

COMMON APPLICATION FORM

For all schemes of Bajaj Finserv Mutual Fund except NFO Schemes



Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

1. DISTRIBUTOR INFORMATION*					(Please Refer instruction no. 1)
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-257030				E-479794	

☐ **By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme (s) of Bajaj Finserv Mutual Fund. (Please ✓ if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

UNIT HOLDING OPTION

☐ PHYSICAL MODE (Default) ☐ DEMAT MODE*

(*In case of Demat, please fill section 10)

2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY* (Please ✓ any one of the below) (Please refer instruction no. 2)

☐ I confirm that I am a First time investor in Mutual Funds. OR ☐ I confirm that I am an existing investor in Mutual Funds.

3. MODE OF HOLDING (Please refer instruction no. 6)

(In case of Demat Purchase Mode of Holding should be same as in Demat Account) ☐ Single ☐ Joint (Default) ☐ Anyone or Survivor

4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in block letters (Please refer instruction no. 4)

Folio No. (For Existing unit holders) Gender ☐ Male ☐ Female ☐ Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s.

PAN/PEKRN CKYC No. Date of Birth

Mobile No. Email ID

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please✓ here) ☐ Account Statement ☐ Annual Report/Abridged summary ☐ Other Statutory Information. (We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code Valid upto (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

Tax Status (Mandatory, Please✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ Minor through guardian ☐ Company ☐ FII ☐ PIO ☐ Body Corporate ☐ Society/Club ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Financial Institution ☐ NBFC ☐ Bank ☐ Others

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors)

Mr. / Ms. Designation/Relationship with Minor

PAN CKYC No. Gender ☐ Male ☐ Female ☐ Others

Mobile No. Email ID

Date of Birth Proof for minors (Any One)

☐ Birth Certificate ☐ Marks Sheet (HSC/ICSE/CBSE) ☐ School Leaving Certificate ☐ Passport ☐ Others

5a. MAILING ADDRESS

Local Address of 1st Applicant

City State

Pin Code Tel. Resi. Tel. Off.

5b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)

[Please provide Full Address. P. O. Box address is not sufficient]

Zip Code:

Tel. Resi. Tel. Off. Mobile No.

Acknowledgement Slip (To be filled in by the Investor)

BAJAJ FINSERV ASSET MANAGEMENT LIMITED, 8th floor, E-Core, Solitaire Business Park (formerly Marvel Edge), Viman Nagar, Pune 411014

Received from Mr. / Ms. Date:

Application No.

Collection Centre / Bajaj AMC Stamp & Signature
<input type="text"/>

Name Mr. / Ms. _____

[illegible]

Tax Status
(Mandatory, Please ✓) ☒ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

Name Mr. / Ms. _____

[illegible]

Tax Status
(Mandatory, Please ✓) ☒ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

First Applicant:	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Student	<input type="checkbox"/> Government Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
Second Applicant:	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Student	<input type="checkbox"/> Government Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
Third Applicant:	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Student	<input type="checkbox"/> Government Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired

First Applicant:	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth* (for Non-Individuals) ₹ (please specify) _____	as on <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Second Applicant:	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth* (for Non-Individuals) ₹ (please specify) _____	as on <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Third Applicant:	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth* (for Non-Individuals) ₹ (please specify) _____	as on <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

First Applicant:	<input type="checkbox"/> I am Politically Exposed Person (PEP)	<input type="checkbox"/> I am Related to Politically Exposed Person (RPEP)	<input type="checkbox"/> Not applicable
Second Applicant:	<input type="checkbox"/> I am Politically Exposed Person (PEP)	<input type="checkbox"/> I am Related to Politically Exposed Person (RPEP)	<input type="checkbox"/> Not applicable
Third Applicant:	<input type="checkbox"/> I am Politically Exposed Person (PEP)	<input type="checkbox"/> I am Related to Politically Exposed Person (RPEP)	<input type="checkbox"/> Not applicable

(i) Foreign Exchange / Money Changer Services ☐ Yes ☐ No (ii) Gaming / Gambling / Lottery / Casino Services ☐ Yes ☐ No (iii) Money Lending / Pawning ☐ Yes ☐ No

Name of the Bank

Bank Branch	Address
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Bank City _____ State _____ Pincode _____

MICR Code (9 digits)

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IFSC Code for NEFT / RTGS

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\$This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

Sr. No.	Scheme Name /Plan	Option	Net Amount Paid (₹)	Payment Details	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1	Bajaj Finserv <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment			

9. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque. (Please refer instruction no. 7)

Scheme Name	Plan	Option
Bajaj Finserv	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth (Default) <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> Transfer of IDCW IDCW Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly

Payment Type (Please ✓)	<input type="checkbox"/> Non-Third Party	<input type="checkbox"/> Third Party Payment (Pls fill third party declaration form)
Mode of Payment	<input type="checkbox"/> Lumpsum	<input type="checkbox"/> SIP*
Amount (INR)		
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> NEFT / RTGS	Cheque / DD No. / UTR No.	Cheque / DD No. / UTR No.
Drawn on Bank and A/c no		
Date		

Cheque/DD should be drawn in favour of scheme name e.g. "Bajaj Finserv Liquid Fund"
 *If you wish to register SIP, kindly fill the relevant SIP Registration & OTM Debit Mandate Form.
Reason for investment ☐ House ☐ Children's Education ☐ Children's Marriage ☐ Car ☐ Retirement ☐ Others (please specify) _____
Investment horizon Please (✓) anyone ☐ 5 Years ☐ 10 Years ☐ 15 Years ☐ 20 Years ☐ 25 Years

10. UNIT HOLDING OPTION ☒ PHYSICAL MODE (Default) ☐ DEMAT MODE* (Please refer instruction no. 8)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

National Securities Depository Limited										Central Depository Services (India) Limited																																															
DP Name																																																									
DP ID	IN																			Beneficiary A/c No.																			Beneficiary A/c No.																		

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

11. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Please refer instruction no. 9)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form. The below information is required for all applicants/guardian

Particulars	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries.

Particulars	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- ☐ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
☐ Reason B ⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)
☐ Reason C ⇒ Others, please state the reason thereof: _____

*Address Type of Sole/1st Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 2nd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 3rd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
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*If the address type is not ticked the default will be considered as residential.

12. NOMINATION DETAILS* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 10)

☐ I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death.
(Please fill the nominee details in the table given below)

OR

☐ I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Name and PAN of Nominee(s)	Relationship with Applicant	Date of Birth	Guardian Name	Guardian's relationship with nominee	Signature of Nominee/ Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)				
Nominee 1		DD/MM/YYYY				
Nominee 2		DD/MM/YYYY				
Nominee 3		DD/MM/YYYY				

Signature(s) All Unit holders to mandatorily sign irrespective of the mode of holding.

Sign of 1st Applicant / Guardian

Sign of 2nd Applicant

Sign of 3rd Applicant

13. CONFIRMATION CLAUSE

I/We hereby confirm to have read, understood and agree to the privacy policy available on www.bajajamc.com. I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

14. DECLARATION AND SIGNATURES

(Please refer instruction no. 11)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Bajaj Finserv Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of Bajaj Finserv Mutual Fund for allotment of units of the Scheme(s) of Bajaj Finserv Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Bajaj Finserv Mutual Fund, I/We hereby authorise the AMC/Bajaj Finserv Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Bajaj Finserv Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify Bajaj Finserv Asset Management Limited immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account (s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is 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 shall be liable for it. 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. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ("the Authorised Parties") or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

☐ Please ✓: if the EUIN space is left blank: 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(s) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

Sign of 1st Applicant / Guardian / Authorised Signatory / POA

Sign of 2nd Applicant / Authorised Signatory / POA

Sign of 3rd Applicant / Authorised Signatory / POA

Points to remember

Please ensure that:	Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust	NRI	FII(s)/ FPI	Sole Proprietor	Minor	HUF
1. Your Application Form is complete in all respects & signed by all applicants.	Resolution / Authorisation to invest		✓	✓	✓		✓					
2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number should be provided along with the declaration whether it belongs to Self or a Family member.	HUF / Trust Deed						✓					✓
3. Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR Code of your Bank is mentioned in the Application Form.	Bye - Laws			✓								
4. Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount.	Partnership Deed				✓							
5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)	SEBI Registration / Designated Depository Participant Registration Certificate 2								✓			
6. Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. For e.g "Bajaj Finserv Liquid Fund"	Proof of Date of birth										✓	
7. Application Number is mentioned on the reverse of the cheque.	Notarised Power of Attorney					✓						
8. A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.	Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓				
9. Documents as listed are submitted along with the Application form (as applicable to your specific case)	KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Demat Account Details (Client Master List Copy)3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

1. Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.

SIP REGISTRATION & OTM DEBIT MANDATE FORM

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-257030				E-479794	

☐ ** By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of Bajaj Finserv Mutual Fund. (Please✓if applicable) In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.
Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number	Existing UMRN
Name of Sole / 1st Applicant Mr. / Ms. / M/s.	

2. SIP INVESTMENT & PAYMENT DETAILS

Scheme - Bajaj Finserv		<input type="checkbox"/> Growth (Default)
Please tick (✓) <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan		<input type="checkbox"/> IDCW Payout
		<input type="checkbox"/> IDCW Reinvestment (Default for IDCW)
		IDCW Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
SIP Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly (Any day from Monday to Friday) <input type="checkbox"/> Fortnightly (1st & 16th of each month) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
SIP Date* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Perpetual SIP (Default)	(*You may select any date from 1 st to 28 th of the month. In case no date is selected, 10 th would be the default SIP Date; For weekly SIP, Tuesday will be the default day.)	
SIP Amount (₹ in figures) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (₹ in words) <input type="text"/>		

<input type="checkbox"/> SIP Top Up Facility (Optional) (✓ to avail facility)	<input type="checkbox"/> Fixed* OR <input type="checkbox"/> Variable* (Please fill the applicable section below)	SIP Top Up Frequency <input type="checkbox"/> Half Yearly OR <input type="checkbox"/> Yearly*
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*Fixed Top Up Amount: ₹ OR *Variable Top Up Percentage: ☐ 5% ☐ 10% ☐ 15% ☐ 20% ☐ Others (Multiple of 5% only)

* The Fixed TOP UP amount shall be for minimum ₹ 1000/- and in multiples of Rs. 1/- thereafter. *If the Variable Top Up percentage is not selected, the default shall be 5%.

<input type="checkbox"/> SIP Top Up Cap Amount*: ₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> SIP Top Up Cap Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(*Investor has to choose only one option either CAP amount or CAP month - year. In case of multiple selection, Top Up Cap amount will be considered as a default selection)
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First Instalment Details

First SIP Transaction via Cheque No.	Cheque Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount (₹) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> In Figures
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Mandatory Enclosure (if 1st Instalment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.

3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise Bajaj Finserv Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Bajaj Finserv AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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 acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant /
Authorised Signatory / POA

Sign of 2nd Applicant /
Authorised Signatory / POA

Sign of 3rd Applicant /
Authorised Signatory / POA

4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

UMRN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank use <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sponsor Bank Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank use <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL
Utility Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank use <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I/We hereby authorize Bajaj Finserv Mutual Fund
To Debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	Bank A/c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
With Bank <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of customers bank	IFSC / MICR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
An Amount Of Rupees <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	
Reference 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Folio No.	Reference 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1. 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 the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Or ☒ Until Cancelled

Phone No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature Of Primary Account Holder

Signature Of Joint Account Holder

Signature Of Joint Account Holder

1. Name Of Primary Account Holder

2. Name Of Joint Account Holder

3. Name Of Joint Account Holder