

Common Application Form for TIIF, TIIBA, TGSF, TISTIP, TFIF, FINTF, TMIP, FTIMIP, TIUBF, TITMA, & TIMMA

W99999

Distributor information			For Office Use Only
Advisor Code*	Sub-broker/Branch Code	Representative Code	Application received
* AMFI Registered Distributors			

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

Existing Unitholders (Please provide the following details in full; Please refer Instruction 2)

First Applicant Name _____
 Customer Folio No. _____ Account No. _____

Unit Holder Information

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant _____
 Proof of KYC enclosed* Date of Birth#

D	D	M	M	Y	Y	Y	Y
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 PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy | Gender Male Female
 Status: Resident Individual NRI/PIO Company/Body Corporate Partnership Trust Society HUF Bank AOP
 Sole Proprietorship Minor through Guardian# FI FII Others (Please specify) _____
 Nationality and Country of Residence _____

Name of Second Applicant _____
 Proof of KYC enclosed* Date of Birth#

D	D	M	M	Y	Y	Y	Y
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 PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy | Gender Male Female
 Status: Resident Individual NRI/PIO Minor through Guardian# Others (Please specify) _____
 Nationality and Country of Residence _____

Name of Third Applicant _____
 Proof of KYC enclosed* Date of Birth#

D	D	M	M	Y	Y	Y	Y
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 PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy | Gender Male Female
 Status: Resident Individual NRI/PIO Minor through Guardian# Others (Please specify) _____
 Nationality and Country of Residence _____

Name of Guardian _____
 Proof of KYC enclosed* Date of Birth

D	D	M	M	Y	Y	Y	Y
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 PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy | Gender Male Female
 Status: Resident Individual NRI/PIO Others (Please specify) _____
 Nationality and Country of Residence _____ Relationship with Minor Parent Guardian

*Please provide copy of the KYC acknowledgement issued by CVL (Mandatory for all Investors for investments of value Rs. 50,000 & Above). \$PAN: In terms of SEBI circular dated April 27, 2007, verification of PAN is mandatory for all Unitholders (including joint holders, guardians in case of minors and NRIs) w.e.f. July 2, 2007 irrespective of the amount of transaction. Please submit photocopy of the PAN card (alongwith the original for verification, which will be returned across the counter). #Date of Birth - mandatory for Minors.

I/We would like to invest in

Separate cheque/demand draft required for each investment, drawn in favour of scheme name. Please fill up the scheme name(s) and the plan/option you may refer to the Reckoner for more details on pg 24.

Scheme Names (Please tick (✓))
 TIIF | TIIBA | TGSF | TISTIP | FINTF | TMIP | FTIMIP | TIUBF | TITMA | TIMMA | TFIF Long Term Short Term

Plan /Options (Please tick (✓))
 Lumpsum Plan _____
 Systematic Investment Plan Option _____
 Amount Invested _____ (Less DD Charges) _____
 Net Amount Paid _____
 Payment Details*
 Cheque/DD No. _____ Bank, Bank A/C No. and Branch _____

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form.

If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here Instructions: * a) For payments by demand draft of Rs. 50,000 & above, please attach proof of debit to your bank account by way of a copy of the DD request evidencing debit to your account or a letter from your banker confirming the account debited for issue of the DD. b) If the payment is not made from the investor's account, issuers of the payment instrument must complete a "3rd Party Declaration".

Mode of Operation

Single Joint Either or Survivor(s)

Power of Attorney (POA) Details

Name of POA Holder _____

Proof of KYC enclosed*
 Date of Birth

D	D	M	M	Y	Y	Y	Y
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Status: (Please tick (✓))
 Resident Individual NRI/PIO
 Others (Please specify) _____

Gender:
 Male Female

Acknowledgement W99999

Received from _____ Pin _____

Scheme Name	Plan/Option	Payment Details
_____	<input type="checkbox"/> Lumpsum <input type="checkbox"/> Systematic Investment Plan	Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____

