

APPLICATION FORM FOR UNION KBC LIQUID FUND



(Please read the instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

For Office use only

Broker Code/ ARN Ganesh S. Shanbhag ARN - 0988	Sub-Broker Code/ Branch Code	MO Code	Lead Generator Code	Collection Date D D M M Y Y Y Y	Time Stamping
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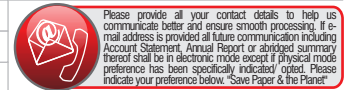
Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'I' of instructions)
 In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1.	EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 7 & 10 only)	Folio No.	* Mandatory
2.	UNITHOLDING OPTION [Please shade (●)] <input type="radio"/> Physical Mode <input type="radio"/> Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)		
DEMAT ACCOUNT DETAILS (Refer Section 'F' of instructions) <input type="radio"/> NSDL OR <input type="radio"/> CDSL			
Depository Participant (DP) Name			
DP ID No: IN		Beneficiary Account Number	

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant.

3.	APPLICANT INFORMATION * [Please shade (●)] (Refer Section 'B' and 'C' and 'F' of instructions)	(Please ensure that the details mentioned matches with the KYC details)	
Name of First Applicant / Non-individual Investor (First time investors, please fill in all the blocks) <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.			
Date of Birth (Mandatory in case of minor) D D M M Y Y Y Y			
Name of Guardian (In case of minor) / PoA Holder / Contact Person (In case of Non-individual Investors) <input type="radio"/> Mr. <input type="radio"/> Ms.			
Relationship with Minor (Please attach proof for date of birth and relationship) <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian			Designation of Contact Person (For Non-individual Investor)
Name of Second Applicant <input type="radio"/> Mr. <input type="radio"/> Ms.			
Name of Third Applicant <input type="radio"/> Mr. <input type="radio"/> Ms.			
PAN and KYC* [Please shade (●)] (Not applicable for Micro SIP and investor(s) from Sikkim)			
Applicant Details	PAN *Please attach Proof (Mandatory for Demat mode)	Know Your Client (KYC) (For Demat mode this is optional)	Mode of Holding
First Applicant		<input type="radio"/> KYC Proof	<input type="radio"/> Single <input type="radio"/> Joint (Default option) <input type="radio"/> Anyone or Survivors
Second Applicant		<input type="radio"/> KYC Proof	
Third Applicant		<input type="radio"/> KYC Proof	
Guardian/ PoA Holder		<input type="radio"/> KYC Proof	
Status			
<input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> HUF <input type="radio"/> Sole Proprietor <input type="radio"/> FII <input type="radio"/> Bank <input type="radio"/> NRI-NRE <input type="radio"/> NRI-NRO <input type="radio"/> PIO-NRE <input type="radio"/> PIO-NRO <input type="radio"/> Society <input type="radio"/> Trust <input type="radio"/> Partnership Firm <input type="radio"/> Govt. Entity <input type="radio"/> Company <input type="radio"/> AOP/ BOI <input type="radio"/> Others (Please Specify)			
OCCUPATION <input type="radio"/> Service <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Retired <input type="radio"/> Student <input type="radio"/> Political Rep. <input type="radio"/> Others (Please Specify)			

4.	CONTACT INFORMATION (Refer Section 'H' of instructions)		
Mailing address of First Applicant / Non-individual Investor (P. O. Box address is not sufficient.)			
City State Pin Code			
Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)			
City Country Area Code			
Contact details of First Applicant/ PoA Holder/ Contact Person (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)			
Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
E-mail			



5.	INVESTOR PROFILE [Please shade (●)]	Gender	Annual Income (₹)	Annual Savings (₹)
I/ we wish to receive the Account Statement, Annual Report, Consolidated Account Statement (CAS) and other statutory documents in <input type="radio"/> Physical <input type="radio"/> E-mail				
First Applicant <input type="radio"/> M <input type="radio"/> F <input type="radio"/> <2L <input type="radio"/> 2L-5L <input type="radio"/> 5L-10L <input type="radio"/> >10L <input type="radio"/> <1L <input type="radio"/> 1L-3L <input type="radio"/> 3L-5L <input type="radio"/> >5L				
Second Applicant <input type="radio"/> M <input type="radio"/> F <input type="radio"/> <2L <input type="radio"/> 2L-5L <input type="radio"/> 5L-10L <input type="radio"/> >10L <input type="radio"/> <1L <input type="radio"/> 1L-3L <input type="radio"/> 3L-5L <input type="radio"/> >5L				
Third Applicant <input type="radio"/> M <input type="radio"/> F <input type="radio"/> <2L <input type="radio"/> 2L-5L <input type="radio"/> 5L-10L <input type="radio"/> >10L <input type="radio"/> <1L <input type="radio"/> 1L-3L <input type="radio"/> 3L-5L <input type="radio"/> >5L				
Risk Tolerance <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High Investment Horizon <input type="radio"/> 1-12 months <input type="radio"/> 12-24months <input type="radio"/> 24-36 months <input type="radio"/> 36 months and above				

7A DEBIT MANDATE FOR UNION KBC LIQUID FUND (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only)	Application No. _____ Date ____/____/____
To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.	
To Branch Manager - Union Bank of India	
I / We _____	
authorise you to debit my / our Account No. _____ ₹ (in figures) _____	
₹ (in words) _____ to pay for the purchase of units of Union KBC Liquid Fund.	
Signature of Account Holder(s) / Authorised Signatory(ies) (As per Bank records)	

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Received from: Mr./ Ms. /M/s _____ an application for units of _____ (Scheme/Option) Amount _____ Instrument No _____ Dated ____/____/____ Drawn on Bank & Branch _____ Unitholding Option <input type="radio"/> Physical Mode <input type="radio"/> Demat Mode Encl: <input type="radio"/> Third Party Payment Declaration Form <input type="radio"/> Multiple Bank Account Registration Form <input type="radio"/> Nomination Form Please note: All purchases are subject to realisation of cheques/ Demand Drafts	Application No. _____ Collection centre's stamp with date and time of receipt
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6. BANK ACCOUNT DETAILS* [Please shade (●)] (Refer Section 'D' and 'F' of instructions) (Multiple Bank Accounts Registration form available at www.unionkbc.com)

For unit holders opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name													
Bank A/C No						Bank Branch							
A/C Type	<input type="radio"/> Savings	<input type="radio"/> Current	<input type="radio"/> NRE	<input type="radio"/> NRO	<input type="radio"/> FCNR	<input type="radio"/> Others	(Please Specify)						
Bank City						State					PIN		
IFSC CODE						MICR CODE							
Document Attached	<input type="radio"/> Bank Statement <input type="radio"/> Cancelled cheque with name pre-printed <input type="radio"/> Pass Book												
(IFSC Code is the 11 digit no appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no)													

7. INVESTMENT AND PAYMENT DETAILS [Please shade (●)] * (Refer Section 'E' and 'F' of instructions) (Third Party payment(s) will not be accepted)

Scheme	U N I O N K B C L I Q U I D F U N D												
<input type="radio"/> Growth	<input type="radio"/> Dividend Payout			<input type="radio"/> Dividend Sweep			<input type="radio"/> Dividend Reinvestment						
(Default Option)	<input type="radio"/> Fortnightly		<input type="radio"/> Monthly		<input type="radio"/> Fortnightly		<input type="radio"/> Monthly		<input type="radio"/> Daily		<input type="radio"/> Weekly	<input type="radio"/> Fortnightly	<input type="radio"/> Monthly
Dividend Sweep to	U N I O N K B C												
Option						Sub Option							
(Default option/sub option will be applied in case of no information, ambiguity or discrepancy)													
Payment Mode	<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer												
Cheque/DD/RTGS/NEFT No.						Cheque / DD/ RTGS / NEFT Date	D D M M Y Y Y Y						
Amount in ₹ (Figures)						Amount in ₹ (words)							
Source Bank Name						Source Branch							
Source A/C No.						Source Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR						
Cheque Issuer Name	In case the cheque is issued by a person other than the investor												
Document attached in case of third party payments	<input type="radio"/> Proof / Bank Certificate for DD <input type="radio"/> Third Party Payment Declaration Form												

8. NOMINATION DETAILS* [Please shade (●)] (Refer Section 'G' and 'F' of instructions) (In case of multiple nominees, please complete the separate nomination form available on our website)

Please register nomination as requested below I/ We wish to nominate multiple nominees* I/ We do not wish to nominate*
 (*Please strike out the form below)

I/We hereby nominate the under mentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of the Nominee : _____ Address : _____

Relationship : _____ Date of Birth (In Case of Minor) ____/____/____

Name of the Guardian (in case of minor): _____ Signature of Nominee/ Guardian (not mandatory)

9. DOCUMENTS ENCLOSED [Please shade (●)] (Refer Section 'K' of instructions) **FORMS ENCLOSED**

<input type="radio"/> Memorandum & Articles of Association	<input type="radio"/> Trust Deed	<input type="radio"/> Bye - Laws	<input type="radio"/> Partnership Deed	<input type="radio"/> Nomination Form
<input type="radio"/> Resolution / Authorisation to invest	<input type="radio"/> PAN Proof	<input type="radio"/> KYC Compliance Status Proof		<input type="radio"/> Third Party Payment Declaration Form
<input type="radio"/> Power of Attorney	<input type="radio"/> Certificate of Incorporation			<input type="radio"/> Multiple Bank Account Registration Form
<input type="radio"/> List of Authorised Signatories with Specimen Signature(s)				

10. DECLARATION & SIGNATURES* (Refer Section 'J' of instructions)

Having read and understood the terms and contents of the Scheme Information Document (SID), Statement of Additional Information (SAI), Key Information Memorandum (KIM), and the relevant addenda thereto, if any of Union KBC Liquid Fund, I/We, hereby apply to the Trustees of Union KBC Mutual Fund for Units of the Union KBC Liquid Fund and agree to abide by the terms and conditions, rules and regulations of the said Scheme. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I understand that acknowledging receipts to my/our credit will constitute full discharge of liabilities of Union KBC Mutual Fund. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations, Rules, Notifications, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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.

Applicable to NRIs only: I/We confirm that I am / We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s). I/We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto.

Signature Sole / First Applicant / Guardian / POA / Authorised Signatory	Signature Second Applicant / POA / Authorised Signatory	Signature Third Applicant / POA / Authorised Signatory
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Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card (not required for Micro SIP/ investor(s) from Sikkim, government officials specifically exempt)	✓	✓	✓	✓	✓	✓	✓				✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓*
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓			
Memorandum & Articles of Association		✓									
Trust Deed						✓					
Bye-laws			✓								
Partnership Deed				✓							
Notarised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓				
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			

*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 KBC Mutual Fund

148, Old Mahabalipuram Road, Okkiyam Thuraiyakkam, Chennai - 600097.



Union KBC Asset Management Company Pvt. Ltd.

7th Floor, Piramal Tower, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai - 400013.

Tel No. : 022 24833333

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