Our Mission... Your Growth

CAMS

COMMON APPLICATION FORM
(FOR LUMPSUM/SYSTEMATIC INVESTMENTS)

Prudent — Money through wisdom

ICR/OCR FORM

Application No.

Investor must read key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)	
ARN-9992	ARN-		E	

☐ Declaration for "execution-only" transaction (only where EUIN box is left blank). - I/We hereby confirm that the EUIN box has been intentionally left blank by 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 OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

1 FUND NAME

FUND Name

2 EXISTING UNIT HOLDERS INFORMATION - If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name

FOLIO NO. \

3 APPLICANT(S) DETAILS Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant (Should match with PAN Card)

PAN/PEKRN* (Applicant/Guardian) **Enclosed (Please ✓)** ☐ **KYC Proof Attached (Mandatory)** **Date of Birth*** D D M M Y Y Y Y

KIN NO.

Name of Guardian/ Contact Person Mr. Ms.

Guardian Name (In case of First/Sole Applicant is Minor)/ POA Holder/Contact Person (In case of Non-Individual Investor)

Relationship with Minor applicant ☐ **Natural guardian** ☐ **Court appointed guardian** **Enclosed (Please ✓)**

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Second Applicant (Should match with PAN Card)

PAN/PEKRN* **KIN NO.** ☐ **KYC Proof Attached (Mandatory)**

Date of Birth* D D M M Y Y Y Y

Third Applicant (Should match with PAN Card)

PAN/PEKRN* **KIN NO.** ☐ **KYC Proof Attached (Mandatory)**

Date of Birth* D D M M Y Y Y Y

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT

Correspondence Address (Please provide full address)* **Address Type:** ☐ **Residential** ☐ **Business** ☐ **Residential/Business** ☐ **Registered Office**

Address

City/Town **State**

Country **Pincode**

Tel.(Off.) **Tel.(Res.)**

First Applicant Mobile: **Email Id:**

Mobile Number belong to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Email ID belong to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Second Applicant Mobile: **Email Id:**

Mobile Number belong to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Email ID belong to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Third Applicant Mobile: **Email Id:**

Mobile Number belong to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Email ID belong to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)
To be filled by the Investor: Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

EXISTING FOLIO NO.

Name of the Investor _____

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt._____ Cheque/DD No. _____ dtd. _____ Bank & Branch_____

CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Overseas Address (Mandatory for NRI/FII Applicants)

City/Town | **State**

Country | **Pincode**

Tel.(Off.) | **Tel.(Res.)**

☐ Please tick (✓) I/We would like to register to transact online as per the terms & conditions for this facility as referred in point 1(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for registration on the same.

☐ Please tick (✓) if you wish to receive Account statement /Annual Report/ Other statutory information via Post instead of Email

☐ Please tick (✓) any of the frequencies to receive Account Statement through e-mail
☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

*Mandatory information - If left blank the application is Liable to be rejected.
#Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor
** Mandatory in case the Sole/First applicant is minor.

Mode of Holding [Please tick (✓)]

☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

Tax Status [Please tick (✓)]

☐ Indian Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership Firm ☐ Government Body ☐ Foreign Portfolio
☐ QFI ☐ On behalf of Minor ☐ Foreign National ☐ Company ☐ AOP/BOI ☐ Defense Establishment
☐ NON Profit Organization/Charities ☐ HUF ☐ Body Corporate ☐ Private Limited Company ☐ FII ☐ Public Limited Company
☐ Bank/ FI ☐ Trust/Society/NGO ☐ Limited Partnership (LLP) ☐ Sole Proprietorship
☐ Others (Please Specify)

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5 INVESTMENT & PAYMENT DETAILS For Plans & Sub-options please see key features for scheme specific details

Name of Scheme

Option & Sub Option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION ☐ **Growth/Cumulative** ☐ **IDCW** **SUB-OPTION:** ☐ **IDCW Reinvestment** ☐ **IDCW Payout** **OR AEP** ☐ **Regular[®] or** ☐ **Appreciation**

IDCW Frequency: **AEP Frequency:**

[®]Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s).

☐ **One time Lumpsum Investment** ☐ **SIP: Systematic Investment Plan.**

Attach OTM form, if not already registered. Mention First SIP Cheque Details below ☐ **Cheque** ☐ **DD** ☐ **Funds Transfer** ☐ **NEFT** ☐ **RIGS** ☐ **OTM**

Payment details

Amount Paid | **DD Charges** (if applicable) | **Amount Invested**

Cheque/ DD Number | **OTM/CAMS OTM Reference Number**

Date: D D M M Y Y Y Y

Account Number **Account Type** ☐ **Savings** ☐ **Current** ☐ **NRE** ☐ **NRO** ☐ **FCNR**

Bank Name

Bank Branch **City**

Mandatory Enclosures [Please tick (✓) if the first Installment is not through cheque] ☐ **Cheque Copy** ☐ **Bank Statement** ☐ **Banker's Attestation**_____

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular.

6 UNIT HOLDING OPTION

☐ Physical Mode (Default) ☐ NSDL

Depository Participant (DP) ID (NSDL): I N

Beneficiary Account Number (NSDL)

☐ Demat Mode ☐ CDSL

Depository Participant (DP) ID (CDSL Only)

ENCLOSED FOR DEMAT OPTION ☐ Client Master List ☐ Transaction / Holding Statement ☐ DIS Copy

7 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)
For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY

Account Type ☐ Saving ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS (PLEASE SPECIFY)_____

Account Number

Name of Bank

Branch Name Branch City

9 Digit MICR Code 11 Digit IFSC Code Enclosed (Please ✓): ☐ Bank Account Details Proof Provided.

8 SYSTEMATIC INVESTMENT PLAN (SIP) REGISTRATION

First Installment through cheque/DD

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OTM/CAMS OTM Reference Number

First cheque/DD No: Date D D M M Y Y Y Y Amount

Bank Name_____ Branch_____ City_____

Each SIP Amount: Rs. SIP Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly (Default SIP frequency is Monthly)

SIP Date: ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th SIP Start Month/Year M M Y Y Y Y SIP END Month / Year Maximum 40 years Tenure M M Y Y Y Y

Others (As Per AMC) _____

☐ **SIP TOP UP (Optional) (Tick to avail this facility)**

Percentage: TOP UP Amount: (* TOP UP amount has to be in multiples of Rs.500 only).

TOP UP Frequency: ☐ Half Yearly ☐ Yearly SIP TOP UP CAP: Amount: OR Month-Year: # M M Y Y Y Y

(Investor has to choose only one option - either CAP Amount or CAP Month-Year)

9 SYSTEMATIC TRANSFER PLAN (STP) REGISTRATION

STP in to SCHEME
SCHEME/Plan/Option

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

Option ☐ Growth / Cumulative ☐ IDCW | Sub - Option: ☐ IDCW Reinvestment ☐ IDCW Payout ☐ OR AEP- ☐ Regular @ OR ☐ Appreciation

STP Date: ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th STP Frequencies ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

Others (As Per AMC) _____

STP Amount: OR ☐ CAPITAL APPRECIATION

STP Start Month / Year M M Y Y Y Y STP End Month / Year M M Y Y Y Y No. of Installment (In case Daily or Weekly STP)

10 FATCA and CRS details for Individuals (including Sole Proprietor) (Mandatory) Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship/Nationality			

If TIN is not available tick (✓) the reason A B or C as provided below Reason : A ☐ B ☐ C ☐ Reason : A ☐ B ☐ C ☐ Reason : A ☐ B ☐ C ☐

Country of Citizenship/Nationality

☐ Reason A ⇨ The country where the Account Holder is liable to pay tax does not issue Tax Identification Number 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: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? ☐ Yes ☐ No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA , the POA holder should mandatorily fill Annexure for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

Address Type ☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business

Annexure I and Annexure II are available on the website of AMC viz;

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11 KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole / First Applicant	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist	☐ Retired
	☐ Housewife	☐ Student	☐ Forex Dealer	☐ Others (Please specify)_____			
Second Applicant	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist	☐ Retired
	☐ Housewife	☐ Student	☐ Forex Dealer	☐ Others (Please specify)_____			
Third Applicant	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist	☐ Retired
	☐ Housewife	☐ Student	☐ Forex Dealer	☐ Others (Please specify)_____			

Gross Annual Income [Please tick (✓)]

Sole / First Applicant	☐ Below 1 Lac	☐ 1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	☐ >25 Lacs-1 crore	☐ >1 crore
	OR Net worth (Mandatory for Non-Individuals) _____ as on ☐☐☐☐☐☐☐☐ (DD/MM/YYYY) (Not older than 1 year)					
Second Applicant	☐ Below 1 Lac	☐ 1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	☐ >25 Lacs-1 crore	☐ >1 crore
Third Applicant	☐ Below 1 Lac	☐ 1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	☐ >25 Lacs-1 crore	☐ >1 crore

Others [Please tick (✓)]

Sole / First Applicant	For Individuals [Please tick(✓)]: ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable
	For Non-Individuals [Please tick(✓)]: (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (I) Foreign Exchange/Money Changer Services ☐ Yes ☐ No (ii) Gaming/Gambling/Lottery/Casino Services ☐ Yes ☐ No (iii) Money Lending/Pawning ☐ Yes ☐ No
Second Applicant	☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable
Third Applicant	☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable

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12 NOMINATION (PREFERABLE) OR OPT-OUT (AVOIDABLE) Nominee Details or Opt-Out Deceleration (by way of tick) is mandatory to process the application

☐ I/We wish to nominate as under:

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Name of nominee*			
Address of nominee			
Relationship with nominee*			
DOB of nominee****			
Share of nominee (%)**			
Mobile Number & E-mail ID			
Identification Details***	☐ PAN Card ☐ Passport (NRI/PIO/OCI) ☐ Driving Licence ☐ Aadhaar (Last 4 Digit)	☐ PAN Card ☐ Passport (NRI/PIO/OCI) ☐ Driving Licence ☐ Aadhaar (Last 4 Digit)	☐ PAN Card ☐ Passport(NRI/PIO/OCI) ☐ Driving Licence ☐ Aadhaar (Last 4 Digit)
	Identification Number	Identification Number	Identification Number
Guardian Name****			

* Mandatory information - If left blank the appli ation is Liable to be rejected.

** if % is not specified, then the assets shall be distributed equally amongst all the nominees.

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits) or Passport (NRI/PIO/OCI). Copy of the document is not required.*

**** Date of Birth (DOB): please provide, only if the nominee is minor. | Guardian: It is optional for you to provide, if the nominee is minor

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I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC / DP as follows; (please tick, as appropriate).

☐ **Name of nominee(s)** ☐ **Nomination:** ☐ **Yes** ☐ **No**

☐ I/We don't wish to nominate - (Nominee OPT Out)

I/We hereby confirm that I/We do not wish to appoint any nominee(s) to my demat account/mutual fund folio at this point of time.

I/We understand that

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submissionof certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

This nomination shall supersede any prior nomination made by me / us, if any

	First Holder	Second Holder	Third Holder
Applicants Name			
Applicant Signature			
Witness 1 Name & Address*			
Witness 1 Signature*			
Witness 2 Name & Address*			
Witness 2 Signature*			

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

13 INVESTOR(S) DECLARATION & SIGNATURE(S)

NON-PROFIT ORGANIZATION (NPO) DECLARATION:

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (23) of section 2 of the Income-tax Act, 2025, 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).

☐ Yes
☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. I/We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

Applicable to NRIs only:

Please tick ☐

I/We confirm that I am/We are Non-Resident 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 on a n Repatriation Basis n Non-Repatriation Basis.

FATCA Certification:

I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions) and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

I/We agree to indemnify CAMS in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

Stamp Duty:

Pursuant to Notification No. S.O. 1226(E) and G.S.R. 226(E) dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019,notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including reinvestment IDCW and switch-in) to the Unit holders would be reduced to that extent.

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To the Trustee, AMC, I/We have read the Scheme Information Document/Key Information Memorandum/Statement of Additional Information (including Instructions / addenda issued from time to time) of the applicable Scheme(s) for which I/We am/are applying for the units of the specified scheme(s) of the participating Mutual Fund(s) vide this application, understood the contents of the same and hereby agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We hereby acknowledge and confirm that the information provided above is true, correct and complete. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it.

I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans /Options under the Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion or any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority.

I/We agree that in case my/our investment in the scheme is equal to or more than 25% of the corpus of the plan, then respective AMC has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I am/we are not US Person(s).

I/We hereby declare that we do not have any existing Micro SIPS which together with the current application will result in a total investments exceeding INR 50,000 in a year. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 authorize you CAMS/participating Fund(s)/AMC(s)] to disclose, share, rely, 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 to / any of the Mutual Fund, its sponsor, Asset Management Company, trustees, their employees/ RTAs ('the Authorized Parties') / any other intermediaries registered with various regulators into any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the tax/ revenue authorities in India or outside India wherever it is legally required and other investigation agencies and also authorize to close or suspend the account without any obligation of advising me/us of the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information/ document(s) as may be required at your/Fund's end or by domestic or overseas regulators /tax authorities.

The email to and mobile number provided in the common application form will be used as registered email and mobile number, for verification, confirmation of transactions, validations & sending transaction confirmation and hence am/are authorizing you/participating Fund or AMC for sharing of such information to the applicable service providers.

FOR REGISTRATION OF ONLINE FACILITY:

I/We hereby request you to register me/us for availing the facility of carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributors (s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of AMC 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 transaction due to any reason,

I/we shall not hold AMC, Mutual Fund, its 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 NAV. 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.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT