, B or C (as defined below) Pleason A, B or C (as defined below) Pleason B, No TIN required. (Select this reason there is a please tick (/) the reason A, B or C (as defined below) Pleason B, No TIN required (Select this reason there is liable to pay tax does not issue Tax Identification Numbers to its residents. Pleason B, No TIN required (Select this reason there) Pleason B, No TIN required (Select this reason there) Pleason B, No TIN required (Select this reason there) Pleason B, No TIN required (Select this reason there) Pleason B, No TIN required (Select this reason there) Pleason B, No TIN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason there) Pleason B, No TiN required (Select this reason the	Nationality / Tax Residency other than India?*			
Country of Birth Address Type (cit address in KYC records) Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential Residential / Business Residential Residential / Business Residential Residential / Business Residential Residential / Business R	· · · · · · · · · · · · · · · · · · ·	ilicate all countries in which you are resident	Tor tax purposes and the associated tax Heli	erence Numbers below.
Address Type (of address in NYC records) Residential Business Residential Residential Business Business Residential Business Business Residential Business Residential Business Business Business Residential Business Business Residential Business Residential Business Business Business Business Residential Business Residential Business	Place/ City of Birth			
Residential	Country of Birth			
Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) Tax Reason A B C Reason		Residential / Business	Residential / Business	Residential / Business Resider
Tax Payer Ref. ID No. 1 Documentation Type 1 (TIN or Other Please specify) Tax Reason A B C Reason	Country of Tax Residency 1			
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Tax Payer Ref. ID No. 2 Documentation Type 2	tick (✓)] the reason A, B or C	Reason O A O B O C	Reason O A O B O C	Reason () A () B () C
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* Reason C - others; please state the reason thereof. UNITHOLDING OPTION Please tick (√) Physical Mode Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode of DEMAT ACCOUNT DETAILS (Refer Section 'G' of instructions) NSDL: Depository Participant (DP) Name DP ID No: I N 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 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. INVESTMENT AND PAYMENT DETAILS* [Please tick (√)] (Refer Section 'E' of instructions) [Third Party payment(s) will not be accepted] Name of the Scheme UNION Sub Option IDCW Frequency~ Regular Direct Growth IDCW Payout of IDCW Reinvestment of IDCW Transfer of IDCW Daily Weekly Fortnightly Mortransfer of IDCW Daily Weekly Fortnightly Mortransfer of IDCW Daily Default Plan/ Option Facility Default Plan/ Option Facility Facility Fortnightly Refer Section Facility Payment Facility Default Plan/ Option Facility Payment Facility Default Plan/ Option Facility Payment Facility Facility Facility Payment Facility Facility Payment Facility Fac	tick (✓)] the reason A, B or C	Reason O A O B O C	Reason O A O B O C	Reason () A () B () C
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NSDL: Depository Participant (DP) Name DP ID No:			,	,
CDSL: Depository Participant (DP) Name Beneficiary Account Number Beneficiary Beneficiary Account Number Beneficiary Be	()	DD ID No.	I N Beneficiary Ac	count 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 participal 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. INVESTMENT AND PAYMENT DETAILS* [Please tick (/)] (Refer Section 'E' of instructions) [Third Party payment(s) will not be accepted] Name of the Scheme UNION Plan Option Sub Option IDCW Frequency~ Regular Direct Growth IDCW Payout of IDCW Reinvestment of IDCW Transfer of IDCW Daily Weekly Fortnightly Montant of IDCW Payout of IDCW Reinvestment of IDCW Transfer of IDCW Daily Weekly Fortnightly Montant of IDCW Payout of IDCW Reinvestment of IDCW Transfer of IDCW Daily Weekly Fortnightly Montant of IDCW Payout of IDCW Payout of IDCW Reinvestment of IDCW Transfer of IDCW Daily Weekly Fortnightly Montant of IDCW Payout of				
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Plan Option Sub Option IDCW Frequency Regular				
Plan Option Sub Option IDCW Frequency Regular				
Transfer of IDCW to U N I O N Plan/ Option Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option/ Cheque / RTGS / NEFT No. Cheque / RTGS / NEFT No. Amount in ₹ (Figures) Source Bank Name Source Bank Name Source Bank A/C No. Account Type Savings Current NRE NRO FCNF Source Bank IFSC Code Cheque Issuer Name In case the cheque is issued by a person other than the investor		ption	Sub Option	IDCW Frequency~
Transfer of IDCW to U N I O N Plan/ Option Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option/ Facility Payment Mode: Cheque RTGS NEFT Fund Transfer Debit Mandate (Union Bank of India A/C Holders only) One Time Mandate (O'Cheque / RTGS / NEFT No. Amount in ₹ (Figures) Source Bank Name Source Bank A/C No. Source Bank IFSC Code Cheque Issuer Name In case the cheque is issued by a person other than the investor	○ Regular ○ Direct ○ Growth	O IDCW Payout of IDCW R	einvestment of IDCW Transfer of IDCW	○ Daily ○ Weekly ○ Fortnightly ○ Mor
Plan/ Option	Transfer of IDCW to U N I O N		 	
Payment Mode: Cheque	Plan/ Option		Facility	
Payment Mode:	· · · · · · · · · · · · · · · · · · ·	pplied in case of no information, ambiguity o	•	istribution cum Capital Withdrawal Op
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Amount in ₹ (Figures) Source Bank Name Source Bank A/C No. Source Bank IFSC Code Amount in ₹ (words) Source Bank Name Source Bank A/C No. Cheque Issuer Name In case the cheque is issued by a person other than the investor			· · · · · · · · · · · · · · · · · · ·	
Source Bank Name Source Bank A/C No. Source Bank IFSC Code	Amount in ₹ (Figures)	Amount in ₹ (
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II electronic transier, prease iiii O i n No.	Source Bank in Sc Code		in ease the cheque is issue	2. 2, a percent eater than the investor
If One Time Mandate places fill Unique Mandate Deferor - Newster (UMDA)				
If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)	If One Time Mandate, please fill,	Unique Mandate Reference Number (UMRN))	

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme: Computer Age Management Services Ltd.,

Unit: Union Mutual Fund

Rayala Tower 2, 5th Floor, #158 Anna Salai, Chennai - 600002. Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059
Toll Free: 1800 200 2268/1800 572 2268 | Tel No.: 022 67483333
Website: www.unionmf.com | Email: investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



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	f the SWP end date is not selected by the investor, then the SWP will continue till further instructions are received from the investor or till all units are liquidated or withdr														
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- rejected by the bank for any reason whatsoever.
- By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- viii.
- Lumpsum Investment / SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.

 The enrolment period i.e Start and End Month/ year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate b) Instruction. ix.
- Investments made through the One Time Mandate (OTM) Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- Following fields need to be filled mandatorily:-
 - Date in format DD/MM/YYYY
 - Bank A/c Type: Tick the relevant box
 - Bank Account Number (Investor's bank account number)
 - d Name of Destination Bank (Investor's bank)
 - IFSC/MICR code

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SIP Frequency	Minimum SIP Amount	Minimum Period	Default Date/Day
Daily ^	₹ 100 and in multiples of ₹ 1 thereafter	6 Days	Daily (i.e. Business Days)
Weekly	₹ 500 and in multiples of ₹ 1 thereafter	6 Weeks	Wednesday
Fortnightly	₹ 500 and in multiples of ₹ 1 thereafter	6 Fortnights	1st and 15th of the month
Monthly	₹ 500 and in multiples of ₹ 1 thereafter	6 Months	8th of the month

- ^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
 ^ For Union ELSS Tax Saver Fund: Minimum SIP installment ₹ 500 and in multiples of ₹ 500 thereafter, (for all frequencies)
- In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day.'
- In case none of the frequencies have been selected then Monthly Frequency shall be treated as the default frequency, provided the requirement relating to minimum installment size for monthly frequency is fulfilled.
- Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) and Maximum period of validity of this mandate is 40 years only.

 The SIP shall commence after 25 calendar days in case of registration via new OTM (One Time Mandate). In case OTM is already registered, SIP shall commence by 10 calendar days.

 If the investor does not specify the Top up frequency under Daily SIP, Weekly or Monthly SIP, the default frequency for Top-up will be Yearly