

APPLICATION FORM - MULTI SCHEME INVESTMENT FACILITY

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nd complete the relevant sectio

d instructions corofully

Broker Code/ ARN	Branch Code		Code	of inst	Section 'L' ructions)	RIA Code / PMRN**		R	ef. No.		
ARN-257030				E-47	9794						
We hereby confirm that the nager/sales person of the a tributor has not charged any mentioning the RIA Code/ PM on Mutual Fund with the SEE Signa	MRN , I/we hereby give i 31 Registered Investmen	my/our consent to	share/provide	the transactions of			investments u				
Sole/ First Applicant/ Guardian	I/ POA/ Authorised Signa	tory	Second Appl	licant/ POA/ Author	ised Signatory	Third	Applicant/ PO/	V Authorise		ory	
EXISTING UNIT HOLI	DER INFORMATION	(Please complete Se	ection 1, 8 & 11 onl	ly) (The details in our r	ecords under the Folio N	lo. mentioned below will only	be considered for Folio No.	or this applic	ation) *	Manda	ato
MODE OF HOLDING	⊖ Single	Joint (Default	option)	 Anyone or S 	urvivors						
FIRST APPLICANT'S	_		• •			e ensure that the details	s mentioned r	natches w	vith the K	YC detai	ils)
OMr. OMs. OM/s.					NAME						
PAN			ОКҮС		CKYC No	o. (KIN) ^					
LEI Code ^ ^					Valid up to	D D M M Y Y	YY				
3a. Contact Details* (Refer Section 'I' of In	structions) (Plea	se ensure to m	nention Country a	nd Area Code)						
Mobile No ^s .		E	-mail ^s								
Tel. (Off.) Country/ Area c	xode	Tel	. (Res.) Countr	ry/ Area code		Fax Cou	Intry/ Area coc	le			
^s Mobile number specifi			. /	·	mail address spec	cified above belongs	-				
⊖ Self ⊖ Spouse	0	for Minor invest	ment)		Self OSpou	0	n (for Minor		nt)		
O Dependent Children	-		Opender		Dependent Childre		ent Parents		Depend	ent Sibl	ling
On providing email-id, in	vestors shall receive the	e scheme wise a	innual report o	r an abridged sur	nmary thereof/ acco	ount statements/ statute	ory and other	documen	ts by em	ail.	
However, if the investors			ii report or an a	abridged summar	y thereof in physical	I form [Please (✓)] Op					
Mailing address* (P. O	9. Box address is not su	ifficient.)									
City				State			F	in Code			
Overseas address (Ma	andatory for NRI/FII. P.	O. Box address is	not sufficient.	Investors residing	overseas and with	P. O. Box address plea	ase provide yo	our Indian	address,)	
City				Country			Are	a Code			
	landatory for investme	ant received thr	ouch minors)						MM	YY	Y
Minor's Relationship wit			, agri i i i i i i i i i i i i i i i i i i	OFather	OMother		Guardian				
3c. Proof for Date of E relationship with Gua	Birth and Birth Co		ool Leaving C			HSC/ State Board		Other	'S _{(Plo}	ase Spec	cifu)
3d. Status*	O Resident Individu	al O Minor		Repatriable)	○ NRI (Non-Rep	atriable) Osol	e Proprietors	hin (000 0000	city)
O Partnership Firm	 Limited Partnersh 		Listed Compa	. ,		 Body Corporate 	⊖ Bank/F		○ HUF nsurance	e Comp) an
⊖ Government Body		,									
3e. Occupation* O Pv	t Sector O Public S	actor O Govt S					owife () Stuc		hore (D		16
3f. Gross Annual Inco		ow 1 Lac	○ 1-5 Lacs	s ○ 5-10	Г		>25 Lacs -			○ >1 C	ror
					as on			ot older t	nan 1 ye	ear)	
Please tick (✓)* ○ Politically Exposed F	Person			nvestors* (Is the oney Changer Se		/ providing any of th	e following s	ervices)	∩¥-	○ №-	
 Politically Exposed P Related to Politically 			0	, .	ervices eg. casinos, bettir	ng syndicates]				○ No ○ No	
O Not Applicable		Money Le	ending / Pawn	ing						⊖ No	
		Any othe	information [[Please specify]:							
Non-Profit Organization	n [NPO] Please tick (✓)* ○ Yes	No If yes,	please quote the	NPO Registration N	lumber provided by DA	ARPAN porta	l:			
We are falling under "Nor	I-Profit Organization" [NPO] which has	been constitut	ed for religious o	r charitable purpose	es referred to in clause	e (15) of sect	ion 2 of th	e Incom	e-tax Ac	ct, 1
We are falling under "Non (43 of 1961), and is registe of the Companies Act, 201	ered as a trust or a soc 13 (18 of 2013). (If not)	ciety under the S registered alread	ocieties Regist /, please regist	tration Act, 1860 (ter immediately ar	21 of 1860) or any s d confirm with the a	similar State legislatior above information)	n or a Compa	ny registe	red unde	er the se	ectic
SECOND APPLICANT											
					I C A N T		Date of Birt				Y
PAN		ОКҮС			CKYC No. (KIN) ^						-
4a. Status* O Resider	nt Individual	O Minor	⊖ NRI (Re		ONRI (Non-Re		○ Others	(P	lease Spe	ecify)	
			- ,	. ,	- (st O Retired O Hous					pecif
4c. Gross Annual Inco						e ○ >1 Crore Net-					

an application for units of	(Scheme/Plan/Option)	Amount	Mutual Fund
	(Scheme/Plan/Option)	Amount	
	(Scheme/Plan/Option)	Amount	Collection centre's stamp with
Instrument No	Dated	//	date and time of receipt
Drawn on Bank & Branch			

4e. Contact Details* Mobile No ^{\$} .	Exposed Person O I am Related to Po	Dilitically Exposed Person O Not Appli	
^s Mobile number specified above belo		^s Email address specified above belong	s to [Please ()]
⊖Self ⊖Spouse ⊖Guar	dian (for Minor investment)	⊖ Self ⊖ Spouse ⊖ Guardi	ian (for Minor investment)
	endent Parents O Dependent Siblings		dent Parents O Dependent Siblings
the 14 digit KIN.	ral KYC with the Central KYC Records Registry		er (KIN) from the CKYCR are requested to quo
	Mandatory for Transaction value of INR 50 crore		
	* [Please tick (\checkmark)] (Refer Section 'B' and 'C' o		
OMr. OMs. N A M E		P L I C A N T Image: Comparison of the comparison	Date of Birth D D M M Y Y Y Y
PAN 5a. Status* Resident Individual	Minor NRI (Repatriable)	NRI (Non-Repatriable)	
	blic Sector O Govt. Service O Business O P		(Flease Specify)
5c. Gross Annual Income* O Below	1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 La	cs >25 Lacs - 1 Crore	t-worth in ₹
5d. Other Details* OI am Politically	Exposed Person OI am Related to Pe	olitically Exposed Person ONot Appli	cable
5e. Contact Details* Mobile No ^s .	E-mail ^{\$}		
	ngs to [Please ()]<br dian (for Minor investment) endent Parents		s to [Please (✔)] ian (for Minor investment) dent Parents
^ Investors who have completed the requested to quote the 14 digit KIN.	Central KYC with the Central KYC Records	Registry (CKYCR), and have a KYC Identi	ification Number (KIN) from the CKYCR a
	AX LAWS* - for Individuals including Sole www.unionmf.com or at our Customer Serv		
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?*	⊖ Yes ⊖ No	⊖ Yes ⊃ No	O Yes O No
* If Yes, please inc	licate all countries in which you are resident	or tax purposes and the associated Tax Ref	erence Numbers below.
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	Residential / Business Residential	O Residential / Business O Residential	Residential / Business Residentia
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 O A O B O C	Reason O A O B O C	Reason O A O B O 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 (\checkmark)] the reason A, B or C [as defined below]	Reason O A O B O C	Reason O A O B O C	Reason O A O B O C
	Account Holder is liable to pay tax does not i t this reason Only if the authorities of the res reason thereof.		
UNITHOLDING OPTION [Please tick	(e (If demat account details are provided below, unit	s will be allotted by default in electronic mode only
DEMAT ACCOUNT DETAILS (Refer S	Section 'G' of instructions)		
NSDL: Depository Participant (DP) Na	me DP ID No:	I N Beneficiary Ad	ccount Number
CDSL: Depository Participant (DP) Na	me Bene	ficiary Account Number	
	equence of names and mode of holding in the n, may provide a copy of the DP statement to		
e address all future communication(s) i trar & Transfer Agent of the Scheme: buter Age Management Services Ltd., Jinion Mutual Fund a Tower 2, 5th Floor, # 158 Anna Salai, Che : eng uk@camsonline.com Website :		Union Asset Management Company P Unit 503, 5th Floor, Leela Business Park, Andheri (East), Mumbai - 400059 Toll Free : 1800 200 2268/1800 572 2268 Website: www.unionmf.com Email : in Give a missed call from your registered n get an Account Statement via SMS & Ema	Mutual Fund Tel No. : 022 67483333 vestorcare@unionmf.com

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INVEST	MENT AN	D PAY	ME		DETA	ILS	5* [P	leas	se ti	ck	(√)]] (Ref	er	Se	ctio	n '	E' c	of in	stru	uctio	ons) [T	hir	rd P	arty	рауі	nen	ıt(s) w	rill	not	be	a	cer	ote	d]											
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2.	Union																																					+										-
3.	Union																																					+										-
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1. I/We Unit: inve appl	e have read, s of the afore sted in the s licable laws. ual Funds fro	ementi Schem The A	oned ie is t RN h	Sch hrou oldei	gh leg	s). I/ gitin	We hate s	ave sour	neit ces me/u	her only s al	rece / and I the	d is	d no not mmi	de issi	eer sig	nind ned	foi	the	by ar pur m of	ny re rpos trai	ebate se of l cor	e or con nmi	gifts ntra ssic	s, d iver	lirec ntior or ar	tly or n or e	indire vasio	ode	f ar	mal ny A aya	kinę kinę kot,	g th Re to	joi gula him	atio	tme n, R the	int. ule diff	I/ W , No	le h otific nt c	cat	eby ion npe	, Di	irec g S	re th tion	hat ns o	the or a	app and iny of va	nou oth aric	2
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com	e hereby con mation subi pliance with nptly inform mediary or l C, Trustee, th cial or tax/ re ount(s), with	nilled. applic	cable	India antia	are no an ano	d for	eign	laws	s. I/ v	acc ve a	lso (con	cap firm	tha	atl	arke have	e re	ad a	and i	und	lerst	ruiir ood	the	FA	ATC/	A & C	RS T	& C	an de	id h	ere	by	acc	aino epi	the	.BI. Sar	ne.	l/V	Ne	als	0 UI	nde	iy a ertal	ke ke	to k		n is p y	C
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Name & Signatur	e of					Na	me														ľ	lam	ne															Na	im	e								
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ne &	Name	Name	Name
nature of tholder(s)	First Applicant Signature	Second Applicant Signature	Third Applicant Signature

THIS PACE IS MILLING MALLY LEFT BUMM

MULTI - SCHEME SIP INVESTMENT FORM WITH TOP UP FACILITY

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

U	nion
Mu	tual Fund

Broker Code/ ARM		roker ARN/ ich Code	Internal Sub-Br Code		(Refer Section 'L of instructions)		PM	Code / RN**			F	Ref. No.	
ARN-257030					E-479794								
*I/We hereby confirm t manager/sales person distributor has not charg By mentioning the RIA C of Union Mutual Fund wi	of the above distri led any advisory fe ode/ PMRN , I/we th the SEBI Regist Signature	butor or notwithsta ses on this transacti hereby give my/ou ered Investment Ac	anding the advice of i ion. r consent to share/pr dviser/ SEBI registere	in-appropria rovide the tra ed Portfolio M	teness, if any, provid insactions data feed / lanagers. ignature	ed by the er	nployee/ı	elations	ship mar //our inv	estment	ales person o s under Dire Bignature	of the dist	ributor and t
Sole/ First Applicant/ G			-	d Applicant/ I	POA/ Authorised Sign	atory			hird App	licant/ P	OA/ Authoris	sed Signat	
EXISTING UNIT	HOLDER INFO	ORMATION [Plea	ase tick (✓)] er's Name					PAN					OKYC
. SIP DETAILS [F	lease tick (✔)]	⊖ Registr	ration via Existing	ОТМ									instructions.
Scheme/ F	Plan/ Option	SIP Amount (In figures)	Frequency	SIP Date (For Monthly Free			Day [#]		(MM/YY)		Frequen		cility Amount
			 Daily Weekly 		1 st and 15 th	of		From	MM		 ○ Half Yea ○ Yearly 	arly	
Union			 Fortnightly 	DD	the month			То	MM	YY	SIP Top-U	o Cap	
			O Monthly Daily								Amount Half Yea	arly	
Union			 Weekly Fortnightly 	DD] 1 st and 15 th the mont	÷.		From	MM	YY	O Yearly	0.007	
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Union			 Fortnightly 	DD	the month	-		То	MM		SIP Top-U	o Cap	
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cheque should n	natch with the 'T	otal Amount' mer	ntioned here.										
#If the investor of Cheque no.	loes not specify	the Top up frequ		SIP, Weekly Amount	or Monthly SIP, the	detault fre	quency	ror Top-	-up will	be Yea	riy		
Amount in words	;			, anount									
Source Bank na													
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DEMAT ACCO	UNT DETAILS (Refer Section 'G' of instructions)		
NSDL: Deposite	ory Participant (DP) Name	DP ID No: I N Bene	ficiary Account Number
CDSL: Deposite	ory Participant (DP) Name	Beneficiary Account Number	
	that the combination/ sequence of names and mode to invest in demat option, may provide a copy of the I		with the account held with the Depository participant. as stated in the Application Form.
DECLARATION	N & SIGNATURES		
been induced b mentioned here I/we authorize t ARN holder has Mutual Funds fr has not given a invest in units of	by any rebate or gifts, directly or indirectly in making ein. If the transaction is delayed or not effected for re- he representative (the bearer of this request) to get th s disclosed to me/us all the commissions (in the form rom amongst which the Scheme(s) are being recom ny indicative portfolio and indicative yield, in any ma f the Scheme(s); and Union Mutual Fund / AMC / Trus Micro Investments only: I/We do not have any exis	this investment. I/We hereby express my/our willing asons of incomplete/incorrect information, I / we wo he Mandate herein verified. Mandate verification cha n of trail commission or any other mode), payable to mended to me/ us. I/ We hereby confirm that Union I inner whatsoever. I/ We hereby confirm that at the tin tee will not be responsible if such investment is ultrav	ne of investment, I / we have the express authority to ires the relevant constitution.
Applicable to I			/ confirm that the funds for subscriptions have been / FCNR account(s).
	Name	Name	Name
Name & Signature of			

Second Applicant/ POA/ Authorised Signatory

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	Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or
	until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold Union Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of Union Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of MAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call us on toll free no. 1800-2002-268 / 1800-5722-268 or Non-Toll free No. 022-67483333.

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

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.

Union Mutual Fund

Third Applicant/ POA/ Authorised Signatory

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

Unitholder(s) Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory

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.