

COMMON APPLICATION FORM

Please read the instructions carefully before filling up the form. (All points marked * are mandatory)



**TRUST
MUTUAL
FUND**

CLEAR • CREDIBLE • CONSISTENT

All sections should be filled in BLACK/BLUE coloured ink and in BLOCK LETTERS .

Application No.

1. DISTRIBUTOR INFORMATION

ARN/ RIA Code/ Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

*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 TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No.II(10)). – 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/ sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
--	---------------------------------	--------------------------------

2. APPLICANT'S DETAILS

MODE OF OPERATION

- Single Anyone or Survivor
 Joint (Default Option is Joint)

Folio No. (For existing Unitholders)

*Require Physical Copy of Annual Report Yes No

*On providing E-mail ID investors shall receive the Annual Report or an abridged summary thereof, account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the Annual Report or an abridged summary thereof please tick the appropriate option.

1st APPLICANT NAME* (As per PAN) Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth/
Incorporation D D M M Y Y Y Y

E-Mail ID MANDATORY Mobile No. MANDATORY

This Mobile Number belongs to (*Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)
This Email-ID belongs to (*Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)

LEGAL ENTITY IDENTIFICATION (LEI) CODE⁵

(⁵LEI is applicable for Non-Individual investor including HUF, not applicable to Individuals, Minor & NRI investor. LEI no. is mandatory for transaction amount Rs. 50 crs and above for Non-Individuals) In case the First Applicant is Non-Individual please attach FATCA, CRS and UBO Declaration form.

GUARDIAN DETAILS (IN CASE FIRST APPLICANT IS MINOR) / CONTACT PERSON DESIGNATION / POA HOLDER (FOR NON-INDIVIDUALS INVESTORS)

Name Date of Birth D D M M Y Y Y Y

Guardian's Relationship with minor - <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	PAN/PEKRN* <input type="text"/>	<input checked="" type="checkbox"/>
Proof of Date of Birth of Minor - <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify) _____	CKYC No. <input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

2nd APPLICANT* Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth D D M M Y Y Y Y

E-Mail ID MANDATORY Mobile No. MANDATORY

This Mobile Number belongs to (*Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)
This Email-ID belongs to (*Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)

3rd APPLICANT* Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth D D M M Y Y Y Y

E-Mail ID MANDATORY Mobile No. MANDATORY

This Mobile Number belongs to (*Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)
This Email-ID belongs to (*Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)

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) Trees are green gold – Save Trees

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.



**TRUST
MUTUAL
FUND**

CLEAR • CREDIBLE • CONSISTENT

Received From

Scheme Name Plan Option

Amount Cheque/ DD No. Date D D M M Y Y Y Y

Bank & Branch Details

Stamp & Signature

NOMINATION DETAILS

	Mandatory Details	Nominee 1	Nominee 2	Nominee 3																																										
1)	Name of the Nominee(s)	Mr./Ms. _____ _____	Mr./Ms. _____ _____	Mr./Ms. _____ _____																																										
2)	Share of each Nominee (%)	_____	_____	_____																																										
3)	Date of Birth (in case of Minor)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y																		
D	D	M	M	Y	Y	Y	Y																																							
D	D	M	M	Y	Y	Y	Y																																							
D	D	M	M	Y	Y	Y	Y																																							
4)	Relationship with the Applicant	_____	_____	_____																																										
5)	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> <input type="checkbox"/> Aadhaar (last 4 digits) **** * <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____															<input type="checkbox"/> PAN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> <input type="checkbox"/> Aadhaar (last 4 digits) **** * <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____															<input type="checkbox"/> PAN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> <input type="checkbox"/> Aadhaar (last 4 digits) **** * <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____														
6)	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	_____	_____	_____																																										
	Pin Code:	_____	_____	_____																																										
7)	Mobile of Nominee(s)/ Guardian in case of Minor	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table>											<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table>											<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table>																						
8)	Email ID of Nominee(s)/ Guardian in case of Minor	_____	_____	_____																																										
9)	Nominee Guardian Name (in case Nominee is Minor)	Mr./Ms. _____ _____	Mr./Ms. _____ _____	Mr./Ms. _____ _____																																										

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

Name of nominee(s) with Details and Percentage Nomination without Details and Percentage (Default Option)

SIGNATURE(S) – As per mode of holding in Folio(s).

	Name of the Holder	Signature/ Thumb Impression* of Holder (As per mode of Holding in the Folios)
Sole / First Holder (Mr./Ms.)	_____	
Second Holder (Mr./Ms.)	_____	
Third Holder (Mr./Ms.)	_____	

	Name and Address of Witness	Signature of Witness
Witness 1	Name: _____ Address: _____ _____	
Witness 2	Name: _____ Address: _____ _____	

* Signature of 2 witness, along with name and address are required, if the unit holder affixes thumb impression, instead of signature.