

(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 ARN-257030	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIIN* (Refer Section 'L' of instructions) E-479794	RIA Code / PMRN**	Ref. No.
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☐ \*I/We hereby confirm that the EUIIN 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.  
☐ \*\*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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For Office use only

**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. \_\_\_\_\_

**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) ^ \_\_\_\_\_

LEI Code ^ ^ \_\_\_\_\_ Valid up to D D M M Y Y Y Y

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

Mobile No<sup>s</sup>. \_\_\_\_\_ E-mail<sup>s</sup> \_\_\_\_\_

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

<sup>s</sup>Mobile number specified above belongs to [Please (✓)] <sup>s</sup>Email 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 (✓)\*

☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Not Applicable

**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]: \_\_\_\_\_

**Non-Profit Organization [NPO]** Please tick (✓)\* ☐ Yes ☐ No If yes, please quote the NPO Registration Number provided by DARPAN portal: \_\_\_\_\_

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). (If not registered already, please register immediately and confirm with the above information)

**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 ₹** \_\_\_\_\_

## 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 \_\_\_\_\_

\_\_\_\_\_ (Scheme/Plan/Option) Amount \_\_\_\_\_  
\_\_\_\_\_ (Scheme/Plan/Option) Amount \_\_\_\_\_

Instrument No \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Drawn on Bank & Branch \_\_\_\_\_

<b>4d. Other Details*</b>		<input type="radio"/> I am Politically Exposed Person		<input type="radio"/> I am Related to Politically Exposed Person		<input type="radio"/> Not Applicable	
<b>4e. Contact Details*</b>		Mobile No <sup>§</sup>				E-mail <sup>§</sup>	
<sup>§</sup> Mobile number specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings				<sup>§</sup> Email address specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings			

^ 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.  
 ^ ^ Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.

**5. THIRD APPLICANT'S INFORMATION\* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)**

<input type="radio"/> Mr. <input type="radio"/> Ms.		NAME OF SECOND APPLICANT												Date of Birth			
														D D M M Y Y Y Y			
PAN		<input type="radio"/> KYC												CKYC No. (KIN) ^			
<b>5a. Status*</b>		<input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)															
<b>5b. Occupation*</b>		<input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)															
<b>5c. Gross Annual Income*</b>		<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore <b>Net-worth in ₹</b>															
<b>5d. Other Details*</b>		<input type="radio"/> I am Politically Exposed Person		<input type="radio"/> I am Related to Politically Exposed Person		<input type="radio"/> Not Applicable											
<b>5e. Contact Details*</b>		Mobile No <sup>§</sup>				E-mail <sup>§</sup>											
<sup>§</sup> Mobile number specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings				<sup>§</sup> Email address specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings													

^ 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.

**6. FATCA INFORMATION/ FOREIGN TAX LAWS\* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA, UBO and NPO Declaration Form available at [www.unionmf.com](http://www.unionmf.com) or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)**

The below information is required for all applicant(s)/ guardian

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
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]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

- 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.

**7. UNITHOLDING OPTION [Please tick (✓)]**    ☐ 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.

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 & Email.

**Union**  
Mutual Fund



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MULTI - SCHEME SIP INVESTMENT FORM WITH TOP UP FACILITY

(This facility is available for all schemes except Union Liquid Fund and Union Overnight Fund)



Broker Code/ ARN	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Ref. No.
ARN-257030			E-479794		

☐ \*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.

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

1.

EXISTING UNIT HOLDER INFORMATION [Please tick (✓)]

PAN

KYC

2.

SIP DETAILS [Please tick (✓)]

Registration via Existing OTM

Please allow minimum 30 days for registration and start of Auto Debit instructions.

Scheme/ Plan/ Option	SIP Amount (In figures)	Frequency*	SIP Date* (For Monthly Frequency)	SIP Date* (For Fortnightly Frequency)	SIP Day* (For Weekly Frequency)	Enrolment Period (MM/YY)	Top-up Facility	
							Frequency	Amount
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	DD	1 <sup>st</sup> and 15 <sup>th</sup> of the month		From To	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	DD	1 <sup>st</sup> and 15 <sup>th</sup> of the month		From To	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	DD	1 <sup>st</sup> and 15 <sup>th</sup> of the month		From To	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	

In case of investment in multiple schemes, cheque should be drawn in favour of 'Union Mutual Fund' for the total amount of investment. The amount mentioned on the cheque should match with the 'Total Amount' mentioned here.

#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

Cheque no.	Dated	DDMMYY	Amount
Amount in words			
Source Bank name	Source Bank A/c No.		

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.

# 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. The SIP frequency will be daily (i.e. Business Days), weekly, fortnightly, and monthly. 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 instalment size for monthly frequency is fulfilled. In case the SIP day/ date is not indicated, the default SIP day will be Wednesday for Weekly Frequency, 1st and 15th of the month for Fortnightly Frequency and 8th of every month for Monthly Frequency. \* Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**



MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)

UMRN

Date

DDMMYY

[tick (✓)]

Sponsor Bank Code

For Office Use Only

Utility Code

For Office Use Only

CREATE

MODIFY

CANCEL

I/We, hereby authorize

Union Mutual Fund

To debit [tick (✓)]

SB

CA

CC

SB-NRE

SB-NRO

Other

Bank a/c number

with Bank

Name of Customer's Bank

IFSC

or MICR

an amount of Rupees

in words

₹

in figures

FREQUENCY

~~Daily~~

~~Weekly~~

~~Monthly~~

~~Quarterly~~

~~Half Yearly~~

~~Yearly~~

As & when presented

DEBIT TYPE

~~Fixed Amount~~

Maximum Amount

Reference 1

Folio No.

Phone No.

Reference 2

Application No.

Email ID

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 bank. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund.

PERIOD

From

DDMMYY

To

DDMMYY

Maximum period of validity of this mandate is 40 years only.

Signature Primary Account Holder

Name as in bank records

Signature of Account Holder

Name as in bank records

Signature of Account Holder

Name as in bank records

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No.

SIP through Auto Debit Form - Folio No.

Received from: Mr./ Ms. /M/s

Dated

Scheme 1

Amount (₹)

Scheme 2

Amount (₹)

Scheme 3

Amount (₹)



