

ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund. Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - 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 of First / Sole Applicant / Guardian / Authorised Signatory

**1 EXISTING FOLIO NO.**  **2 MODE OF HOLDING / OPERATION**  Single  Anyone or Survivor  Joint (Default option is anyone or survivor)

**3 APPLICANT'S DETAILS** (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. **Gender**  Male  Female

**1<sup>st</sup> APPLICANT** Mr Ms M/s    First    Middle    Last

PAN / PEKRN\*

KIN\*  Proof Attached  Date of Birth\*\*

**GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER** Mr Ms    First    Middle    Last

PAN / PEKRN\*

KIN\*  Proof Attached Relationship with Minor applicant  Natural guardian  Court appointed guardian  Date of Birth\*\*

**2<sup>nd</sup> APPLICANT** Mr Ms    First    Middle    Last

PAN / PEKRN\*

KIN\*  Proof Attached  Date of Birth\*\*

**3<sup>rd</sup> APPLICANT** Mr Ms    First    Middle    Last

PAN / PEKRN\*

KIN\*  Proof Attached  Date of Birth\*\*

\*Mandatory information - If left blank, the application is liable to be rejected.\*\*Mandatory in case the Sole/ First applicant is minor. \*Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

**4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)**

<b>Correspondence Address</b>	<b>Overseas Address (Mandatory for NRI / FII Applicants)</b>
HOUSE / FLAT NO. <input type="text"/>	HOUSE / FLAT NO. <input type="text"/>
STREET ADDRESS <input type="text"/>	STREET ADDRESS <input type="text"/>
CITY / TOWN <input type="text"/>	CITY / TOWN <input type="text"/>
STATE <input type="text"/>	STATE <input type="text"/>
COUNTRY <input type="text"/>	COUNTRY <input type="text"/>
PIN CODE <input type="text"/>	PIN CODE <input type="text"/>
Mobile No. <input type="text"/>	Tel. No. <input type="text"/>
Tel. No. <input type="text"/>	Office <input type="text"/>
Tel. No. <input type="text"/>	Residence <input type="text"/>
Mobile No belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	
Email ID <input type="text"/>	
Email id belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	

**Second Holder Contact details** Mobile No.  Email ID

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

**Third Holder Contact details** Mobile No.  Email ID

Mobile No belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email id belongs to:-  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please  here)

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please  here)

**5 TAX STATUS (Please )**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other <input type="text"/> Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

**6 DEMAT ACCOUNT DETAILS (OPTIONAL)** (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>	CDSL: Depository Participant (DP) ID (CDSL only) <input type="text"/>
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**ACKNOWLEDGMENT SLIP** (Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information)

Name of the Investor

Existing Folio No.

20240829003 / Lumpsum Cum SIP Application Forms / 29th Oct 2025 / Ver - 1.0

**7 BANK DETAILS** (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Bandhan MF has DC facility (Please refer to the Instruction No. 1)

Name of the Bank

Branch  Account Number

City  Account Type  Current  Savings  NRO  NRE  FCNR  Others (please specify)

MICR Code  RTGS/NEFT Code (IFSC Code)

Note: In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.

I / We understand that the instructions to the bank for Direct Credit / NEFT / CAMS OTM will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my / our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold Bandhan Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/CAMS OTM.

**8 INVESTMENT & PAYMENT DETAILS** (Please draw the cheque in favour of Bandhan Mutual Fund)

Type of Investment (✓ anyone)  Lumpsum  SIP  SIP with TOP-UP  Micro SIP Photo ID No. (for Micro SIP)

Scheme	Name	Plan	Option	Amount	Dividend Frequency	Dividend Sweep (fill relevant form)
I	Bandhan					<input type="checkbox"/>
II	Bandhan					<input type="checkbox"/>
III	Bandhan					<input type="checkbox"/>
IV	Bandhan					<input type="checkbox"/>
V	Bandhan					<input type="checkbox"/>
<b>Total</b>						

**PAYMENT DETAILS**

Mode of payment  Self  Third Party Payment (Please fill the 'Third Party Payment Declaration Form') Payment mode  Cheque  DD  Bandhan OTM  Fund Transfer  RTGS/NEFT

Amount (figures)  Cheque/DD/UTR/UMR No.  Cheque Date

Account No.  Account Type  Saving  Current  NRO  NRE  FCNR  Others (Please specify)

Bank & Branch Name

**SIP DETAILS** (\*In case of the Monthly Option if no date is selected in the form, the default date is 10<sup>th</sup> of every month. \*\*The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter). \*default frequency is yearly.)

Scheme	SIP date*	Installment Amount (₹)	From Date (DD/MM/YY)	To Date (DD/MM/YY) (Default 40 years)	Frequency Monthly / Quarterly (Default date 10 <sup>th</sup> ) Weekly Datewise (7 <sup>th</sup> /14 <sup>th</sup> /21 <sup>st</sup> /28 <sup>th</sup> ) Weekly - Daywise (Monday, Tuesday, Wednesday, Thursday, Friday)	SIP Top-up*		
						Top-up Amount (₹)	Frequency^	
I	D D						<input type="checkbox"/>	<input type="checkbox"/>
II	D D						<input type="checkbox"/>	<input type="checkbox"/>
III	D D						<input type="checkbox"/>	<input type="checkbox"/>
IV	D D						<input type="checkbox"/>	<input type="checkbox"/>
V	D D						<input type="checkbox"/>	<input type="checkbox"/>

Existing OTM (UMRN) (Above SIPs to be mapped using existing UMRN)

**9 NOMINATION DETAILS**  I/We wish to nominate  I/We do not wish to nominate\*\* I/We want the details of my/our nominee to be printed in the statement of account  Name of Nominee(s) with % Nomination:  Yes / No (Default)

Nominee Name & Address*	In case of Minor			Allocation %*
	Guardian Name	Relationship with the minor	Date of birth	
Nominee 1				
Nominee 2				
Nominee 3				

(a) \*Mandatory (b) Other Details (Guardian details to be furnished in case nominee is a minor) (c) \*\*For identification details investor can provide PAN, Aadhaar, Driving license or Passport

Nominee 1	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 2	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 3	Identification Details**	Mobile*	Email ID*	Relationship with investor*

\*OPT-OUT: 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 my / our folio.

Sign Here →  First / Sole Applicant / Guardian  Second Applicant  Third Applicant

**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

	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).

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)			
First Applicant / Guardian				Reasons	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Second Applicant				Reasons	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Third Applicant				Reasons	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

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 reasons Only if the authorities of the country of tax residence do not require the TIN to be collected)  Reason C → Others please state the reasons thereof:

Address Type of Sole /1st Holder  Residential  Registered Office  Business  Address Type of 2nd Holder  Residential  Registered Office  Business  Address Type of 3rd Holder  Residential  Registered Office  Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

Instrument No.	Dated	Amount (₹)	Scheme
	D D M M Y Y		

