

COMMON APPLICATION FORM FOR LUMPSUM

Application No.



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - 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.

Signature of First / Sole Applicant /
Guardian / Authorised Signatory**1 EXISTING FOLIO NO.** **2 MODE OF HOLDING / OPERATION** ☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is anyone or survivor)**3 APPLICANT'S DETAILS** (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. **Gender** ☐ Male ☐ Female**1st APPLICANT** Mr Ms M/s First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached ☐ Date of Birth** **GUARDIAN NAME IF MINOR / CONTACT PERSON** (FOR NON INDIVIDUALS) / POA HOLDER Mr Ms First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian ☐ Date of Birth** **2nd APPLICANT** Mr Ms First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached ☐ Date of Birth** **3rd APPLICANT** Mr Ms First Middle Last PAN / PEKRN* KIN* ☐ Proof Attached ☐ Date of Birth**

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/ First applicant is minor. *Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY / TOWN	CITY / TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE

Mobile No. Tel. No. Office Tel. No. Residence Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POAEmail ID Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA (Please refer Instruction No. Z and ✓)**Second Holder Contact details** Mobile No. Email ID Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POAEmail id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA**Third Holder Contact details** Mobile No. Email ID Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POAEmail id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here) ☐

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here) ☐ (Refer instruction Z)

5 TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 BANK DETAILS (Mandatory)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)Bank Name & Branch Branch City IFSC Code 11 digit MICR Code 9 digit**BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions

From

Stamp & Signature

8 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Scheme Riskometer, Benchmark Riskometer, Plans and Sub-options)

Scheme	Bandhan	Plan		Option	
Mode of payment	<input type="checkbox"/> Self <input type="checkbox"/> Third Party Payment (Please fill the Third Party Payment Declaration Form)	Payment mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Bandhan OTM <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS/NEFT		
Amount (figures)	<input type="text"/>	Cheque/DD/UTR/UMR No.	<input type="text"/>	Cheque Date	<input type="text"/>
Account No.	<input type="text"/>	Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others	Please specify	
Bank & Branch Name	<input type="text"/>				

(*Please fill STP/SWP/DCW Transfer Registration Form separately)

9 NOMINATION DETAILS ☐ I/We wish to nominate ☐ I/We do not wish to nominate³⁵ ☐ I/We want the details of my/our nominee to be printed in the statement of account ☐ Name of Nominee(s) with% Nomination: ☐ Yes / No (Default)

Nominee Name & Address*	In case of Minor			Allocation %*
	Guardian Name	Relationship with the minor	Date of birth	
Nominee 1				
Nominee 2				
Nominee 3				

(a) *Mandatory (b) Other Details (Guardian details to be furnished in case nominee is a minor) (c) **For identification details investor can provide PAN, Aadhaar, Driving license or Passport

Nominee 1	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 2	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 3	Identification Details**	Mobile*	Email ID*	Relationship with investor*

³⁵ OPT-OUT: I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

 Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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10 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ YES ☐ NO (please tick ✓)

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.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

☐ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.☐ Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

11 KYC DETAILS (Mandatory)**OCCUPATION** [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	OR Net worth (Mandatory for Non-Individuals) ₹ <input type="text"/>	as on <input type="text"/>	as on (Not older than 1 year)
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	OR Net worth ₹ <input type="text"/>		
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	OR Net worth ₹ <input type="text"/>		

OTHERS [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP) ^A <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h));
	(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^A <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^A <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I/We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

 Sign Here →	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (₹)	Scheme
	<input type="text"/>		

SIP & SIP-TOP UP REGISTRATION / RENEWAL

ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - 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.

Signature of First / Sole Applicant /
Guardian / Authorised Signatory

Please Tick (✓) ☐ SIP Registration ☐ SIP Renewal ☐ SIP with Top-up Registration ☐ SIP - Change in Bank Details

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

UNIT HOLDER INFORMATION

Existing Folio Number PAN

Name of the First Holder (Name and Date of Birth as per PAN)

SYSTEMATIC INVESTMENT PLAN DETAIL (For Monthly / Quarterly frequency, choose any date from 1st to 31st of a given month)

Scheme Plan Option

Frequency Please (✓) ☐ Weekly Datewise (Transfer date will be 7th/ 14th/ 21st/ 28th of the month) ☐ Monthly (Default date 10th) ☐ Quarterly (Default date 10th)

SIP Day SIP Period From To OR 40 Years Installment Amount (₹) in figures

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency ☐ Half Yearly ☐ Yearly* (Default) Amount ₹ in figures (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

☐ My existing OTM registered to be used for initial & subsequent SIP instalments (OR)

☐ Cheque No. Cheque Date Cheque Amount Bank & Branch Name

DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding ₹ 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Bandhan One Time Mandate (OTM)

Badhte Raho  UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓) ☒ CREATE ☐ MODIFY ☐ CANCEL I/We hereby authorize Bandhan Mutual Fund to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c. number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

PAN / Application No. Mobile No.

Reference Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

From To
Or ☒ Until Cancelled

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.