

(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 Code/ ARN/ Branch Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Ref. No.
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*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 inappropriateness, 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 Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)

I confirm that I am a First time investor across Mutual Funds I confirm that I am an Existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 11 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) ***Mandatory**

Unitholder's Name	Folio No.
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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 KYC CKYC No. (KIN) ^

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

Mobile No⁵ E-mail⁵

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

⁵Mobile number specified above belongs to [Please (✓)] ⁵Email 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 (Mandatory for investment received through minors) 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 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]: _____

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 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 No. E-mail

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

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

