

COMMON APPLICATION FORM FOR LUMPSUM

Application No. _____



Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	EUIIN 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 EUIIN box is left blank) (Refer Instruction No. XIII). - 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.

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^A Proof Attached _____ Date of Birth**
 _____ D D M M Y Y Y Y

GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER Mr Ms _____ First _____ Middle _____ Last _____

PAN / PEKRN* _____ KIN^A Proof Attached Relationship with Minor applicant Natural guardian Court appointed guardian Date of Birth**
 _____ D D M M Y Y Y Y

2nd APPLICANT Mr Ms _____ First _____ Middle _____ Last _____

PAN / PEKRN* _____ KIN^A Proof Attached _____ Date of Birth**
 _____ D D M M Y Y Y Y

3rd APPLICANT Mr Ms _____ First _____ Middle _____ Last _____

PAN / PEKRN* _____ KIN^A Proof Attached _____ Date of Birth**
 _____ D D M M Y Y Y Y

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/ First applicant is minor. ^AIndividual 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 _____ STATE _____	CITY / TOWN _____ STATE _____
COUNTRY _____ PIN CODE _____	COUNTRY _____ 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 POA

Email 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 POA

Email 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 POA

Email 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)
_____	_____	_____

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

