

# COMMON APPLICATION FORM Application No. WEB-706966

Collection centre's stamp with

date and time of receipt

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

Opendent Children On providing email-id, investors shall receive However, if the investors wish to receive the standard						Ref. No.
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Unitholder's Name  MODE OF HOLDING  FIRST APPLICANT'S INFORMATION* [I]  Mr. Ms. M/s.  PAN  3a. Contact Details* (Refer Section 'J' of Mobile Nos.  Tel. (Off.) Country/ Area code  *Mobile number specified above belongs  Self Spouse Guardiar  On providing email-id, investors shall receive However, if the investors wish to receive the standard address* (P. O. Box address is not)  City  Overseas address (Mandatory for NRI/FII)  City  3b. Date of Birth (Mandatory for invest)  Minor's Relationship with Guardian (referred according to the standard of th	he investor to the THROUGH DIS Mutual Funds r more and you e deducted from	e AMFI registered di STRIBUTORS ONL ur Distributor has c m the subscription	Y. (Refer Section 'K' o I co opted-in to receive T a amount and paid to	ne investors assessment o of instructions) nfirm that I am an Existin ransaction Charges, ₹ 15 the distributor. Units will	of various factors including investor in Mutual F 50/- (for first time mutual be issued against the	unds ual fund investor) or ₹ 100/- (for inve e balance amount invested.
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Mr. Ms. M/s.  PAN  3a. Contact Details* (Refer Section 'J' of Mobile Nos.  Tel. (Off.) Country/ Area code  *Mobile number specified above belongs     Self	○ Joint (	(Default option)	<ul><li>Anyone or S</li></ul>	urvivors		
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orise you to debit my / our Account No.						Date//
n figures)						
				Тур	e of Account	
for the purchase of units of Union		₹ (in words)				
		(Scheme Name		Signature of	Account Holder(s) / A	Authorised Signatory(ies) ecords)

(Scheme/Plan/Option)

Instrument No

an application for units of \_

Dated\_\_\_/\_\_\_ Drawn on Bank & Branch\_

Amount

Please tick (/)*  Politically Exposed Person Related to Politically Exposed Person Not Applicable	Fo Ga Mo	reign Exch ming / Gar oney Lendi	ange / Mo mbling / L ng / Pawr	oney Chan _ottery Serv	(Is the entity invo ger Services vices [eg. casinos ecify]:				he followi	ing services)	○ Yes ○ No ○ Yes ○ No ○ Yes ○ No
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(Refer Section 'B' and 'C' of instructions)											
○ Mr. ○ Ms.									Date of	Birth D D N	M M Y Y Y
PAN		KYC			CKYC No.	(KIN) ^					
4a. Status* ○ Resident Individual	O Minor		) NRI (Re	epatriable)	○ NRI	(Non-Rep	atriable	e)	Othe	rs(Ple	ase Specify)
4b. Occupation* ○ Pvt. Sector ○ Publ	ic Sector O	Govt. Servi	ce $\bigcirc$ Bus	iness O Pr	ofessional O Agr	iculturist	○ Reti	red $\bigcirc$ Hou	sewife O	Student O Oth	iers_(Please Specif
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4d. Other Details* O I am Politically E	Exposed Pers	on (	I am Re	elated to Po	litically Exposed	Person	С	Not Appli	cable		
4e. Contact Details* Mobile No.			E	E-mail							
THIRD APPLICANT'S INFORMATION*	* [Please tick	( <b>√</b> )1 (Refe	r Section	'B' and 'C'	of instructions)						
○Mr. ○Ms.		(-)] (							Date of	Birth D D N	M M Y Y Y
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FATCA INFORMATION/ FOREIGN TAX	X LAWS* - fo	r Individu	als inclu	ding Sole I	Proprietors (No	n-Individ	uals ar	e required	d to subm	nit the separate	FATCA and UB
Declaration Form available at www.ur	nionmf.com	or at our C	ustomer	Service C	entres) [Please	tick (✔)]	(Refer S	Section 'N'	of instruc	ctions)	
The below information is required for al	l applicant(s)	/ guardian									
Category	First App	licant (inc	luding M	linor)	Second A	pplicant	Guard	lian		Third App	olicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	0,	⁄es	O No		○ Yes		O No			○ Yes	○ No
* If Yes, please indic	ate all count	ries in whic	h you are	e resident fo	or tax purposes a	and the a	ssociate	ed Tax Ref	erence N	umbers below.	
Place/ City of Birth											
Country of Birth											
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(or address in KYC records)		., 24565		20100111101					- 1.0010	20.11.01	
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Tax Payer Ref. ID No. 1											
Documentation Type 1 (TIN or Other Please specify)											
If TIN is not applicable, [Please	Reason	○ A	О В	0 C	Reason O	Δ	) B	0 C	Reas	son O A	○ B ○ C
tick (✓)] the reason A, B or C [as defined below]	neason	O A	О В		neason (	Α (			neas	SOII O A	ов ос
Country of Tax Residency 2											
Tax Payer Ref. ID No. 2											
Documentation Type 2											
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If TIN is not applicable, [Please tick ( )] the reason A, B or C [as defined below]</td <td>Reason</td> <td>○ A</td> <td>ОВ</td> <td>O C</td> <td>Reason O</td> <td>Α (</td> <td>В</td> <td>O C</td> <td>Reas</td> <td>son O A</td> <td>○ B ○ C</td>	Reason	○ A	ОВ	O C	Reason O	Α (	В	O C	Reas	son O A	○ B ○ C
Reason A - The country where the Action	count Holde	r is liable to	nav tav	does not is	ssue Tax Identifica	ation Nur	nhers to	n its reside	ents		
Reason B - No TIN required. (Select to Reason C - others; please state the recommendations)	this reason O	nly if the a								N to be collecte	ed)
ument Checklist	Individual	Company	Society	Partnership Firms	p Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
Card [Micro Investments, Investor(s) from im, government officials specifically exempt]	1	/	1	✓ <b>/</b>	√ ×	1	1		1	1	1
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of authorised signatories with specimen signatures		/	1	1	/	1		1		/	
norandum & Articles of Association		<b>/</b>									
ificate of Incorporation t Deed		<b>√</b>	1	1		/					
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Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	1	1	1	1	✓	1	1		1	✓	✓
KYC Acknowledgement	1	✓	1	1	✓	1	1	1	1	1	<b>√</b> *
Resolution/ Authorisation to invest		✓	/	1		1		1		1	
List of authorised signatories with specimen signatures		✓	1	/	✓	/		/		/	
Memorandum & Articles of Association		✓									
Certificate of Incorporation		1	1	/		/					
Trust Deed			1			1					
Bye-laws											
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	/	1	1	/	✓	/	/		/	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									/		
Overseas Auditor's Certificate & SEBI Regn. Certificate								<b>√</b>			
FATCA Form & UBO Declarations	1	/	/	1	✓	/	/	/	/	✓	✓

\*For demat holder, submission of KYC is optional.

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

158, Rayala Tower 1, 1st Floor, 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.

**Union**Mutual Fund

7.		YOUT BANK			nentioned under	point no.	'O' holow as	dofoult nove		account O	Yes O No			
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0.	UNITHOLDING OPTION [Please tick (✓)] ○ Physical Mode ○ Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode of DEMAT ACCOUNT DETAILS (Refer Section 'H' of instructions)													node only)
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9.	INV	ESTMENT A	AND PAYMENT I	DETAILS* [Plea	ase tick (✓)] (Re	efer Section	n 'F' of instru	ctions) [Third	Party pay	ment(s) will	not be accepted]			
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NOMINATION DETAILS\* [Please tick (🗸)] (Refer Section 'I' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation / Opt-out Form for any changes or modification in the existing details registered in your Folio with the AMC.

I/We wish to nominate I/We hereby nominate the under mentioned Nominee(s) 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(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/Sponsor

Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee	
Nominee			raiocation	(to be furnished	(Optional)		
Nominee							
Nominee							
Nominee							

I/ We do not wish to nominate

11.

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 and understand the issues involved in non- appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name &	Name	Name	Name
Signature of Unitholder(s)	First Applicant Signature	Second Applicant Signature	Third Applicant Signature

## DECLARATION & SIGNATURES\* (Refer Section 'L' of instructions)

- I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby 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. 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 confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us 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.
- If We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/We also undertake to keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities. I/We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/tax authorities.

  If the transaction is sufficient to the same and the representation of the same, as may be required by regulators/tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.

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

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).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

N	ame &	Name	Name	Name
_	gnature of nitholder(s)	Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory





## **Strategic Investment Planning**

Welcome to Strategic Investment Planning - A goal based planning with which you can not only plan for your multiple goals but also aim to achieve it.

To know more about Strategic Investment Planning

🔌 1800 200 2268/18005722268 🛛 investorcare@unionmf.com 🔀 www.unionmf.com

## MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

## Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice. ii.
- The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. 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 of NACH Debit/Auto Debit /ECS.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- Following fields need to be filled mandatorily:-

Bank A/c Type: Tick the relevant box

Date in format DD/MM/YYYY

- Bank Account Number (Investor's bank account number)
- d. Name of Destination Bank (Investor's bank)
- IFSC / MICR code
- Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
- Reference 1: Mention Folio Number
- Reference 2: Mention Application No.
- Phone No. (Optional) i.
- Email ID (Optional)
- Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
- Signature as per bank account records
- Name: Mention Bank Account Holder Name as per bank records

SIP Frequency	Minimum SIP Amount (Applicable to Schemes other than Union Long Term Equity Fund)	Minimum SIP Amount For Union Long Term Equity Fund	Minimum Period	Default Date/Day	
Daily*	₹ 300 and in multiples of ₹ 1 thereafter	Not applicable	1 Month	-	
Weekly*	₹ 500 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	12 Weeks	Wednesday	
Monthly <sup>®</sup>	₹ 1000 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	6 Months	8th of the month	
Quarterly	₹ 5000 and in multiples of ₹ 1 thereafter	₹ 1500 and in multiples of ₹ 500 thereafter	2 Quarters	8th of the month	

Available only under Union Flexi Cap Fund

<sup>&</sup>lt;sup>®</sup>Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹ 2000 and in multiples of ₹ 1 thereafter.

<sup>&</sup>quot;Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund.