

APPLICATION FORM FOR UNION KBC EQUITY FUND

Application No. _____

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

Broker Code/ ARN	Sub-Broker Code/ Branch Code	MO Code	Lead Generator Code	Collection Date	D D M M Y Y Y Y
ARN-0988				Time Stamping	

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 'J' 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 & 9 only) * Mandatory

Folio No. _____

2. **UNITHOLDING OPTION** [Please shade (●)] Physical 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 'G' of instructions) NSDL **OR** 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 'G' 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) **Date of Birth** (Mandatory in case of minor) D D M M Y Y Y Y

Mr. Ms. M/s.

Name of Guardian (In case of minor) / PoA Holder / Contact Person (In case of Non-individual Investors)

Mr. Ms.

Relationship with Minor (Please attach proof for date of birth and relationship) Mother Father Legal Guardian **Designation of Contact Person** (For Non-individual Investor)

Name of Second Applicant Mr. Ms.

Name of Third Applicant Mr. 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	Status
First Applicant		<input type="radio"/> KYC Proof	<input type="radio"/> Single	<input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> HUF
Second Applicant		<input type="radio"/> KYC Proof	<input type="radio"/> Joint (Default option)	<input type="radio"/> Sole Proprietor <input type="radio"/> FII <input type="radio"/> Bank
Third Applicant		<input type="radio"/> KYC Proof	<input type="radio"/> Anyone or Survivors	<input type="radio"/> NRI-NRE <input type="radio"/> NRI-NRO <input type="radio"/> PIO-NRE
Guardian/ PoA Holder		<input type="radio"/> KYC Proof		<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 Service Housewife Business Professional Retired Student Political Rep. Others (Please Specify)

4. **CONTACT INFORMATION** (Refer Section 'I' 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			

I/ we wish to receive the Account Statement, Annual Report, Consolidated Account Statement (CAS) and other statutory documents in Physical E-mail

5. **INVESTOR PROFILE** [Please shade (●)]

	Gender	Annual Income (₹)	Annual Savings (₹)
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 EQUITY FUND (Lumpsum Investment)
(For Union Bank of India account holders at CMS Locations only)

Application No. _____

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India

Date ____/____/____

I / We _____

authorise you to debit my / our Account No. _____ ₹ (in figures) _____

₹ (in words) _____ to pay for the purchase of units of Union KBC Equity Fund.

Signature of Account Holder(s) / Authorised Signatory(ies)
(As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____

Received from: Mr./ Ms. /M/s _____

an application for units of _____ (Scheme/Option)

Instrument No _____ Amount _____

Unitholding Option Physical Mode Demat Mode

Collection centre's stamp with
date and time of receipt

6. BANK ACCOUNT DETAILS* [Please shade (●)] (Refer Section 'D' and 'G' 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												

In case bank details are not provided in 'Multiple Bank Account Registration Form' as default bank, the above section 5 bank details shall be treated as default bank.

(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', 'F' and 'G' of instructions) **(Third Party payment(s) will not be accepted)**

Scheme **U N I O N K B C E Q U I T Y F U N D**

Option Growth (Default) Dividend Pay Out Dividend Reinvestment Dividend Sweep (Default option/sub option will be applied incase of no information, ambiguity or discrepancy)

Dividend Sweep to **U N I O N K B C**

Option Sub Option

LUMP SUM

Payment Mode: Cheque DD RTGS NEFT Fund Transfer Debit Mandate (Union Bank of India A/C Holders only)

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 Bank A/C No. Account Type Savings Current NRE NRO FCNR

Cheque Issuer Name In case the cheque is issued by a person other than the investor

Document attached in the case of third party payments Proof / Bank Certificate for DD Third Party Declarations

MICRO SIP

SIP Through Post Dated Cheques SIP Through Auto Debit (Please fill and attach the SIP Auto Debit Form)

SIP Period From **D D M M Y Y Y Y** To **D D M M Y Y Y Y** SIP Date 2nd 8th 15th 23rd

SIP Frequency Monthly Quarterly Instalment Amount in ₹ (Figures) No. of Instalments

Cheque Nos. From To Drawn on Bank A/c No.

Bank Name Branch

SIP

Document Details in case of Micro SIP Document Description

Document No. (if any)

I/We here by declare that we do not have any existing SIPs which together with the current application, in a rolling 12 month period, or in a financial year i.e. April to March, will result in aggregate investments exceeding ₹ 50,000/-. **(This facility currently not available in demat mode)**

8. NOMINATION DETAILS* [Please shade (●)] (Refer Section 'H' and 'G' 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. DECLARATION & SIGNATURES* (Refer Section 'K' 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 Equity Fund, I/We, hereby apply to the Trustees of Union KBC Mutual Fund for Units of the Union KBC Equity 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	Signature	Signature
Sole / First Applicant / Guardian / POA / Authorised Signatory	Second Applicant / POA / Authorised Signatory	Third Applicant / POA / Authorised Signatory

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				✓							
Notorised 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 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

APPLICATION FORM FOR UNION KBC TAX SAVER SCHEME



Application No. _____

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

Broker Code/ ARN ARN-0988	Sub-Broker Code/ Branch Code	MO Code	Lead Generator Code	Collection Date	D D M M Y Y Y Y
Time Stamping					

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 'K' 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 & 9 only) * Mandatory

Folio No. _____ **Application through ASBA** (Please shade (●)) Yes No (Refer Section 'E' of instructions)

2. UNITHOLDING OPTION [Please shade (●)] Physical 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 'H' of instructions)
 NSDL: Depository Participant (DP) Name _____ DP ID No: **I N** _____ Beneficiary Account Number _____
 CDSL: Depository Participant (DP) Name _____ Beneficiary Account Number _____

3. APPLICANT INFORMATION * [Please shade (●)] (Refer Section 'B' and 'C' and 'H' 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) _____ **Date of Birth** (Mandatory in case of minor) D D M M Y Y Y Y
 Mr. Ms. M/s.

Name of Guardian (In case of minor) / PoA Holder / Contact Person (In case of Non-individual Investors)
 Mr. Ms.

Relationship with Minor (Please attach proof for date of birth and relationship) Mother Father Legal Guardian **Designation of Contact Person** (For Non-individual Investor) _____

Name of Second Applicant Mr. Ms.
Name of Third Applicant Mr. 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	Status
First Applicant		<input type="radio"/> KYC Proof	<input type="radio"/> Single	<input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> HUF
Second Applicant		<input type="radio"/> KYC Proof	<input type="radio"/> Joint (Default option)	<input type="radio"/> Sole Proprietor <input type="radio"/> FII <input type="radio"/> Bank
Third Applicant		<input type="radio"/> KYC Proof	<input type="radio"/> Anyone or Survivors	<input type="radio"/> NRI-NRE <input type="radio"/> NRI-NRO <input type="radio"/> PIO-NRE
Guardian/ PoA Holder		<input type="radio"/> KYC Proof		<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 Service Housewife Business Professional Retired Student Political Rep. Others (Please Specify)

4. CONTACT INFORMATION (Refer Section 'J' 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 _____			

I/ we wish to receive the Account Statement, Annual Report, Consolidated Account Statement and other statutory documents in Physical E-mail

5. INVESTOR PROFILE [Please shade (●)]

	Gender	Annual Income (₹)				Annual Savings (₹)			
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"/> 12-24 months	<input type="radio"/> 24-36 months	<input type="radio"/> 36 months and above		

7A DEBIT MANDATE FOR UNION KBC TAX SAVER SCHEME (Lumpsum Investment)
 (For Union Bank of India account holders only, at CMS locations)

Application No. _____

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India

Date ____/____/____

I / We _____

authorise you to debit my / our Account No. _____ ₹ (in figures) _____

₹ (in words) _____ to pay for the purchase of units of Union KBC Tax Saver Scheme.

Signature of Account Holder(s) / Authorised Signatory(ies)
 (As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____

Received from: Mr./ Ms. /M/s _____
 an application for units of _____ (Scheme/Option)
 Instrument No _____ Amount _____
 Unitholding Option Physical Mode Demat Mode

Collection centre's stamp with date and time of receipt



For Office use only

NFO OPENS ON : November 8, 2011

CLOSES ON : December 9, 2011

6. BANK ACCOUNT DETAILS* [Please shade (●)] (Refer Section 'D' and 'H' 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	In case bank details are not provided in 'Multiple Bank Account Registration Form' as default bank, the above section 5 bank details shall be treated as default bank.									
(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 'F', 'G' and 'H' of instructions) (Third Party payment(s) will not be accepted)

Scheme **U N I O N K B C T A X S A V E R S C H E M E**

Option Growth (Default) Dividend Pay Out Dividend Reinvestment (Default option will be applied in case of no information, ambiguity or discrepancy)

LUMPSUM

Payment Mode: Cheque DD RTGS NEFT Fund Transfer Debit Mandate (Union Bank of India A/C Holders only)

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 Bank A/C No. _____ Account Type Savings Current NRE NRO FCNR

Cheque Issuer Name _____ In case the cheque is issued by a person other than the investor

Document attached in the case of third party payments Proof / Bank Certificate for DD Third Party Declarations

MICRO SIP

SIP Through Post Dated Cheques SIP Through Auto Debit (Please fill and attach the SIP Auto Debit Form)

SIP Period From **D D M M Y Y Y Y** To **D D M M Y Y Y Y** SIP Date 2nd 8th 15th 23rd

SIP Frequency Monthly Quarterly Instalment Amount in ₹ (Figures) _____ No. of Instalments _____

Cheque Nos. From _____ To _____ Drawn on Bank A/c No. _____

Bank Name _____ Branch _____

SIP

Document Details in case of Micro SIP[^] Document Description _____ Document No. (if any) _____

[^]I/We here by declare that we do not have any existing SIPs which together with the current application, in a rolling 12 month period, or in a financial year i.e. April to March, will result in aggregate investments exceeding ₹ 50,000/-. (This facility currently not available in demat mode)

8. NOMINATION DETAILS* [Please shade (●)] (Refer Section 'I' and 'H' 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. DECLARATION & SIGNATURES* (Refer Section 'L' 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 Tax Saver Scheme, I/We, hereby apply to the Trustees of Union KBC Mutual Fund for Units of the Union KBC Tax Saver Scheme 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	Signature	Signature
Sole / First Applicant / Guardian / POA / Authorised Signatory	Second Applicant / POA / Authorised Signatory	Third Applicant / POA / Authorised Signatory

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card (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				✓							
Notorised 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 Thuraipakkam, Chennai - 600097.
Toll Free : 1800 200 2267
Email: enq_uk@camsonline.com | **Website:** www.camsonline.com

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

