

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Ref. No.
<p><input type="radio"/> *I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.</p> <p>**By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.</p>					
Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory		Signature Second Applicant/ POA/ Authorised Signatory		Signature Third Applicant/ POA/ Authorised Signatory	

For Office use only

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 11 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) ***Mandatory**

Unitholder's Name _____ **Folio No.** _____

2. MODE OF HOLDING ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors

3. FIRST APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)

☐ Mr. ☐ Ms. ☐ M/s. _____ **N A M E**

PAN _____ ☐ KYC **CKYC No. (KIN) ^** _____

LEI Code ^ ^ _____ **Valid up to** D D M M Y Y Y Y

3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No^s. _____ **E-mail^s** _____

Tel. (Off.) Country/ Area code _____ **Tel. (Res.)** Country/ Area code _____ **Fax** Country/ Area code _____

^sMobile number specified above belongs to [Please (✓)] ^sEmail address specified above belongs to [Please (✓)]

☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)

☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings

On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in ☐

Mailing address* (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** _____

3b. Date of Birth (Mandatory for investment received through minors) D D M M Y Y Y Y

Minor's Relationship with Guardian (referred in point no. 4) ☐ Father ☐ Mother ☐ Legal Guardian

3c. Proof for Date of Birth and relationship with Guardian ☐ Birth Certificate ☐ School Leaving Certificate ☐ Marksheet issued by HSC/ State Board ☐ Passport ☐ Others (Please Specify) _____

3d. Status* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Sole Proprietorship ☐ HUF

☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Listed Company ☐ Unlisted Company ☐ Body Corporate ☐ Bank/FI ☐ Insurance Company

☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ FII ☐ Others (Please Specify) _____

3e. Occupation* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify) _____

3f. Gross Annual Income* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

Net-worth in ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)

Please tick (✓)*

☐ Politically Exposed Person

☐ Related to Politically Exposed Person

☐ Not Applicable

For Non - Individual Investors* (Is the entity involved in / providing any of the following services)

Foreign Exchange / Money Changer Services ☐ Yes ☐ No

Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] ☐ Yes ☐ No

Money Lending / Pawning ☐ Yes ☐ No

Any other information [Please specify]: _____

Non-Profit Organization [NPO] Please tick (✓)* ☐ Yes ☐ No If yes, please quote the NPO Registration Number provided by **DARPAN portal**: _____

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). (If not registered already, please register immediately and confirm with the above information)

4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)

☐ Mr. ☐ Ms. _____ **N A M E** **O F** **S E C O N D** **A P P L I C A N T** **Date of Birth** D D M M Y Y Y Y

PAN _____ ☐ KYC **CKYC No. (KIN) ^** _____

4a. Status* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Others (Please Specify) _____

4b. Occupation* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify) _____

4c. Gross Annual Income* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore **Net-worth in ₹** _____

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No.

Received from: Mr./ Ms. /M/s _____
an application for units of _____ (Scheme/Plan/Option) Amount _____

_____ (Scheme/Plan/Option) Amount _____
_____ (Scheme/Plan/Option) Amount _____

Instrument No _____ Dated ____/____/____

Drawn on Bank & Branch _____

Collection centre's stamp with
date and time of receipt

4d. Other Details*		<input type="radio"/> I am Politically Exposed Person		<input type="radio"/> I am Related to Politically Exposed Person		<input type="radio"/> Not Applicable	
4e. Contact Details*		Mobile No [§]				E-mail [§]	
[§] Mobile number specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings				[§] Email address specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings			

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.
 ^ ^ Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.

5. THIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)

<input type="radio"/> Mr. <input type="radio"/> Ms.		NAME OF SECOND APPLICANT														Date of Birth			
																D D M M Y Y Y Y			
PAN		<input type="radio"/> KYC														CKYC No. (KIN) ^			
5a. Status*		<input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)																	
5b. Occupation*		<input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)																	
5c. Gross Annual Income*		<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore Net-worth in ₹																	
5d. Other Details*		<input type="radio"/> I am Politically Exposed Person		<input type="radio"/> I am Related to Politically Exposed Person		<input type="radio"/> Not Applicable													
5e. Contact Details*		Mobile No [§]				E-mail [§]													
[§] Mobile number specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings				[§] Email address specified above belongs to [Please (✓)] <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Guardian (for Minor investment) <input type="radio"/> Dependent Children <input type="radio"/> Dependent Parents <input type="radio"/> Dependent Siblings															

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

6. FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA, UBO and NPO Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)

The below information is required for all applicant(s)/ guardian

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

- Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C - others; please state the reason thereof.

7. UNITHOLDING OPTION [Please tick (✓)] ☐ 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: Depository Participant (DP) Name _____ DP ID No: **I N** _____ Beneficiary Account Number _____

CDSL: Depository Participant (DP) Name _____ 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. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:
Computer Age Management Services Ltd.,
 Unit: Union Mutual Fund
 Rayala Tower 2, 5th Floor, # 158 Anna Salai, Chennai - 600002.
Email: enq_uk@camsonline.com | **Website:** www.camsonline.com

Union Asset Management Company Pvt. Ltd.
 Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059
Toll Free : 1800 200 2268/1800 572 2268 | **Tel No. :** 022 67483333
Website: www.unionmf.com | **Email :** investorcare@unionmf.com
 Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS & Email.



8.	INVESTMENT AND PAYMENT DETAILS* [Please tick (✓)] (Refer Section 'E' of instructions) [Third Party payment(s) will not be accepted]																								
Sr. No.		Name of the Scheme(s)										Plan					Option & Sub-Option					Investment Amount (₹)			
1.		Union																							
2.		Union																							
3.		Union																							
1. In case of investment in multiple schemes, ensure that the cheque is drawn in favour of 'Union Mutual Fund' and the total amount mentioned on the cheque matches with the 'Total Amount' mentioned here. 2. Multi Scheme facility is available for all schemes except Union Liquid Fund and Union Overnight Fund.															Total Amount										
Transfer of IDCW~ to		U N I O N																							
Plan/ Option												Facility													
Transfer of IDCW~ to		U N I O N																							
Plan/ Option												Facility													
Transfer of IDCW~ to		U N I O N																							
Plan/ Option												Facility													
Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.																									
Payment Mode:		<input type="radio"/> Cheque										Cheque No.					Cheque 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					<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR								
Source Bank IFSC Code												Cheque Issuer Name					In case the cheque is issued by a person other than the investor								
~Note: IDCW - Income Distribution cum Capital Withdrawal Option																									
9.	PAYOUT BANK ACCOUNT DETAILS * [Please tick (✓)] (Refer Section 'D' and 'E' of instructions) (Will be updated only if the proof of bank account is available)																								
Please update my/our pay-in-bank account mentioned under point no. '8' above as default payout bank account <input type="radio"/> Yes <input type="radio"/> No (If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.) Core Banking Solutions (CBS) accounts is mandatory. Please note that transactions received with non-CBS bank account details are liable to be rejected.																									
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										In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.			
Document Attached		<input type="radio"/> Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed <input type="radio"/> Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months																							
(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.)																									
For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.																									
10.	NOMINATION DETAILS* [Please tick (✓)] (Refer Section 'H' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation /Opt-out Form for any changes or modification in the existing details registered in your Folio with the AMC.																								
<input type="radio"/> I/We wish to nominate I/We hereby nominate the under mentioned Nominee(s) 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(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor																									
Name and Address of Nominee		PAN of Nominee					Relationship					% of Allocation		Date of Birth			Name and Address of Guardian					Signature of Nominee/ Guardian of Nominee (Optional)			
Nominee																									
Nominee																									
Nominee																									
<input type="radio"/> I/ We do not wish to nominate I/We hereby confirm that I / We do not wish to appoint any nominee(s) in respect of mutual fund application(s)/unit(s) held in my / our mutual fund folio(s). I/We understand the implications/ issues involved in non- appointment of nominee(s) and am/are further aware that in case of my demise/death of all the unitholders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of units held in the mutual fund folio/s.																									
11.	DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)																								
1. I/We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby 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, Regulation, Rule, Notification, Directions or any other applicable laws. 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 hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.																									
2. I/ We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/ tax authorities.																									
Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/ we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.																									
Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.																									
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).																									
Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.																									
Name & Signature of Unitholder(s)		Name First Applicant Signature										Name Second Applicant Signature										Name Third Applicant Signature			

MULTI - SCHEME SIP INVESTMENT FORM WITH TOP UP FACILITY

(This facility is available for all schemes except Union Liquid Fund and Union Overnight Fund)



Broker Code/ ARN	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Ref. No.

☐ *I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**By mentioning the RIA Code/ PMRN , I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.

Signature	Signature	Signature
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory

1.

EXISTING UNIT HOLDER INFORMATION [Please tick (✓)]

PAN

KYC

2.

SIP DETAILS [Please tick (✓)]

Registration via Existing OTM

Please allow minimum 30 days for registration and start of Auto Debit instructions.

Scheme/ Plan/ Option	SIP Amount (In figures)	Frequency*	SIP Date* (For Monthly Frequency)	SIP Date* (For Fortnightly Frequency)	SIP Day* (For Weekly Frequency)	Enrolment Period (MM/YY)	Top-up Facility	
							Frequency	Amount
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	DD	1 st and 15 th of the month		From MMYY To MMYY	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	DD	1 st and 15 th of the month		From MMYY To MMYY	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	
Union		<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly	DD	1 st and 15 th of the month		From MMYY To MMYY	<input type="radio"/> Half Yearly <input type="radio"/> Yearly SIP Top-Up Cap Amount	

In case of investment in multiple schemes, cheque should be drawn in favour of 'Union Mutual Fund' for the total amount of investment. The amount mentioned on the cheque should match with the 'Total Amount' mentioned here.

#If the investor does not specify the Top up frequency under Daily SIP, Weekly or Monthly SIP, the default frequency for Top-up will be Yearly

Cheque no.	Dated	DDMMYY	Amount
Amount in words			
Source Bank name	Source Bank A/c No.		

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.

In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day. The SIP frequency will be daily (i.e. Business Days), weekly, fortnightly, and monthly. In case none of the frequencies have been selected then Monthly Frequency shall be treated as the default frequency, provided the requirement relating to minimum instalment size for monthly frequency is fulfilled. In case the SIP day/ date is not indicated, the default SIP day will be Wednesday for Weekly Frequency, 1st and 15th of the month for Fortnightly Frequency and 8th of every month for Monthly Frequency. * Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**



MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)

UMRN

Date

DDMMYY

[tick (✓)]

Sponsor Bank Code

For Office Use Only

Utility Code

For Office Use Only

CREATE

MODIFY

CANCEL

I/We, hereby authorize

Union Mutual Fund

To debit [tick (✓)]

SB

CA

CC

SB-NRE

SB-NRO

Other

Bank a/c number

with Bank

Name of Customer's Bank

IFSC

or MICR

an amount of Rupees

in words

₹

in figures

FREQUENCY

~~Daily~~

~~Weekly~~

~~Monthly~~

~~Quarterly~~

~~Half Yearly~~

~~Yearly~~

As & when presented

DEBIT TYPE

~~Fixed Amount~~

Maximum Amount

Reference 1

Folio No.

Phone No.

Reference 2

Application No.

Email ID

I agree to the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of bank. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund.

PERIOD

From

DDMMYY

To

DDMMYY

Maximum period of validity of this mandate is 40 years only.

Signature Primary Account Holder

Name as in bank records

Signature of Account Holder

Name as in bank records

Signature of Account Holder

Name as in bank records

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No.

SIP through Auto Debit Form - Folio No.

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

Dated

Scheme 1

Amount (₹)

Scheme 2

Amount (₹)

Scheme 3

Amount (₹)

3. **UNITHOLDING OPTION** [Please tick (✓)] ☐ 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: Depository Participant (DP) Name _____ DP ID No: **I N** _____ Beneficiary Account Number _____

CDSL: Depository Participant (DP) Name _____ 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. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

4. **DECLARATION & SIGNATURES**

I/We hereby agree to have read and understood the SAI, SID, KIM including the provisions with regard to payment of transaction charges. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We hereby express my/our willingness to make payments towards SIP instalments as mentioned herein. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I / we would not hold the user institution responsible. Further, I/we authorize the representative (the bearer of this request) to get the Mandate herein verified. Mandate verification charges, if any, may be charged to my/our account. 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(s) are being recommended to me/ us. I/ We hereby confirm that Union Mutual Fund / the AMC and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I / we have the express authority to invest in units of the Scheme(s); and Union Mutual Fund / AMC / Trustee will not be responsible if such investment is ultravires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

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).

Name & Signature of Unitholder(s)	Name	Name	Name
	Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory

Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold Union Mutual Fund, its registrars and other service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of Union Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call us on toll free no. 1800-2002-268 / 1800-5722-268 or Non-Toll free No. 022-67483333.

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**



Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Ltd.,

Unit: Union Mutual Fund

Rayala Tower 2, 5th Floor, # 158 Anna Salai, Chennai - 600002.

Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.

Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059

Toll Free : 1800 200 2268/ 1800 572 2268 | Tel No. : 022 67483333

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

Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS & Email.

Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A. Fields marked with "*" are mandatory fields.
 B. Tick " wherever applicable.
 C. Please fill the form in English and BLOCK letters.
 D. Please fill the date in DD-MM-YY format.
 E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
 F. Please read section wise detailed guide
 G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 H. List of two character ISO 3166 country codes is available at the end.
 I. KYC number of applicant is mandatory for update application.
 J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. Personal Details (Please refer instruction A at the end)

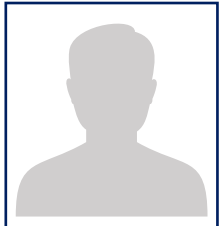
	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>		<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	<input type="text"/>	Country Code <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number Passport Expiry Date
- ☐ B-Voter ID Card
- ☐ C-Driving Licence Driving Licence Expiry Date
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
State/U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV ☐ Deemed Proof of Address – Document Type code

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
State/U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction **C** at the end)

[illegible]

☐ 5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date:

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

[illegible]

7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by

Date:

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

[Employee Signature]

Institution details

Name

[illegible]

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date:

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---


[illegible][illegible][illegible][illegible]

[Employee Signature]

Institution details

[illegible]

[Institution Stamp]

		FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals <i>Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance</i>							
PAN / PEKRN*									
Name									
Address Type [for KYC address]		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>			
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (✓)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date [Optional]		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]		[Please specify]			

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes ☐ No ☐

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
 ➤ Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
 ➤ Reason C → Others – Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:
Place:

Signature:

Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal