COMMON APPLICATION FORM

Application No.

Union KBC MUTUAL FUND
Your Bridge to Responsible Investing

(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.)

For Office use only

Broker Code/ ARN	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)

Time Stamping

○ Zero Balance ○ Invest Now

○ *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	Signature	Signature
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory

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 & 10 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.**

2. FIRST APPLICANT'S INFORMATION* *[Please shade (●)]* (Refer Section 'B', 'C' and 'G' of instructions) *(Please ensure that the details mentioned matches with the KYC details)*

○ Mr. ○ Ms. ○ M/s. NAME **PAN** ○ KYC

Date of Birth *(Mandatory in case of minor)* D D M M Y Y Y Y **Minor's Relationship with Guardian (referred in point no. 5)** ○ Father ○ Mother ○ Legal Guardian

Proof for Date of Birth and relationship with Guardian ○ Birth Certificate ○ School Leaving Certificate ○ Marksheet issued by HSC/ State Board ○ Passport ○ Others *(Please Specify)*

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)*

Occupation ○ Pvt. Sector ○ Public Sector ○ Govt. Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Others *(Please Specify)*

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 shade (●) if applicable
○ Politically Exposed Person
○ Related to Politically Exposed Person

For Non - Individual Investors (Is the entity involved in / providing any of the following services)
Foreign Exchange / Money Changer Services ○ Yes ○ No
Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] ○ Yes ○ No
Money Lending / Pawning ○ Yes ○ No
Any other information [Please specify]: _____

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

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

Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
E-mail			

If e-mail address is provided all future communication including Account Statement, Annual Report etc. shall be in electronic mode except if physical mode preference has been specifically indicated/ opted. "Save Paper & the Planet"

I/ we wish to receive the Account Statement, Annual Report or Abridged Report, Consolidated Account Statement and other statutory documents in ○ Physical ○ E-mail

3. ○ PIN Facility for online transactions: I/We wish to avail the PIN Facility. I/We have read and understood the Terms & Conditions for PIN Facility mentioned in the instructions of the form and accept & agree to be bound by the said terms & conditions.

4. MODE OF HOLDING ○ Single ○ Joint **(Default option)** ○ Anyone or Survivors

5. **Guardian** if minor / **Contact Person** for non-individuals / **PoA** holder Details

○ Mr. ○ Ms. ○ M/s. NAME **PAN** *(Guardian/ PoA)* ○ KYC

Status ○ Resident Individual ○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○ Others *(Please Specify)*

Occupation ○ Pvt. Sector ○ Public Sector ○ Govt. Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Others *(Please Specify)*

Gross Annual Income ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore **Net-worth in ₹** _____

Other Details ○ I am Politically Exposed Person ○ I am Related to Politically Exposed Person ○ Not Applicable

6. OTHER APPLICANT'S INFORMATION* *[Please shade (●)]* (Refer Section 'B', 'C' and 'G' of instructions)

○ Mr. ○ Ms. NAME OF SECOND APPLICANT **PAN** ○ KYC

Status ○ Resident Individual ○ Minor ○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○ Others *(Please Specify)*

Occupation ○ Pvt. Sector ○ Public Sector ○ Govt. Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Others *(Please Specify)*

Gross Annual Income ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore **Net-worth in ₹** _____

Other Details ○ I am Politically Exposed Person ○ I am Related to Politically Exposed Person ○ Not Applicable

○ Mr. ○ Ms. NAME OF THIRD APPLICANT **PAN** ○ KYC

Status ○ Resident Individual ○ Minor ○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○ Others *(Please Specify)*

Occupation ○ Pvt. Sector ○ Public Sector ○ Govt. Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Others *(Please Specify)*

Gross Annual Income ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore **Net-worth in ₹** _____

Other Details ○ I am Politically Exposed Person ○ I am Related to Politically Exposed Person ○ Not Applicable

7. UNITHOLDING OPTION *[Please shade (●)]* ○ Physical Mode ○ Demat Mode *(If demat account details are provided below, units will be allotted by default in electronic mode only)*

DEMAT ACCOUNT DETAILS (Refer Section 'G' of instructions)
NSDL: Depository Participant (DP) Name _____ DP ID No: I N Beneficiary Account Number
CDSL: Depository Participant (DP) Name _____ 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. 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.

8. INVESTMENT AND PAYMENT DETAILS* *[Please shade (●)]* (Refer Section 'E' , 'F' and 'G' of instructions) **[Third Party payment(s) will not be accepted]**

Name of the Scheme			
	○ **Union KBC Equity Fund**	○ **Union KBC Liquid Fund~**	○ **Union KBC Asset Allocation Fund - Moderate Plan**
	○ **Union KBC Tax Saver Scheme**	○ **Union KBC Ultra Short Term Debt Fund~**	○ **Union KBC** _____
	○ **Union KBC Small and Midcap Fund**	○ **Union KBC Dynamic Bond Fund**	

Plan	Option	Sub Option	Dividend Frequency~
○ Regular/ Other than Direct Plan ○ Direct	○ Growth ○ Dividend	○ Dividend Payout ○ Reinvestment ○ Sweep	○ Daily ○ Weekly ○ Fortnightly ○ Monthly

Dividend Sweep to U N I O N K B C
Plan/ Option Facility
Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.

LUMPSUM ○

Payment Mode: ○ Cheque ○ RTGS ○ NEFT ○ Fund Transfer ○ Debit Mandate (Union Bank of India A/C Holders only)
Cheque / RTGS / NEFT No. Cheque / RTGS / NEFT Date D D M M Y Y Y Y
Amount in ₹ (Figures) Amount in ₹ (words)
Source Bank Name Source Branch
Source Bank A/C No. Account Type ○ Savings ○ Current ○ NRE ○ NRO ○ FCNR
Cheque Issuer Name In case the cheque is issued by a person other than the investor
Document attached in the case of third party payments (Mandatory) ○ Third Party Declarations

SIP ○

○ SIP through Post Dated Cheques ○ SIP through Auto Debit *(Please fill and attach the SIP Auto Debit Form)*

SIP Period From M M Y Y Y Y To M M Y Y Y Y SIP Date ○ 2nd ○ 8th ○ 15th ○ 23rd
SIP Frequency ○ Monthly ○ Quarterly Instalment Amount in ₹ (Figures) No. of Instalments
Cheque Nos. From To Drawn on Bank A/c No.
Bank Name Branch

9. PAYOUT BANK ACCOUNT DETAILS * *[Please shade (●)]* (Refer Section 'D' and 'G' 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 furnish the details below)*
(Will be updated only if payment is through cheque/debit mandate or proof of pay-in with IFSC code is enclosed)

Bank Name
Bank A/C No Bank Branch
A/C Type ○ Savings ○ Current ○ NRE ○ NRO ○ FCNR ○ Others (Please Specify)
Bank City State PIN
IFSC CODE MICR CODE
Document Attached ○ Bank Statement ○ Cancelled cheque with name pre-printed ○ Pass Book

In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.

(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. NOMINATION DETAILS* *[Please shade (●)]* (Refer Section 'H' and 'G' of instructions) *(In case of multiple nominees, please complete the separate nomination form available on our website)*

○ Please register nomination as requested below ○ I/ We wish to nominate multiple nominees@ ○ I/ We do not wish to nominate@ *(@Please strike out the form below)*

I/We hereby nominate the under mentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of the Nominee :

Address :

Relationship : Date of Birth (In case Nominee is a Minor) _____/_____/_____

Name of the Guardian (in case Nominee is minor): Signature of Nominee/ Guardian *(not mandatory)*

11. INVESTORS ARE REQUESTED TO ALSO SUBMIT THE RELEVANT FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FORM [REFER SECTION 'M' OF INSTRUCTIONS]

12. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union KBC Mutual Fund and the terms and conditions and policies on the website before investing, I / we, hereby apply to the Trustee of Union KBC Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme . I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Union KBC Mutual Fund/ AMC/ Trustee/ Sponsor. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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. I/We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union KBC Mutual Fund/ Union KBC Asset Management Company Private Limited and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I / we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

Signature	Signature	Signature
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory

13. **DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP** [Please shade (●)] ***(Please refer instructions overleaf)***
(Mandatory for Non-individual Applicant/ Investor)

Name of the investor | **PAN** ○ **KYC**

○ M/s.

Listed Company/ its subsidiary company [Please shade (●)]

We hereby declare that:

○ Our company is a Listed Company listed on recognized stock exchange in India
○ Our company is a subsidiary of the Listed Company
○ Our company is controlled by a Listed Company
○ None of the above

If 'None of the above' option is selected, the following information shall be provided mandatorily as applicable

Non-individuals other than Listed Company/ its subsidiary company [Please shade (●)]

Applicable Category:

○ Unlisted Company ○ Partnership Firm ○ Limited Liability Partnership ○ Unincorporated association / body of individuals ○ Public Charitable Trust
○ Religious Trust ○ Private Trust ○ Trust created by a Will ○ Others _____ *(Please Specify)*

Details of Ultimate Beneficiary Owners ^ :

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof where PAN is not applicable [Mandatory]	Position/ Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] (Refer UBO Codes given overleaf)	KYC (Yes/No) [Please attach KYC acknowledgement copy][#]

^ If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.
#Where KYC is not available, submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s).

Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we are aware that I/we may be liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal)

Signature	Signature	Signature

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14. **DEBIT MANDATE**
(Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)

Application No.

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India

Date ___/___/_____

I / We _____

authorise you to debit my / our Account No. _____ Type of Account _____

₹ (in figures) _____ ₹ (in words) _____ to

pay for the purchase of units of Union KBC _____ (Scheme Name) _____.

_____
Signature of Account Holder(s) / Authorised Signatory(ies)
(As per Bank records)

ACKNOWLEDGEMENT SLIP *(To be filled in by the investor)*

Application No.

Received from: Mr./ Ms. /M/s _____
an application for units of _____ (Scheme/Plan/Option) _____
Amount_____ Instrument No_____
Dated___/___/_____ Drawn on Bank & Branch_____
Unitholding Option ○ Physical Mode ○ Demat Mode
Encl: ○ Third Party Declarations ○ Bank Accounts Registration Form ○ Nomination Form ○ SIP Form ○ FATCA Form
Please note: All purchases are subject to realisation of cheques/ Debit Mandate

Union KBC MUTUAL FUND
Your Bridge to Responsible Investing

Collection centre's stamp with date and time of receipt