

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

Distributor's Code	Sub-Broker's Code	Branch Code	Relationship Manager
ARN-0988 Ganesh S. Shanbhag			Name _____ Mobile _____

Initial commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

1 EXISTING UNIT HOLDER(S) DETAILS (See Note 1)

If you have, at any time, invested in any scheme of Fidelity Mutual Fund and wish to hold your present investment in the same folio, please furnish the Name of Sole/First Unitholder & Folio Number below and proceed to Section 3.

Name of Sole/1st Holder First Name Middle Name Last Name Folio No.

2 APPLICANTS' PERSONAL DETAILS (See Note 2)

Sole/First Applicant	First Name <u> </u>	Middle Name <u> </u>	Last Name <u> </u>	Date of Birth <u>DD MM YYYY</u>
Guardian	(in case Sole/First Applicant is a minor)		Contact Person <u> </u> (in case of Non Individual applicants)	
Second Applicant	First Name <u> </u>	Middle Name <u> </u>	Last Name <u> </u>	Date of Birth <u>DD MM YYYY</u>
Third Applicant	First Name <u> </u>	Middle Name <u> </u>	Last Name <u> </u>	Date of Birth <u>DD MM YYYY</u>

MODE OF HOLDING (Please ✓) Single OR Anyone or Survivor OR Joint

STATUS OF SOLE/FIRST APPLICANT (Please ✓)

<input type="checkbox"/> Resident Indian Individual	<input type="checkbox"/> Non-Resident Indian Individual	<input type="checkbox"/> PIO	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> FI	<input type="checkbox"/> Bank	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Body	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> FII	<input type="checkbox"/> Society	<input type="checkbox"/> NGO	<input type="checkbox"/> Others	(please specify) _____

Address for Correspondence (P.O. Box Address is not sufficient)

City/Town _____ State _____

State _____ PIN _____

Tel. (Office) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____ Mobile (ISD) _____

Email ID _____ Fax (ISD) (STD) _____

Overseas Address (Mandatory for NRI/FII Applicants)

City/Town _____ State _____

Country _____ Postal Code _____

I/We would like to receive the following communication over Post instead of E-mail (Please ✓) Account Statement and Annual Reports

3 PAN AND KYC DETAILS (See Note 3)

Please furnish below PAN of each Applicant. Fulfilment of KYC requirements is mandatory for all investments w.e.f. January 1, 2011.

PAN First Applicant Second Applicant Third Applicant

Please enclose a copy of KYC Acknowledgement Letter issued to yourself and other applicant(s) to evidence fulfilment of KYC requirements.

Other Proof of Photo identity and Address [Allowed only for investments through Systematic Investment Plan (SIP) not exceeding Rs. 50,000 in a year]

Document Provided	First Applicant <u> </u>	Second Applicant <u> </u>	Third Applicant <u> </u>
Identification No.	First Applicant <u> </u>	Second Applicant <u> </u>	Third Applicant <u> </u>

4 BANK ACCOUNT DETAILS (MANDATORY - if left blank, Application will be rejected) (See Note 4)

Account No. Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify) _____

Bank Name

Branch City (Clearing Circle)

MICR Code (9 Digit No. next to your Cheque Number) IFSC Code FOR PAYOUTS THROUGH NEFT (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your local Bank Branch)

We can directly credit your dividend/redemption payments into your bank account if your Bank is a part of RBI's NEFT clearance and settlement network. If you, however, wish to receive payments **by cheque only**, please indicate your preference for the same below.

I/We DO NOT wish to receive payments directly into my bank account and instead wish to receive the same by Cheque (Please ✓)

Received from _____	Name of First Applicant/Unitholder _____	an application for _____
investment in _____	Scheme _____	Plan _____ Option _____
Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details
<input type="checkbox"/> Lumpsum	Rs. _____	Cheque No. _____ dated <u>DD MM YYYY</u> drawn on _____
<input type="checkbox"/> SIP		Bank _____ Branch _____ City _____

Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

For Office Use Only

Acknowledgement Stamp & Date

5 INVESTMENT & PAYMENT DETAILS (Please ✓ Option and then choose Section A or B below) (See Note 5)

Scheme _____ **Plan** _____
 Dividend Frequency _____

Option (Please ✓) Growth OR Dividend Reinvestment OR Dividend Payout

(A) LUMP SUM INVESTMENT:

Investment Amount Rs. _____ **A**

DD Charges (if applicable) Rs. _____ **B**

Net Amount (Cheque/DD Amount) Rs. _____ **A minus B**

Mode of Payment (✓) Cheque Demand Draft Fund Transfer

Instrument No. _____ Dated DD MM YYYY

Drawn on _____ Bank

_____ Branch

_____ City

(B) SIP INVESTMENT:

Installment Amount (Rs.) **(A)** _____ SIP Period **See Note 5d(i)** _____
 Till you instruct Fidelity to discontinue the SIP OR No. of Installments **(B)** _____ Total Amount **(C) = (AxB)** _____
 Rs. Minimum Rs. 500 _____ Rs. (Minimum Rs. 3000 for FIAT Rs. 5000 for other Schemes)

First SIP Installment Details:

Mode of Payment (✓) Cheque Demand Draft Pay Order

Instrument No. _____ Dated DD MM YYYY

Drawn on _____ Bank

_____ Branch

Second and Subsequent Installment Details: * Please fill in the 'To' date only if 'No. of Installments above have been specified, otherwise leave blank.
 SIP Period From MM YYYY To* MM YYYY

SIP Date (Please ✓) 1st 10th 15th 25th All four dates i.e. 1st, 10th, 15th & 25th

SIP Frequency (Please ✓) Monthly Quarterly Semi-Annually Annually

SIP THROUGH AUTO DEBIT (ECS/Direct Debit) See Note 5d(iv)
Please also fill and attach the SIP Auto Debit Facility Form.

OR
 SIP THROUGH POST-DATED CHEQUES See Note 5d(iv)

Second and subsequent Installment Cheque Details:
 Cheque Nos. From _____ To _____
 Dated From DD MM YYYY To DD MM YYYY

NRI/FII Investors*, please indicate source of funds for your investment (Please ✓) NRE | NRO | FCNR | Others _____ Please specify _____

REASON FOR INVESTMENT (Please ✓) Child's Education Child's Marriage Purchase of House Retirement Others _____

6 NOMINATION DETAILS (Please strike out this Section if you do not wish to nominate) (See Note 6)

If you wish to register a single nominee for your investments please fill in the nomination details below. If you wish to register multiple nominees for your investment please strike off the section below and fill in the multiple Nomination Form which is available on our website www.fidelity.co.in or any Fidelity Investor Service Centre.

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of Nominee	To be furnished in case Nominee is a Minor (strike out if not applicable)
Name _____	Name of Guardian _____
Address _____	Address of Guardian _____
Date of Birth (in case Nominee is a minor) DD MM YYYY	Signature of Guardian (Mandatory) X _____

7 DECLARATION AND SIGNATURES (See Note 7)

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the above Scheme of Fidelity Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise Fidelity Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Fidelity Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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 have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

***APPLICABLE FOR NRIs:** I/We confirm that I am/we are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

SIGNATURE(S) (ALL APPLICANTS must sign here) Date DD MM YYYY

X _____	X _____	X _____
Sole/First Applicant	Second Applicant	Third Applicant
If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below:		
Name POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
PAN [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] [] [] [] [] [] []

CONTACT US

Phone 1800 2000 400 (toll-free) OR 0124 3915655 (at long distance rates)

Lines open from 9 a.m. to 6 p.m. on all Business Days.

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