

Union KBC
MUTUAL FUNDS
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.)

Broker Code/ ARN	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)	Time Stamping
☐ *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.					☐ Zero Balance ☐ Invest Now
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.					

6. OTHER APPLICANT'S INFORMATION* <i>[Please shade (●)]</i> (Refer Section 'B', 'C' and 'G' 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					PAN ☐ KYC				
Status ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Others <i>(Please Specify)</i>																								
Occupation ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others <i>(Please Specify)</i>																								
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.															N A M E O F T H I R D A P P L I C A N T					PAN ☐ KYC				
Status ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Others <i>(Please Specify)</i>																								
Occupation ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others <i>(Please Specify)</i>																								
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Other Details ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable																								

[illegible]

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

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 ModeEncl: ☐ 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

Collection centre's stamp with
date and time of receipt