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.)

	Broker C	ode/ ARN		Ib-Broker Code/ Branch Code	MO Code	Lead Generator Code	Collection I	Date	D D M	M Y Y	ΥΥ			
ine	sh S. Shar	bhag ARN ·	- 0988						Time Stamp	ing				
						based on the investors		us factors in	ncluding the se	ervice rendered	by the distributo			
						Section 'l' of instruction Transaction Charges.		e mutual fu	nd investor) o	r ₹ 100/- (for in	vestor other that			
tim						e Transaction Charges, distributor. Units will be		balance an	nount invested	J. ``				
-				N (Please complete	-			elow, units w	vill be allotted b	w default in elec	* Mandatory			
	UNITHOLDING OPTION [Please shade (•)] OPhysical Mode 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) NSDL OR CDSL													
	Depository Pa	articipant (DP) Na	ame											
	DP ID No: IN				Be	eneficiary Account Nu	imber							
	It may be note	d that the combir	nation/ seque	ence of names and r	node of holding in	the application form n	nust match exactly	with the ac	count held w	vith the Depos	itory participant			
	APPLICANT INFORMATION *[Please shade (•)] (Refer Section 'B' and 'C' and 'F' of instructions) (Please ensure that the details mentioned matches with the KYC details)													
-		••	n-individual	I Investor (First time	investors, please fill	in all the blocks) Date	of Birth (Manda	tory in cas	e of minor)	DDMN	Λ Υ Υ Υ Υ			
-	OMr. OMs.		f minor) / Po	A Holder / Contac	t Person (In case (of Non-individual Invest	ors)							
-	OMr. OMs.													
-	Relationship			hin) O Mother	◯ Father	Legal Guardian	Designation of	Contact Pe	erson					
		roof for date of birth ond Applicant		(quip)			(For Non-individual	Investor)						
	Name of Thir		OMr. OI OMr. OI											
-				pplicable for Micro S	SIP and investor(s) f	rom Sikkim) Mod	le of Holding			Status				
	Applicant De	tails		ase attach Proof for Demat mode)	Know Your Cli (For Demat mode to		jle -	O Reside	nt Individual		OHUF			
	First Applican				⊖ KYC F		y -	O Sole Pr		⊖ FII	OBank			
	Second Appli	cant				Proof O Join	t (Default option)			○ NRI-NRO	○ PIO-NRE ○ Trust			
	Third Applica	nt				Proof O Any	one or Survivors	PIO-NF Partner	30 rship Firm	 Society Govt. Ent 	ity O Compan			
	Guardian/ Po	A Holder				Proof		-	30I Others	(5)	se Specify)			
	OCCUPATIO				O Professional	O Retired O Stud	dent O Political	Rep. 🔾	Others	(Please S	Specify)			
				'H' of instructions)										
-	Mailing addr	ess of First App	licant / Non	i-individual Investo	or (P. O. Box address	s is not sufficient.)								
	City				State				Din (Code				
-		dress (Mandatory	/ for NRI/FII. F	P. O. Box address is n		rs residing overseas a	nd with P. O. Box ac	dress pleas			ess)			
ľ	City					Country			Area	Code				
				Holder/ Contact Pe		on 'I' of Instructions) (Please ensure to m	ention Cour	ntry and Area	,				
	Tel. (Off.)	Country/ Area o				Intry/ Area code				Please provide all you communicate better and mail address is provided a	r contact details to help u ensure smooth processing. If e Il future communication includin			
	Tel. (Res.)	Country/ Area c	;ode		Fax Cou	intry/ Area code				Account Statement, Annu thereof shall be in electron preference has been spe	Il future communication indiudin ial Report or abridged summar ic mode except if physical mod icifically indicated/ opted. Pleas elow. "Save Paper & the Planet"			
	E-mail	receive the Acco	unt Stateme	nt Annual Benort (Consolidated Acco	unt Statement (CAS)	and other statuto	ry docume	ents in	Discrete your preference bio	© E-mail			
ľ		ROFILE (Please				Annual Income (₹)	Statement (CAS) and other statutor				al Savings (₹)			
ľ	First Applicar	it		OM OF	○ <2L ○ 2L-5		○ <1L	0 1L-3L	○ 3L-5L ○ >5L					
	Second Applicant			OM OF	○ <2L ○ 2L-5	6L O 5L-10L (○ >10L	○ <1L	○ 1L-3L	○ 3L-5L	○ >5L			
	Third Applica			○M ○F	○ <2L ○ 2L-5		○ >10L	○ <1L		○ 3L-5L	○ >5L			
	Risk Tolerand	e O Low	O Medium	3	nvestment Horizor	1-12 month	ns 🔿 12-24mon							
1				IQUID FUND (Lum			lication No.							
•				rs at CMS Location										
be	detached by th	e Registrar (CAMS	S Pvt. Ltd.) an	nd presented to Unior	n Bank of India.									
Br	anch Manage	r - Union Bank of	í India							Date	//			
	-													
W	9													
th	orise you to d	ebit my / our Ac	ccount No				₹ (in f	igures)						
		, , ,						3 ,						
(in	words)						to pay for	the purch	ase of units	of Union KB	C Liquid Fund			
		Signature of	Account Hol	lder(s) / Authorised S	ignatory(ies)									
			(As per	r Bank records)										
							ation No.			Inion	квс			
		NT SLIP (To be fi	illed in by the	investor)		Applic	adon non							
N Div	DWLEDGEME ed from: Mr./	Ms. /M/s				Аррііс								
eiv	OWLEDGEME ed from: Mr./ lication for ur	Ms. /M/s nits of		(Scheme/Optio	on)				()	UTUAL				
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Bank Name													
Bank A/C No				Bank Bra	anch								
A/C Type O Savings O Curr	ent O	NRE	O NRO	O FC	NR Oth	iers			(Please	Specify)			
Bank City				5	State					PIN			
IFSC CODE			CODE							l in 'Multiple Bank			
Document Attached O Bank Statemer											ll be treate	ed as defau	t ba
(IFSC Code is the 11 digit no appearing on you			-				-						_
INVESTMENT AND PAYMENT DETAILS [/	Please shad	de (●)] *	(Refer Se	ection 'E' and	d 'F' of instructio	ons) (Thir	d Party	payment	t(s) will n	ot be accept	ted)		
Scheme U N I O N K B C	LI	QUI	DF	UND									
○ Growth ○ Dividend Payout			vidend S	ween		Dividend	Reinves	tment					
(Default Option) O Fortnightly O M	Ionthly			O Mont		Daily		Neekly	0	Fortnightly	C	Monthl	v
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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	informatior	n, ambigu	ity or discre	epancy)								
Payment Mode O Cheque	e	O DD	0	RTGS	O NEFT		O Fun	d Transfe	r				_
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Amount in ₹ (Figures)		A	mount in	₹ (words)									
Source Bank Name						ource Bra	anch						Τ
Source A/C No.				Source	e Account Type	-		O Curre	nt O	NRE O N	NRO	O FC	NF
Cheque Issuer Name			In case t	the cheque	is issued by a p	person oth	her than	the invest	tor				_
Document attached in case of third party p	ayments		⊖ Proof	f / Bank Ce	rtificate for DD		0	Third Part	y Paymer	nt Declaratior	n Form		
NOMINATION DETAILS* [Please shade ()] (Refer	r Section 'G	i' and 'F' c	of instructio	ns) (In case of mu	tiple nomine	es, pleas	e complete t	he separate	nomination form	n available	e on our we	ebs
 Please register nomination as requested 					nate multiple no					wish to nom			
				([@] F	Please strike out th	e form belo	,						
I/We hereby nominate the under mentioned settlements made to such Nominee shall be a						event of	my / ou	r death. I/	We also ι	understand th	hat all p	oayment	s a
Relationship:						/							
Name of the Guardian (in case of minor):						/				ominee/ Guar	rdian (r	not manda	ato
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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 Thuraipakkam, 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