

(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.)

For Office use only

Broker Code/ ARN	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Date & Time Stamp

*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.

**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 <small>Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory</small>	Signature <small>Second Applicant/ POA/ Authorised Signatory</small>	Signature <small>Third Applicant/ POA/ Authorised Signatory</small>
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1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 14 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 (Copy of PAN Advisable) 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[§]. **E-mail[§]**

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

[§]Mobile number specified above belongs to [Please (✓)]
 Self Spouse Guardian (for Minor investment) Dependent Children
 Dependent Parents Dependent Siblings POA PMS
 Custodian (Only for Non-Individual)

[§]Email address specified above belongs to [Please (✓)]
 Self Spouse Guardian (for Minor investment) Dependent Children
 Dependent Parents Dependent Siblings POA PMS
 Custodian (Only for Non-Individual)

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* 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 (Mandatory for investment through Minors)

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)

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

Politically Exposed Person Foreign Exchange / Money Changer Services Yes No
 Related to Politically Exposed Person Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Yes No
 Not Applicable 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:

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 D a t e o f B i r t h * D D M M Y Y Y Y

PAN (Copy of PAN Advisable) 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 ₹**

4d. Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

4e. Contact Details* **Mobile No[§].** **E-mail[§]**

[§]Mobile number specified above belongs to [Please (✓)]
 Self Spouse Guardian (for Minor investment) Dependent Children
 Dependent Parents Dependent Siblings POA PMS
 Custodian (Only for Non-Individual)

[§]Email address specified above belongs to [Please (✓)]
 Self Spouse Guardian (for Minor investment) Dependent Children
 Dependent Parents Dependent Siblings POA PMS
 Custodian (Only for Non-Individual)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Lumpsum SIP STP SWP Application No.

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

an application for units of (Scheme/Plan/Option) **Amount**

Enclosure



Collection centre's stamp with date and time of receipt

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

Mr. Ms. NAME OF THIRD APPLICANT Date of Birth* D D M M Y Y Y Y

PAN (Copy of PAN Advisable) KYC CKYC No. (KIN) ^

5a. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify)

5b. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

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

5d. Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

5e. Contact Details* Mobile No. E-mail

[§]Mobile number specified above belongs to [Please (✓)]
 Self Spouse Guardian (for Minor investment) Dependent Children Dependent Parents Dependent Siblings POA PMS

[§]Email address specified above belongs to [Please (✓)]
 Self Spouse Guardian (for Minor investment) Dependent Children Dependent Parents Dependent Siblings POA PMS

^ 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.

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.

8. **INVESTMENT AND PAYMENT DETAILS*** [Please tick (✓)] (Refer Section 'E' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme	UNION		
Plan	Option	Sub Option	IDCW Frequency~
<input type="radio"/> Regular <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> IDCW	<input type="radio"/> Payout of IDCW <input type="radio"/> Reinvestment of IDCW <input type="radio"/> Transfer of IDCW	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
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. ~ Note: IDCW - Income Distribution cum Capital Withdrawal Option			
LUMP SUM	Payment Mode:	<input type="radio"/> Cheque <input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer <input type="radio"/> Debit Mandate (Union Bank of India A/C Holders only) <input type="radio"/> One Time Mandate (OTM)	
	Cheque / RTGS / NEFT No.		Cheque / 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 <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
	If electronic transfer, please fill UTR No.		
If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)			

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.



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 Yes 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																					
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. SYSTEMATIC TRANSFER PLAN ("STP") DETAILS (Refer Section 'P' of instructions) [Please Tick (✓)]

	From Scheme										To Scheme														
Name of the Scheme																									
Plan	<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan										<input type="radio"/> Direct Plan <input type="radio"/> Regular Plan/ Other than Direct Plan														
Option	<input type="radio"/> Growth <input type="radio"/> Payout of IDCW										<input type="radio"/> Growth <input type="radio"/> Payout of IDCW														
	<input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW										<input type="radio"/> Transfer of IDCW <input type="radio"/> Reinvestment of IDCW														
	Transfer of IDCW to										U	N	I	O	N										
	Plan/ Option																								
Sub Option/ Frequency																									
Default Plan/ Option/ Sub Option/ Frequency will be applied in case of no information, ambiguity or discrepancy.																									
Enrolment Period	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y	OR	<input type="radio"/> Till Further Instruction* (Default)					
Transfer Amount in (₹ Figures)	Transfer Amount in (₹ words)																								
Frequency	<input type="radio"/> Daily STP					<input type="radio"/> Weekly STP (Monday to Friday)					<input type="radio"/> Fortnightly STP					<input type="radio"/> Monthly STP (Default) <input type="radio"/> Quarterly STP <input type="radio"/> Half Yearly STP									
	Daily (Only Business Day)					Day of Transfer					Every Alternate Wednesday					STP Date* D D									

* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.
 Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

11. SIP DETAILS [Please tick (✓)] (Refer Section 'F' of instructions) Registration via New OTM Registration via Existing OTM

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	D D	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	D D	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	D D	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

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
 #Refer overleaf for more instructions.



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

UMRN For Office Use Only Date

[tick (✓)] Sponsor Bank Code For Office Use Only Utility Code For Office Use Only

CREATE I/We, hereby authorize **Union Mutual Fund** To debit [tick (✓)] SB CA CC SB-NRE SB-NRO Other

MODIFY CANCEL Bank a/c number

with Bank Name of Customer's Bank IFSC or MICR

an amount of Rupees in words ₹ in figures

FREQUENCY ~~X~~ Daily ~~X~~ Weekly ~~X~~ Monthly ~~X~~ Quarterly ~~X~~ Half Yearly ~~X~~ Yearly As & when presented DEBIT TYPE ~~X~~ Fixed Amount Maximum Amount

Reference 1 Folio No. Phone No.

Reference 2 Application No. Email ID

I agree for 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 To

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

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

Name as in bank records _____ Name as in bank records _____ Name as in bank records _____

