

## **COMMON APPLICATION FORM**

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

Unitholder's Name	Broker Code/ ARN	Sub-Broker Coo ARN/ Branch Co	·	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)		R	Ref. No.		
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\_\_\_/\_\_\_ Drawn on Bank & Branch\_

Dated

Instrument No\_

SECOND APPLICANT/ GUAR (Refer Section 'B', 'C' and 'G' o			NTACT PE	RSON F	OR NON-INE	DIVIDUALS/ PO	DA HOLE	ER DE	TAILS* [/	Please tick	(√)]		
○Mr. ○Ms. NAN	1 E C	FS	E C O	N D	APF	LICA	NT			Date of	Birth D	O M	M Y Y Y
PAN				КҮС		CI	CYC No.	(KIN) ^					
4a. Status* ○ Resident Indivi	dual	O Minor		NRI (Re	patriable)	○ NRI	(Non-Rep	atriable	e)	Other	rs	(Please	Specify)
4b. Occupation* O Pvt. Sector	or O Public	Sector O	ovt. Servic	ce O Bus	iness O Prof	essional O Agr	iculturist	○ Retir	ed O Hou	usewife O	Student O	Others	(Please Specify
4c. Gross Annual Income*													
4d. Other Details* O I am P						ically Exposed			Not Appl				
4e. Contact Details* Mobile I					-mail	, ,			- 1-1-				
THIRD APPLICANT'S INFOR	MATION* [	[Please tick	( <b>√</b> )] (Refe	r Section	'B', 'C' and 'C	3' of instruction	s)						
OMr. OMs. NAN	I E C	FT	H I R	D	APPL	. I C A N	IT			Date of	Birth D	O M	MYYY
PAN				KYC		CI	CYC No.	(KIN) ^					
5a. Status* ○ Resident Indivi	dual	O Minor		NRI (Re	epatriable)	○ NRI	(Non-Rep	atriable	e)	Other	rs	(Please	Specify)
5b. Occupation* O Pvt. Sector	or O Public	Sector O	ovt. Servic	ce O Bus	iness O Prof	essional O Agr	riculturist	○ Retir	ed O Ho	usewife O	Student O	Others	(Please Specify
5c. Gross Annual Income*	Below 1 I	Lac 0 1-5 L	acs 0 5-1	0 Lacs	10-25 Lacs	○ >25 Lacs -	1 Crore	O >1 (	Crore Ne	et-worth in	1₹		
5d. Other Details* OI am P	olitically Ex	posed Pers	on (	I am Re	lated to Polit	ically Exposed	Person	0	Not Appl	licable			
5e. Contact Details* Mobile I				E	-mail								
^ Investors who have complet requested to quote the 14 digit K	ed the Cer	ntral KYC w	ith the Ce	ntral KYC	Records Re	egistry (CKYCF	R), and h	ave a k	(YC Ident	tification N	lumber (KII	N) fron	the CKYCR a
FATCA INFORMATION/ FOR Declaration Form available a	EIGN TAX											rate F	ATCA and UBO
The below information is requ											,		
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		гизг Арр	ilcant (inc	luuliig ivi	illioi)	Second A	ppiicant	Guard	liaii		IIIIu	Applic	aiii
Is the Country of Birth / Citizer Nationality / Tax Residency ot than India?*		O Y	'es	○ No		○ Yes		○ No			○ Yes		○ No
* If Yes, ple	ease indica	ite all countr	ies in whic	h you are	e resident for	tax purposes a	and the a	ssociate	ed Tax Re	ference N	umbers belo	OW.	
Place/ City of Birth													
,													
Country of Birth													
Address Type (of address in KYC records)	0	Residential	/ Business	s O Re	esidential	Residential / E	Business	○ Re	esidential	○ Resid	dential / Bus	siness	<ul> <li>Residentia</li> </ul>
,													
Country of Tax Residency 1													
Tax Payer Ref. ID No. 1													
Documentation Type 1 (TIN or Other Please specify)													
If TIN is not applicable, [Pleas tick (✓)] the reason A, B or C [as defined below]	е	Reason	○ A	ОВ	O C	Reason O	Α (	) В	O C	Reas	son O A	С	В ОС
Country of Tax Residency 2													
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(TIN or Other Please specify)													
If TIN is not applicable, [Pleas tick (✔)] the reason A, B or C [as defined below]	е	Reason	○ A	○ B	○ C	Reason O	Α (	) B	O C	Reas	son O A	C	В С
<ul> <li>Reason A - The country wh</li> <li>Reason B - No TIN required</li> <li>Reason C - others; please s</li> </ul>	l. (Select th	is reason O	nly if the a								N to be colle	ected)	
Document Checklist		Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BO	)I	Demat Holder
PAN Card [Micro Investments, Investor(s) fro Sikkim, government officials specifically exe	om mptl	1	✓	1	1	1	1	1		1	1		✓
KYC Acknowledgement		/	/	1	/	/	1	/	1	/	/		<b>√</b> *
Resolution/ Authorisation to invest			✓	1	1		1		1		/		
List of authorised signatories with specimen	signatures		/	1	✓	<b>✓</b>	1		1		/		
Memorandum & Articles of Association Certificate of Incorporation				/	/		/						
Trust Deed			<b>-</b>	<b>✓</b>	•		1						
Bye-laws													
Partnership Deed	Holdes)				✓	,							
Notorised POA (signed by investor and POA	noiuer)					/				1			

Bank Account Proof (Latest available) Demat Statement (Latest available) Client Master Statement (Latest available) **HUF** Deed Overseas Auditor's Certificate & SEBI Regn. Certificate

FATCA Form & UBO Declarations \*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 Pvt. Ltd.,
Unit: Union Mutual Fund (formerly Union KBC Mutual Fund)

Ground Floor No.178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai, Tamil Nadu - 600 034.

Email: enq\_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
(formerly Union KBC Asset Management Company Private Limited)
Unit 802, 8th Floor, Tower 'A', Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400 013.
Toll Free: 1800 200 2268 | Tel No.: 022 24833333

Website: www.unionmf.com | Email: investorcare@unionmf.com



7.	DΛ	VOLIT BANK ACCOL	INT DETAIL C *	[Places tick ( /)] (Pofer	Section IDI and ICI of inci	ructions) (M	ill bo und	latad anly if th	o proof of book	account ic c	voilable)
7.	Ple	ease update my/our	pay-in-bank ac	count mentioned unde	r Section 'D' and 'G' of inst r point no. '9' below as of te or proof of pay-in with i	lefault payo	ut bank a	account OY	•		·
	Ва	nk Name									
		nk A/C No			Bank Branch	1					
	A/0	C Type Sa	vings 0 C	Current O NRE	O NRO O FCNR	Oth	ers		(Please Sp	ecify)	
		nk City			State					PIN	
		SC CODE		MIC	R CODE		Ir	case the Pay-out	bank account detail is		Pay-in hank account
	Do	cument Attached	O Bank Stater	ment O Cancelled che	eque with name pre-printe	ed O Pass		etail please submi	necessary document	ts as proof.	ay iii saim acceant
	(IFS	SC Code is the 11 digit			tory for credit via NEFT/ RT0			9 digit code ne	xt to the cheque r	10.)	
	Fo	r unit holders opting	to invest in de	emat mode, please ens	ure that the bank accou	nt linked wit	h the de	mat account	is mentioned h	ere.	
8.	UN	IITHOLDING OPTIO	N [Please tick (	/)] O Physical Mod	le O Demat Mode (If den	nat account de	tails are pr	ovided below, u	nits will be allotted	by default in e	electronic mode only)
			,	ction 'G' of instructions)	DP ID No: I N			Beneficiary	Account Numbe	r	
				e							
	lt m	ay be noted that the o	combination/ seq	euence of names and mod	de of holding in the applica	Account Nur	ust match	exactly with t	he account held	with the Dep	ository participant.
					ne DP statement to enable						
9.	IN	VESTMENT AND PA	1		efer Section 'E' , 'F' and 'G		ons) <b>[Thir</b>				
			O Union Equity		○ Union Liquid Fund~			O Union Ass	et Allocation Fund	d - Moderate	Plan
	Na	ame of the Scheme	O Union Tax Sa		O Union Ultra Short Te		d~	O Union			
			O Union Small	and Midcap Fund	Ounion Dynamic Bon						
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			cility will be ann	lied in case of no inform	ation, ambiguity or discre		ility				
	DC										
		Payment Mode:	○ Cheque	O RTGS O NEFT	Fund Transfer	Debit Man			a A/C Holders on	-	MVVVV
	Σ	Cheque / RTGS / N Amount in ₹ (Figure			Amount in ₹ (words)		Cne	que / RTGS /	NEFT Date	D D M	MYYYY
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			Scheme/ Plan/	Орион	(₹ in figures)	Julit Sir	Date	Frequency	Start Month		efault Dec 2099)*
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			SYSTE	MATIC INVES	TMENT PLAN (	SIP) - A	UTO [	DEBIT FO	ORM		
	U	nion N	ANDATE IN	ISTRUCTION FOR	R NACH/ ECS/ DIRI	ECT DEB	T (Refe	r overleaf for	instructions)		
	M U T Your Brid	UAL FUND ge to Responsible Investing UMRI		o r O f f	i c e u s e		•		Date	D D M	MVVVV
[Tick	<b>(√</b> )]		sor Bank Code			Utility	Codo		L		
CRE		O Sports	SOI BAIR Code	For Office I	156	Othicy	Code		For Offi	ce use	
MOD	IFY	//We, hereby at	uthorize Unio	n Mutual Fund				To debit [T	ick (✔)] SB/C	A/CC SB-NI	RE/SB-NRO/Other
CAN	CEL	Bank a/c numb	er								
with E	ank		Name of Cu	ustomer's Bank	IFSC				or MICR		
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Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.