

Please read Guidance Notes carefully. All Sections to be completed legibly in English in black/dark coloured ink and in BLOCK CAPITALS.

Distributor's Code	Sub-Broker's Code	Branch Code	For Official Use
ARN-			
Initial commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.			

### 1 EXISTING UNIT HOLDER(S) DETAILS (See Note 1)

If you have, at any time, invested in any scheme of Fidelity Mutual Fund and wish to hold your present investment in the same folio, please furnish the Name of Sole/First Unitholder & Folio Number below and proceed to Section 3.

Name of Sole/1st Holder First Name Middle Name Last Name Folio No.

### 2 APPLICANTS' PERSONAL DETAILS (See Note 2)

**Sole/First Applicant** First Name Middle Name Last Name Date of Birth DD MM YYYY

**Guardian** (in case Sole/First Applicant is a minor) Contact Person (in case of Non Individual applicants)

**Second Applicant** First Name Middle Name Last Name Date of Birth DD MM YYYY

**Third Applicant** First Name Middle Name Last Name Date of Birth DD MM YYYY

**MODE OF HOLDING** (Please ✓)  Single OR  Anyone or Survivor OR  Joint

**STATUS OF SOLE/FIRST APPLICANT** (Please ✓)

Resident Indian Individual |  Non-Resident Indian Individual |  PIO |  Mutual Fund |  FI |  Bank |  Trust |  Government Body |  Defence Establishment  
 Company/Body Corporate |  Partnership Firm |  HUF |  AOP/BOI |  FII |  Society |  NGO |  Others (please specify)

**Address for Correspondence** (P.O. Box Address is not sufficient)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

Tel. (Office) (ISD) (STD) \_\_\_\_\_ Tel. (Res.) (ISD) (STD) \_\_\_\_\_ Mobile (ISD) \_\_\_\_\_

Email ID \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_

**Overseas Address** (Mandatory for NRI/FII Applicants)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

I/We would like to receive the following communication over Post instead of E-mail (Please ✓)  Account Statement and Annual Reports

### 3 PAN AND KYC DETAILS (See Note 3)

Please note that for Lumpsum investment (any amount) or SIP investment (Rs 50,000 or above i.e. aggregate of all instalments in a rolling 12 month period), it is mandatory to furnish PAN together with an attested copy of PAN card for all applicants/unit holders. If the amount you propose to invest is Rs. 50,000 or more, you need to also enclose a KYC Acknowledgement letter issued by CDSL Ventures Limited for each applicant/unit holder.

**PAN** First Applicant Second Applicant Third Applicant

**Enclosed** (Please ✓)  Attested PAN Card  KYC Acknowledgement Letter  Attested PAN Card  KYC Acknowledgement Letter  Attested PAN Card  KYC Acknowledgement Letter

### 4 BANK ACCOUNT DETAILS (MANDATORY - if left blank, Application will be rejected) (See Note 4)

**Account No.** \_\_\_\_\_ **Account Type** (Please ✓)  Savings |  Current |  NRE |  NRO |  FCNR |  Others (please specify)


**Bank Name** \_\_\_\_\_

**Branch** \_\_\_\_\_ **City** \_\_\_\_\_ (Clearing Circle)

**MICR Code** \_\_\_\_\_ (9 Digit No. next to your Cheque Number) **IFSC Code** \_\_\_\_\_ (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your local Bank Branch)

We can directly credit your dividend/redemption payments into your bank account if your Bank is a part of RBI's NEFT clearance and settlement network. If you, however, wish to receive payments **by cheque only**, please indicate your preference for the same below.

I/We DO NOT wish to receive payments directly into my bank account and instead wish to receive the same by Cheque (Please ✓)



#### ACKNOWLEDGEMENT SLIP

(To be filled in by the Applicant)

App. No. \_\_\_\_\_

Received from \_\_\_\_\_ Name of First Applicant/Unitholder \_\_\_\_\_ an application for investment in \_\_\_\_\_ Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details
<input type="checkbox"/> Lumpsum	Rs. _____	Cheque No. _____ dated DD MM YYYY drawn on _____ Bank _____ Branch _____ City _____
<input type="checkbox"/> SIP		

For Office Use Only

Acknowledgement Stamp & Date

Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

**5 INVESTMENT & PAYMENT DETAILS (Please  Option and then choose Section A or B below) (See Note 5)**

**Scheme** \_\_\_\_\_ **Plan** \_\_\_\_\_

**Option** (Please  Growth OR  Dividend Reinvestment OR  Dividend Payout Dividend Frequency \_\_\_\_\_

**(A) LUMP SUM INVESTMENT:**

Investment Amount Rs. \_\_\_\_\_ A

DD Charges (if applicable) Rs. \_\_\_\_\_ B

Net Amount (Cheque/DD Amount) Rs. \_\_\_\_\_ A minus B

Mode of Payment ( Cheque  Demand Draft  Fund Transfer

Instrument No. \_\_\_\_\_ Dated DD MM YYYY

Drawn on \_\_\_\_\_ Bank \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

**(B) SIP INVESTMENT:**

Installment Amount (Rs.) (A) \_\_\_\_\_ SIP Period See Note 5d(i) \_\_\_\_\_  
 Rs. Minimum Rs. 500  Till you instruct Fidelity to discontinue the SIP OR  No. of Installments (B) \_\_\_\_\_ Total Amount (C) = (Ax B) \_\_\_\_\_  
 (Minimum Rs. 3000 for FTAF Rs. 5000 for other Schemes)

**First SIP Installment Details:**

Mode of Payment ( Cheque  Demand Draft  Pay Order

Instrument No. \_\_\_\_\_ Dated DD MM YYYY

Drawn on \_\_\_\_\_ Bank \_\_\_\_\_

Branch \_\_\_\_\_

**Second and Subsequent Installment Details:**

SIP Period From MM YYYY To\* MM YYYY \* Please fill in the 'To' date only if 'No. of Installments above have been specified, otherwise leave blank.

SIP Date (Please  1st  10th  15th  25th  All four dates i.e. 1st, 10th, 15th & 25th

SIP Frequency (Please  Monthly  Quarterly

**SIP THROUGH AUTO DEBIT (ECS/Direct Debit)** See Note 5d(iv)

**Please also fill and attach the SIP Auto Debit Facility Form.**

OR

**SIP THROUGH POST-DATED CHEQUES** See Note 5d(v)

**Second and subsequent Installment Cheque Details:**

Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_  
 Dated From DD MM YYYY Y Y Y Y To DD MM YYYY Y Y Y Y

**NRI/FII Investors\***, please indicate source of funds for your investment (Please   NRE |  NRO |  FCNR |  Others Please specify \_\_\_\_\_

**6 NOMINATION DETAILS (Please strike out this Section if you do not wish to nominate) (See Note 6)**

If you wish to register a single nominee for your investments please fill in the nomination details below. If you wish to register multiple nominees for your investment please strike off the section below and fill in the multiple Nomination Form which is available on our website www.fidelity.co.in or any Fidelity Investor Service Centre.

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

<b>Name and Address of Nominee</b>		<b>To be furnished in case Nominee is a Minor (strike out if not applicable)</b>	
Name _____	Address _____	Name of Guardian _____	Address of Guardian _____
Date of Birth (in case Nominee is a minor) DD MM YYYY Y Y Y Y		Signature of Guardian (Mandatory) X _____	

**7 DECLARATION AND SIGNATURES (See Note 7)**

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the above Scheme of Fidelity Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise Fidelity Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Fidelity Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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 have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

**\*APPLICABLE FOR NRIs:** I/We confirm that I am/we are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

**SIGNATURE(S)** (ALL APPLICANTS must sign here) \_\_\_\_\_ Date DD MM YYYY Y Y Y Y

X	X	X
<b>Sole/First Applicant</b>	<b>Second Applicant</b>	<b>Third Applicant</b>

If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
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PAN	_____	_____	_____
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**CONTACT US**

**Phone** 1800 2000 400 (toll-free) OR 0124 3915655 (at long distance rates)

Lines open from 9 a.m. to 6 p.m. on all Business Days.

**E-Mail** investor.line@fidelity.co.in

**Website** www.fidelity.co.in