

## COMMON APPLICATION FORM

## FOR LUMPSUM/SYSTEMATIC INVESTMENTS

App. No.

Please read Guidance Notes carefully. All Sections to be completed legibly in English in black/dark coloured ink and in BLOCK CAPITALS.

| Distributo  | or's Code   | Sub-Broker's Coo                                     | le                    | Branch Code                          |                      | Relationship Manager  |  |  |
|---|---|--|-----------------------|--------------------------------------|----------------------|---|--|--|
| <b>ARN</b> 0988   Gan   | esh S. Shanbhag   |  |                       |                                      | Name                 |   |  |  |
|   |   |  |                       |                                      | Mobile               | 9   |  |  |
| al commission shall be paid di  | irectly by the investor to the AMF                      | l registered distributor based o                     | n the investors' asse | essment of various factors inclu     | ding the service rer | ndered by the distributor.  |  |  |
| EXISTING UNI  | T HOLDER(S) DET   | AILS   |                       |                                      |                      | (See Note 1)  |  |  |
| If you have, at any tir<br>Sole/First Unitholder                              | ne, invested in any schem<br>& Folio Number below and   | e of Fidelity Mutual Fund<br>I proceed to Section 3. | and wish to hol       | d your present investmer             | nt in the same fo    | lio, please furnish the Name of   |  |  |
| Name of Sole/1st Ho   | lder First Name   | Middle N   | lame                  | Last Name                            | Folio No.            |   |  |  |
|   | PERSONAL DETA   | ILS  |                       |                                      |                      | (See Note 2)  |  |  |
|   | First Name  | Middle Name  |                       | Last Name                            |                      | B B H H V V V V   |  |  |
| Sole/First Applicant  |   |  |                       |                                      | Date of Bi           |   |  |  |
| Guardian  | (in case Sole/First Appli                               | icant is a minor)                                    | Contact Pers          | OII                                  | case of Non Indiv    | idual applicants)   |  |  |
| Second Applicant  | First Name  | Middle Name  |                       | Last Name                            | Date of Bi           | rth DD MM Y Y Y Y   |  |  |
| Third Applicant   | First Name  | Middle Name  |                       | Last Name                            | Date of Bi           | rth DD MM Y Y Y Y   |  |  |
| MODE OF HOLDIN  | NG (Please ✓)   | ] Single OR  | ☐ Anyone or           | Survivor OR                          | Joint                |   |  |  |
| STATUS OF SOLE/FII  | RST APPLICANT (Please ✓)                                |  |                       |                                      |                      |   |  |  |
| <ul><li>☐ Resident Indian Individua</li><li>☐ Company/Body Corporat</li></ul> |   | ridual PIO Mutua                                     | -                     | □ Bank □ Trust □ Society □ NGO       | Government B Others  | • • —   |  |  |
|   | ence (P.O. Box Address is not suff                      | · — · —  | · <u>-</u>            | Address (Mandatory for NRI/FII A     | · <del>-</del>       | (please specify)  |  |  |
|   | ( )   | ,  | Overseas A            | Address (Mandatory for MAN/FILE      | приноапто)           |   |  |  |
|   |   |  |                       |                                      |                      |   |  |  |
|   |   |  |                       |                                      |                      |   |  |  |
|   |   |  |                       |                                      |                      |   |  |  |
| City/Town   |   |  | City/Town             |                                      | Sta                  | te  |  |  |
| State   |   | PIN  | Country               |                                      | Pos                  | ital Code   |  |  |
| Tel. (Office) (ISD) (STD)   |   | Tel. (Res.) (ISD) (STD                               | )                     | Mobile                               | (ISD)                |   |  |  |
| Email ID  |   |  | ,                     | Fax (IS                              | SD) (STD)            |   |  |  |
| I/We would like to receiv   | ve the following communication                          | over Post instead of E-mail                          | (Please ✓) ☐ Ac       | count Statement and Annu             | al Reports           |   |  |  |
| PAN AND KYC   | DETAILS   |  |                       |                                      |                      | (See Note 3)  |  |  |
| Please furnish below  | PAN of each Applicant. Fu                               | Ifilment of KYC requirement                          | ents is mandator      | ry for all investments w.e.f         | . January 1, 201     | 1.  |  |  |
| PAN   | First Applicant   |  | Second App            |                                      |                      | Third Applicant   |  |  |
|   | ease enclose a copy of KY                               |  |                       |                                      |                      |   |  |  |
| Document Provided   | o identity and Address [A<br>First Applicant            | Allowed only for investi                             | •                     | systematic investment P<br>Applicant | rian (SIP) not e     | cceeding Rs. 50,000 in a year] Third Applicant  |  |  |
| Identification No.  | First Applicant   |  |                       | Applicant                            |                      | Third Applicant   |  |  |
|   | NT DETAILS (MAN   | DATORY - if left bla                                 |                       |                                      |                      | (See Note 4)  |  |  |
|   |   |  |                       |                                      |                      | ,   |  |  |
| Account No.   |   |  | (Please ✓)            | ☐ Savings   ☐ Current   ☐            | INRE   □NRO          | □ FCNR □ Others (please specify)  |  |  |
| Bank Name   |   |  |                       |                                      |                      |   |  |  |
| Branch  |   |  |                       | City                                 | (Clearing            | , , , , , , , , , , , , , , , , , , ,   |  |  |
| MICR Code   |   | (9 Digit No. next to your<br>Cheque Number)          | SC Code FO            | R PAYOUTS THROUGH                    | NEFT   you d         | haracter code appearing on your cheque leaf. If<br>o not find this on your cheque leaf, please check<br>e same with your local Bank Branch) |  |  |
|   |   |  |                       |                                      | s NEFT clearan       | ce and settlement network. If   |  |  |
|   | to receive payments by ch<br>to receive payments direct | <del></del>  |                       |                                      | neque (Please        | <b>↑</b> □  |  |  |
|   |   |  |                       |                                      |                      | / <b>_</b>  |  |  |
| Fidelit   | <b>y</b> <sup>TM</sup>                                  |  | WLEDGEMEN             |                                      | App. No.             |   |  |  |
| Received from   |   | Name of First Applic                                 | ant/Unitholder        | ar                                   | application for      |   |  |  |
| investment in   | Scheme  | Plan   |                       | Option                               | 1                    |   |  |  |
| Investment Type (🗸)   | Investment/SIP Instalment                               | Ir   |                       | /First SIP Cheque Details            | v v                  |   |  |  |
| Lumpsum   | De.   | Cheque No.   |                       | dated D D M M Y Y                    | ulawii oli           | For Office Use Only   |  |  |
| SIP   | Rs  | Bank   | Brancl                |                                      |                      | Acknowledgement Ct 0 Det  |  |  |
| Subject to realisation of   | cheque and furnishing of man-                           | datory information/documents                         | s. Please retain this | s slip till you receive your Acc     | ount Statement.      | Acknowledgement Stamp & Date  |  |  |

| Scheme   |  |  |  |  |  |   | PI   | lan   |  |  |  |  |  |
|--|--|--|--|--|--|---|--|---|--|--|--|--|--|
| Option (Plea   | ase ✓) ☐ Growth  | n OR $\square$   | Dividend Re  | investment (   | OR □ Dividend  | d Pavout  |  | vidend<br>equency —   |  |  |  |  |  |
|  | SUM INVESTM  |  | Dividend 110   | mivosunone (   | (B) SIP INV  |   |  | equency   |  |  |  |  |  |
| •  | 1  |  |  |  | Installment Amo  |   |  | SIP Perio   |  |  | T  | . (0) (1   | <b>D</b> )   |
| Investment An  | mount Rs.  |  | A  |  | Rs. Minimum  | 1 Rs. 500   | Till you instru<br>Fidelity to<br>discontinue  | OR  | No. of In  Minimum   |  | I (Minimur   | int (C) = (A<br>1 Rs. 3000 fo<br>for other Sch   | FTAF   |
| DD Charges<br>(if applicable)  | Rs.  |  | В  |  | First SIP Ins<br>Mode of Paym  |   | etails:  | [   | ☐ Demand   | Draft  |  | Pay Ord  | er   |
| Net Amount   | Rs.  | Ar   | minus B  |  | Instrument No<br>Drawn on  | D   |  | Bar   |  | ated DD  | MM   | YY   | ΥY   |
| (Cheque/DD A   | Amount)  |  |  |  |  |   |  | Bran  | ich  |  |  |  |  |
| Mode of Paym   | nent (🗸) 🔲 Chequ   | ıe 🔲 Deman   | d Draft 🔲 Fu   | nd Transfer  |  | •   | ent Installment  |   | Y  | Please fill in t<br>Installments a<br>otherwise lea  | above ha   | ve been s  |  |
| Instrument No  | )  | Dated  | DD MM  | YYYY   | SIP Date (Plea   | ,   | <ul><li>☐ 1st</li><li>☐ 10f</li><li>☐ Monthly</li><li>☐</li></ul>  |   |  | 10th,  | 15th & 2   | 5th <sup>′</sup>   |  |
| Drawn on   |  | Banl   | k  |  | ☐ SIP TI   | HROUGH  | AUTO DEBIT   | Γ (ECS/Dir  | ect Debit  | <u>'</u>   |  | See Note   | 5d(iv)   |
|  |  |  |  |  | Please als   | so fill and   | d attach the S   | SIP Auto D  |  | lity Form.   |  |  |  |
|  |  | Brand  | ch   |  |  |   | POST-DATED (   | CHEQUES   | <u>-</u>   | iils:  |  | See Note   | 5d(v)  |
|  |  | City   | 1  |  | Cheque No  |   |  | Y Y Y   | То   | )  | M M  | / Y Y  | Υ  |
| NRI/FII Investo  | ors*, please indicat   | e source of fu   | unds for your  | investment (Ple  |  | NRE   | │ □ NRO  | │ □ FCN   |  | Others   | Please   | specify  |  |
|  |  |  |  | •  |  | N4  |  |   | <br>sa □ R   | etirement  | Oth  | are  |  |
| REASON FO  | OR INVESTMENT  | (Please ✓  | ) Chilo  | d's Educatio   | n L'Child's  | iviarriage  | : 🔲 Purchas  | se or Hou   | 30 🔲 110   |  |  | 513  |  |
|  |  |  |  |  |  |   |  |   |  |  |  |  | te 6   |
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