

Please read Terms & Conditions overleaf 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 APPLICANTS' PERSONAL DETAILS (MANDATORY) (See Note 1)

Application Form No. _____ OR Folio No. _____
(For New Applicants) _____ (For Existing Unit holders) _____

Sole/First Applicant/Unit holder _____
First Name _____ Middle Name _____ Last Name _____

E-mail ID _____ For receiving Statements over E-mail instead of Post

2 PAN AND KYC DETAILS (See Note 2)

Please note that for Lumpsum investment of any amount or SIP investment of Rs 50,000 or above (ie. aggregate of installments in a year), it is mandatory to furnish PAN together with an attested copy of PAN card for all applicants/unit holder. 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 ✓)	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter

3 DECLARATION & UNIT HOLDER(S) SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'). (See Note 3)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Fidelity Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. 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 declare that the particulars given here are correct and express my/our willingness to make payments referred below through direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Fidelity Mutual Fund, their Investment Manager - FIL Fund Management Private Limited, or any of their appointed service providers or representatives responsible. I/We will also inform FIL Fund Management Private Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date DD / MM / YYYY

X Sole/First Unit Holder X Second Unit Holder X Third Unit Holder

4 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS (See Note 4)

The Manager
Name of Bank _____ Branch _____ City _____

I/We authorize Fidelity Mutual Fund, acting through their service providers, to debit my account through ECS (Debit) clearing/Direct debit (Standing Instructions) as per the details given here:

A. Folio No./Application No. _____ B. Account Number _____ C. Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit D. 9-Digit Code Number of the Bank & Branch (Appearing on the MICR Cheque issued by the Bank) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Scheme/(Plan)/Option</th> <td></td> </tr> <tr> <th>SIP Auto Debit Date</th> <td><input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th</td> </tr> <tr> <th>Frequency (Please ✓)</th> <td><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</td> </tr> <tr> <th>SIP Installment Amount</th> <td>Rs. (Min. 500)</td> </tr> <tr> <th>SIP Auto Debit Period</th> <td>From MM / YYYY To* MM / YYYY</td> </tr> </table>	Scheme/(Plan)/Option		SIP Auto Debit Date	<input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th	Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Installment Amount	Rs. (Min. 500)	SIP Auto Debit Period	From MM / YYYY To* MM / YYYY
Scheme/(Plan)/Option											
SIP Auto Debit Date	<input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th										
Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly										
SIP Installment Amount	Rs. (Min. 500)										
SIP Auto Debit Period	From MM / YYYY To* MM / YYYY										

*Please fill in the 'To' date only if 'No. of Installments' have been specified in the Common Application Form or Micro SIP Form, otherwise leave blank.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or is not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. Mandate verification charges if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s)	Sole/1st Bank Account Holder	2nd Bank Account Holder	3rd Bank Account Holder
Signature(s) of Bank Account Holder(s)	XX	XX	XX
Date	DD / MM / YYYY (To be signed by all holders if mode of operation of Bank Account is 'Joint')		

ATTESTATION BY THE BANKER (Mandatory, if your First SIP Installment is through a Demand Draft/Pay Order) I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.	Signature and Stamp of the Authorised Official from Bank <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">Bank Stamp & Date</div>
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FOR OFFICE USE ONLY (not to be filled in by investor)	We confirm that we have taken the above ECS/Auto Debit instructions on our records.
Recorded on DD / MM / YYYY	Stamp of Bank Branch Manager
Recorded by	Signature
Credit A/c. No.	Name